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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1688 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BIRMINGHAM, AL 35202

D Employer identification number
63-6117334

E Telephone number
(205) 264-5232

G Gross receipts $ 9,725,578

F Name and address of principal officer:
REGIONS BANK - TRUST DEPA
PO BOX 1688
BIRMINGHAM, AL 35202

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 ▶ 0928

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

J Website: ▶ N/A

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

L Year of formation: 1978

M State of legal domicile: AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO BENEFIT AND ENHANCE MEDICAL SERVICES IN THE STATE OF ALABAMA

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	1
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	130,234	127,682
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	841,405	827,487
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	971,674	955,169
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	606,290	684,285
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)	189,121	192,955
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)	254,379	259,432
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,049,790	1,136,672
19	Revenue less expenses. Subtract line 18 from line 12	-78,116	-181,503

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,832,262	23,610,759
21	Total liabilities (Part X, line 26)	40,000	0
22	Net assets or fund balances. Subtract line 21 from line 20	23,792,262	23,610,759

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

****** 2020-12-07
Signature of officer Date

REGIONS BANK - TRUST DEPARTMENT TRUSTEE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-12-07		P00165772

Firm's name ▶ BMSS LLC | Firm's EIN ▶ 46-1498870

Firm's address ▶ 1121 RIVERCHASE OFFICE RD
BIRMINGHAM, AL 35244 | Phone no. (205) 982-5500

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:

TO BENEFIT AND ENHANCE MEDICAL SERVICES IN THE STATE OF ALABAMA

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 931,275 including grants of $ 684,285) (Revenue $ 127,682)

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses ▶** 931,275

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		No
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		No
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		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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		No
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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
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		No
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		No
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		
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	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	0		
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**	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
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**	
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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**	1		
	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**	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**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**		No
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**		No
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**		No
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**		No
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**		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		
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**		
13	Did the organization have a written whistleblower policy?	**13**		No
14	Did the organization have a written document retention and destruction policy?	**14**		No
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**		No
	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**		No
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**		

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-A 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:
▶REGIONS BANK - TRUST DEPT PO BOX 1688 BIRMINGHAM, AL 35202 (205) 264-5232

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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REGIONS BANK AS TRUSTEE	22.00		X					192,955	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								192,955	0	0

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 ▶ 0

			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**		No
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**		No
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
DONALD R GARRIS, 148 HAWK DRIVE RAINBOW CITY, AL 35906	CONSULTING SVCS/DEFERRED COMPENSATION	182,531

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

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**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f**				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code			
	2a MORTGAGE INTEREST	900099	127,682	127,682	
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	127,682			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		488,239		488,239
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**	9,109,657			
	b Less: cost or other basis and sales expenses **7b**	8,770,409			
	c Gain or (loss) **7c**	339,248			
	d Net gain or (loss) . . . . . ▶		339,248		339,248
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶				
	12 Total revenue. See instructions . . . . . ▶	955,169	127,682	0	827,487

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	684,285	684,285		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	192,955		192,955	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	4,459	4,459		
c Accounting	12,442		12,442	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	242,531	242,531		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,136,672	931,275	205,397	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 IX . . . . . ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash–non-interest-bearing		1	
	2 Savings and temporary cash investments	1,245,085	2	1,029,999
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	5,225,753	7	5,161,189
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b Less: accumulated depreciation — 10b		10c	
	11 Investments—publicly traded securities	17,361,423	11	17,419,570
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1	15	1
	16 **Total assets.** Add lines 1 through 15 (must equal line 34)	23,832,262	16	23,610,759
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	40,000	25	0
	26 **Total liabilities.** Add lines 17 through 25	40,000	26	0
Net Assets or Fund Balances	**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	23,792,262	29	23,610,759
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	23,792,262	32	23,610,759
	33 Total liabilities and net assets/fund balances	23,832,262	33	23,610,759

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	955,169
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,136,672
3	Revenue less expenses. Subtract line 2 from line 1	3	-181,503
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,792,262
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	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,610,759

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		No
	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		
	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: 63-6117334

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

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE ATTACHED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493013009151

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
63-6117334

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ 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.)

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

12 ☑ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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 2

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- 10 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)
(A) US CONFERENCE OF CATHOLIC BISHOPS (GEN 0928)	530196617	1		No	0	0
(B) HOLY NAME OF JESUS MEDICAL CENTER INC	630310793	3	Yes		0	0
Total 2					0	0

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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		No
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		No
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		No
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 12a or 12b in Part I, answer (b) and (c) below.*	4a		No
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		No
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		No
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 I of Schedule L (Form 990 or 990-EZ).*	8		No
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		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) 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		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		No
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		

Part IV Supporting Organizations (continued)

			Yes	No
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		No
b	A family member of a person described in (a) above?	11b		No
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		No

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	
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	Yes	
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	Yes	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- a ☑ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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	Yes	
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	Yes	

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 (explain in Part VI). **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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 1	THE TRUST SUPPORTS BOTH (1) THE ROMAN CATHOLIC CHURCH OF THE UNITED STATES VIA THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS ("USCCB")(GEN 0928) AND (2) THE HOLY NAME OF JESUS M EDICAL CENTER, INC. NEITHER THE ROMAN CATHOLIC CHURCH NOR THE USCCB IS NAMED IN THE TRUST INSTRUMENT. THE HOLY NAME OF JESUS MEDICAL CENTER, INC. IS NAMED IN THE TRUST INSTRUMENT. THE HOLY NAME OF JESUS HOSPITAL TRUST WAS FOUNDED BY THE MISSIONARY SERVANTS OF THE MOST B LESSED TRINITY, A CONGREGATION OF ROMAN CATHOLIC SISTERS FOUNDED BY REVEREND THOMAS A. JUD GE IN HOLY TRINITY, ALABAMA IN 1918. ALTHOUGH THE TRUST DOES NOT NAME THE ROMAN CATHOLIC C HURCH, IT RELATES TO THE ALABAMA DIOCESE AND IS INCLUDED IN THE OFFICIAL CATHOLIC CHURCH D IRECTORY AND AS SUCH IT IS RECOGNIZED AS A 501(C)(3) SUBORDINATE ORGANIZATION TO THE UNITE D STATES CONFERENCE OF CATHOLIC BISHOPS. THE TRUST WILL TERMINATE BY ITS OWN TERMS IN THE YEAR 2028. THE HOLY NAME OF JESUS MEDICAL CENTER, INC. IS THE REMAINDER BENEFICIARY OF THE TRUST, AND THE MISSIONARY SERVANTS OF THE MOST BLESSED TRINITY, INC., A PENNSYLVANIA CORP ORATION, IS A CONTINGENT REMAINDER BENEFICIARY.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 6	THE TRUST HAS INCLUDED DETAILS OF THESE ACTIVITIES IN THE SCHEDULE O NARRATIVES IN ITS ANNUAL IRS FORM 990 FILING.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION D, LINE 3	ARTICLE II, PARAGRAPH 1, OF THE TRUST INSTRUMENT STATES THE MISSION AND PURPOSE OF THE TRU ST - ". . . TO BENEFIT AND ENHANCE THE SERVICES OF THE HOLY NAME OF JESUS HOSPITAL IN GADS DEN, ALABAMA AND/OR MEDICAL SERVICES IN THE STATE OF ALABAMA IN GENERAL." [NOTE: THE HOSPI TAL WAS SOLD IN 1991.] ARTICLE V, PARAGRAPH 2, STATES AS FOLLOWS: NOTWITHSTANDING THE FORG OING, THE TRUSTEE SHALL MAKE SUCH INVESTMENTS OF ANY NATURE WHATSOEVER AS DIRECTED IN WRIT ING BY THE MISSIONARY SERVANTS OF THE MOST BLESSED TRINITY, INC. (AN ALABAMA CORPORATION), PROVIDED, HOWEVER, THAT SAID CORPORATION CERTIFY IN WRITING TO THE TRUSTEE THAT THE INVES TMENTS SO DIRECTED, IN THE OPINION OF THE SAID ALABAMA CORPORATION, WILL BE FOR THE GENERA L PURPOSES SET FORTH IN ARTICLE II." FURTHER GUIDANCE FOR THE TRUSTEE IS PROVIDED BY THE P RESIDENT OF THE SAID ALABAMA CORPORATION, WHO SERVES AS A CONSULTANT TO THE TRUSTEE. THE P RESIDENT OF THE SAID ALABAMA CORPORATION IS A SISTER IN THE MISSIONARY SERVANTS OF THE MOS T BLESSED TRINITY. FOR MORE INFORMATION ABOUT THE MISSIONARY SERVANTS OF THE MOST BLESSED TRINITY, SEE HTTP://MSBT.ORG/.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 2A	THE ACTIVITIES OF THE TRUST FURTHERED THE EXEMPT PURPOSES OF THE SUPPORTED ORGANIZATIONS B Y FULFILLING THE PURPOSES OF THE TRUST - ". . . TO BENEFIT AND ENHANCE THE SERVICES OF THE HOLY NAME OF JESUS HOSPITAL IN GADSDEN, ALABAMA AND/OR MEDICAL SERVICES IN THE STATE OF A LABAMA IN GENERAL." AFTER THE HOSPITAL WAS SOLD IN 1991, THE TRUST CONTINUED ITS HISTORICA L SUPPORT OF HEALTH AND MEDICAL SERVICES IN THE STATE OF ALABAMA. THE TRUST HAS INCLUDED D ETAILS OF THESE ACTIVITIES IN THE SCHEDULE O NARRATIVES IN ITS ANNUAL IRS FORM 990 FILINGS .

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 2B	THE SUPPORTED ORGANIZATIONS HAVE HISTORICALLY SOUGHT TO RELIEVE SUFFERING BY THE SICK, THE POOR, THE VERY YOUNG AND THE VERY OLD, THOSE WITH DISABILITIES AND THOSE DISADVANTAGED BY LIVING IN RURAL AREAS (DUE TO LACK OF PUBIC WATER, SEWER, ELECTRICITY, AND OTHER PUBLIC S ERVICES). THE HOLY NAME OF JESUS HOSPITAL OPERATED A SCHOOL OF NURSING FOR MANY YEARS, AND THE TRUST HAS SUPPORTED THE NURSING PROGRAM AT JUDSON COLLEGE IN MARION, ALABAMA, AND BY PROVIDING SCHOLARSHIPS FOR NURSING STUDENTS WHO SERVE IN RURAL OR MEDICALLY UNDERSERVED AR EAS OF THE STATE OF ALABAMA. ALL OF THE ACTIVITIES OF THE TRUST ARE REPRESENTATIVE OF THE ROMAN CATHOLIC CHURCH'S CHARITABLE ACTIVITIES IN THE AREA OF HEALTH AND MEDICAL SERVICES. THE ACTIVITIES OF THE TRUST ARE SUBJECT TO REVIEW BY THE ROMAN CATHOLIC DIOCESE IN BIRMING HAM, ALABAMA, AS A REQUIREMENT FOR INCLUSION IN THE OFFICIAL CATHOLIC DIRECTORY.

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
63-6117334

Part I 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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**

Additional Data

Software ID:
Software Version:
EIN: 63-6117334
Name: HOLY NAME OF JESUS HOSPITAL TRUST
C/O REGIONS BANK - TRUST DEPT

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
RAINBOW OMEGA INC 100 HOPE DRIVE EASTABOGA, AL 36260	63-1036500	501(C)(3)	24,000		BOOK	NONE	SEE PART IV
OZANAM CHARITABLE PHARMACY INC 109 S CEDAR STREET MOBILE, AL 36602	72-1386236	501(C)(3)	60,000		BOOK	NONE	SEE PART IV

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
FRANKLIN PRIMARY HEALTH CENTER 1303 DR MARTIN LUTHER KING JR AVE MOBILE, AL 36603	63-0695975	501(C)(3)	35,000		BOOK	NONE	SEE PART IV
THE EXCEPTIONAL FOUNDATION 1616 OXMOOR ROAD HOMEWOOD, AL 35209	63-1096855	501(C)(3)	20,000		BOOK	NONE	SEE PART IV

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
FOOD FOR OUR JOURNEY 2418 HUNTINGTON GLEN DR BIRMINGHAM, AL 35226	83-3605481	501(C)(3)	25,000		BOOK	NONE	SEE PART IV
FULL LIFE AHEAD FOUNDATION 2908 CLAIRMONT AVENUE SOUTH BIRMINGHAM, AL 35205	30-0080935	501(C)(3)	18,625		BOOK	NONE	SEE PART IV

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
JUDSON COLLEGE 302 BIBB STREET MARION, AL 36756	63-0288850	501(C)(3)	100,000		BOOK	NONE	SEE PART IV
GOOD SAMARITAN CLINIC 3880 WATERMELON RD NORTHPORT, AL 35473	63-1199900	501(C)(3)	30,000		BOOK	NONE	SEE PART IV

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
SOUTHEASTERN DIABETES EDUCATION SERVICES INC-CAMP SEALE HARRIS 500 CHASE PARK SOUTH NO 104 HOOVER, AL 35244	63-1091899	501(C)(3)	40,000		BOOK	NONE	SEE PART IV
ALABAMA LIONS SIGHT 700 S 18TH STREET BIRMINGHAM, AL 35233	63-0340851	501(C)(3)	50,000		BOOK	NONE	SEE PART IV

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
CASA OF MADISON COUNTY 701 ANDREW JACKSON WAY NE HUNTSVILLE, AL 35801	63-0835099	501(C)(3)	35,000		BOOK	NONE	SEE PART IV
THE WELLHOUSE INC 8121 PARKWAY DRIVE LEEDS, AL 35094	27-2973046	501(C)(3)	160,000		BOOK	NONE	SEE PART IV

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
SAFEHOUSE OF SHELBY COUNTY PO BOX 275 PELHAM, AL 35124	63-1007280	501(C)(3)	25,000		BOOK	NONE	SEE PART IV
ST MARK THE EVANGELIST CATHOLIC CHURCH PO BOX 380396 BIRMINGHAM, AL 35238	36-4706070	501(C)(3)	7,000		BOOK	NONE	SEE PART IV

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
ALABAMA FREE CLINIC INC PO BOX 1284 BAY MINETTE, AL 36507	63-1247879	501(C)(3)	35,000		BOOK	NONE	SEE PART IV
WATERFRONT RESCUE MISSION PO BOX 870 PENSACOLA, FL 32591	59-0838106	501(C)(3)	19,660		BOOK	NONE	SEE PART IV

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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.

▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number

63-6117334

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	AS PROVIDED IN THE HOLY NAME OF JESUS TRUST AGREEMENT, THE TRUST HAS HISTORICALLY BENEFITE D AND ENHANCED MEDICAL SERVICES IN THE HOLY NAME OF JESUS HOSPITAL AND MEDICAL SERVICES IN THE STATE OF ALABAMA. THE TRUST HAS TRIED TO IMPROVE MEDICAL SERVICES TO THE ELDERLY, THE HANDICAPPED, THE DISADVANTAGED, THE SICK AND THE POOR SICK BY PROVIDING ADEQUATE HOUSING TO THE ELDERLY AND BY ATTRACTING PHYSICIANS AND MEDICALLY RELATED SERVICES TO THE GADSDEN AREA. THE TRUST HAS PROVIDED LOANS AT REASONABLE INTEREST RATES FOR THE DEVELOPMENT OF MED ICAL CLINICS, A NOT-FOR-PROFIT AMBULANCE SERVICE AND DEVELOPMENT OF PHYSICAL FACILITIES AT THE HOLY NAME OF JESUS MEDICAL CENTER. THE TRUST ASSISTED IN ATTRACTING APPROXIMATELY 60 PHYSICIANS TO ECONOMICALLY DEPRESSED AREAS SINCE 1980. ADULT LIVING CENTERS THE TRUST HAS MADE INVESTMENTS IN AREAS THAT WOULD BENEFIT THE CITIZENS OF ALABAMA WITH HOSPITAL CARE, H OME HEALTH CARE, AND ELDERLY HOUSING. THE TRUST HAS FINANCED ALL OF THE FOLLOWING ADULT LI VING CENTERS FOR THE ELDERLY AND WAS THE BUILDER/OWNER OF ALL OF THE ADULT LIVING CENTERS BUILT PRIOR TO 1996. THE TRUST SOLD ALL OF ITS PRE-1996 CENTERS TO THE SECTION 501(C)(3) O RGANIZATIONS LISTED AS FOLLOWS: EDGAR SENIOR CARE FOUNDATION; COVENANT HOUSE; BUTLER SENIO R CARE FOUNDATION; CALDWELL-DAWSON FOUNDATION; ATTALLA HOUSING AND SOCIAL SERVICES, INC.; WESLEY PARK A METHODIST HOME FOR THE AGING, INC. APPROXIMATELY 244 ELDERLY RESIDENTS ARE H OUSED IN THE ADULT LIVING CENTERS. FOLLOWING THE SALE OF THE HOLY NAME OF JESUS MEDICAL CE NTER (FORMERLY KNOWN AS THE HOLY NAME OF JESUS HOSPITAL) IN LATE 1991, THE TRUST CONCENTRA TED ON DEVELOPING AND IMPROVING HOUSING FOR THE ELDERLY. THE TRUST REDESIGNED ITS ONE-BEDR OOM APARTMENT PLAN TO COMPLY WITH THE AMERICANS WITH DISABILITIES ACT. AND THE TRUST HAS D EVELOPED A MODEL TWO BEDROOM APARTMENT FOR THE ELDERLY. WHITE OAK MANAGEMENT CORPORATION, A WHOLLY OWNED SUBSIDIARY OF THE TRUST, PROVIDED CERTAIN MANAGEMENT SERVICES FOR THE ADULT LIVING CENTERS UNTIL IT WAS DISSOLVED ON DECEMBER 6, 2006. NOTE: ALTHOUGH THE TRUST NO LO NGER OWNS THE FACILITIES DESCRIBED ABOVE, IT MAINTAINS A RELATIONSHIP WITH THE OWNERS AND HAS PROVIDED SOME OF THEM WITH SUPPLEMENTAL FINANCING AS WELL AS CONSULTATION SERVICES. TH E TRUST ALSO CONTINUES TO CONSIDER FINANCING ELDERLY LIVING CENTERS AS OPPORTUNITIES ARISE . BOSNIAN REFUGEES HOME FINANCING FOR REFUGEES DURING THE TAX YEAR ENDING JUNE 30, 1999, T HE TRUST INITIATED A PROGRAM TO AID THE SETTLEMENT OF BOSNIAN REFUGEES FLEEING THE TURMOIL IN THE BALKANS. THIRTY FAMILIES (BENEFITING A TOTAL OF 94 INDIVIDUALS) RECEIVED LOANS FRO M THE TRUST TO ENABLE THEM TO PURCHASE THEIR OWN HOMES IN MOBILE, ALABAMA. UNDER FEDERAL G UIDELINES REFUGEES ARE DEEMED TO BE UNDER PSYCHOLOGICAL STRESS AND THEREFORE THEIR HEALTH IS AT RISK. THE FAMILIES SELECTED FOR THESE LOANS WERE RECOMMENDED TO THE TRUST BY CATHOLI C SOCIAL SERVICES OF MOBILE, ALABAMA. NOTE: SOME OF THESE LOANS ARE STILL OUTSTANDING. SOM E HAVE BEEN PAID OFF. A FEW AR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	E DELINQUENT. POINT CLEAR HOUSING IMPROVEMENT AID TO DESCENDANTS OF FORMER SLAVES DURING T HE TAX YEAR ENDING JUNE 30, 2001, THE TRUST INITIATED A NEW PROGRAM TO AID A GROUP OF INDI VIDUALS IN POINT CLEAR, ALABAMA WHO ARE DIRECT DESCENDANTS OF FORMER SLAVES. DUE TO SOCIET AL INFLUENCES AND MORES, THIS GROUP OF INDIVIDUALS HAS RESIDED IN THE AREA FOR GENERATIONS , MOST DWELLING IN SUBSTANDARD IF NOT DECREPIT STRUCTURES. THE LIVING CONDITIONS IN WHICH THESE INDIVIDUALS RESIDE SUBJECT EACH ONE TO OBVIOUS HEALTH RISKS. SEVERAL FAMILIES RECEIV ED LOANS FROM THE TRUST TO ENABLE THEM TO RENOVATE OR EVEN PURCHASE NEW HOMES ON THAT SAME LAND. THE FAMILIES SELECTED FOR THESE LOANS WERE RECOMMENDED TO THE TRUST BY CATHOLIC SOC IAL SERVICES OF MOBILE, ALABAMA. NOTE: THE DEFAULT RATE FOR THESE LOANS HAS BEEN HIGHER TH AN EXPECTED. THE TRUST IS STILL WORKING WITH SOME OF THE BORROWERS WHO ARE HAVING DIFFICUL TY MAKING PAYMENTS. SPECIAL YEARS, INC. ELDERLY DAYCARE FACILITY DURING THE TAX YEAR ENDIN G JUNE 30, 2001, THE TRUST ALSO PROVIDED FINANCIAL ASSISTANCE IN THE WAY OF A LOAN TO AN E LDERLY DAYCARE FACILITY CALLED SPECIAL YEARS, INC. LOCATED IN SELMA, ALABAMA. THE LOAN WAS USED TO RENOVATE A HOUSE THAT WILL BE USED TO PROVIDE DAYCARE SERVICES FOR ELDERLY ADULTS BETWEEN 6:00 AM TO MIDNIGHT DAILY. SPECIAL YEARS, INC. IS OPERATED BY YVONNE HATCHER WHO IS A REGISTERED NURSE. THIS PROGRAM WAS RECOMMENDED TO THE TRUST BY THE DIRECTOR OF CATHOL IC SOCIAL SERVICES IN MOBILE, ALABAMA. NOTE: DURING THE TAX YEAR ENDING JUNE 30, 2017, THI S PROPERTY WAS FORECLOSED FOR NONPAYMENT AND THE TRUST CURRENTLY OWNS THE PROPERTY WHICH I S LISTED FOR SALE. WESLEY PARK HOUSING FOR THE ELDERLY DURING THE TAX YEAR ENDING JUNE 30, 2002, THE TRUST PARTICIPATED IN FINANCING THE CONSTRUCTION OF THE WESLEY PARK PROJECT WIT H ANOTHER FINANCIAL INSTITUTION. FOLLOWING COMPLETION OF CONSTRUCTION THE PROJECT RECEIVED THE PROCEEDS OF A TAX CREDIT LENDING PROGRAM WHICH PAID DOWN A LARGE PORTION OF WESLEY PA RK'S CONSTRUCTION DEBT ON FEBRUARY 18, 2005. THE REMAINDER OF TRUST'S PORTION OF THE UNPAI D CONSTRUCTION LOAN WAS CONVERTED TO A TERM LOAN FOR THIS PROJECT. NOTE: THIS ASSISTED LIV ING AND CONTINUED CARE COMMUNITY IS OPERATING SUCCESSFULLY. THE TERM LOAN IS STILL OUTSTAN DING. RAINBOW OMEGA, INC. FINANCING FOR EQUIPMENT FOR VOCATIONAL CENTER DURING THE TAX YEA R ENDING JUNE 30, 2011, THE TRUST PROVIDED FINANCING FOR EQUIPMENT TO BE USED IN THE NEW V OCATIONAL CENTER BEING CONSTRUCTED BY RAINBOW OMEGA, INC., A 501(C) (3) ORGANIZATION THAT BENEFITS INDIVIDUALS WITH PHYSICAL AND/OR MENTAL DISABILITIES. AMOUNTS ARE STILL BEING ADV ANCED. UPON COMPLETION OF THE CONSTRUCTION, THE ADVANCES AND ANY UNPAID INTEREST WILL BE C ONVERTED TO A TERM LOAN. NOTE: CONSTRUCTION HAS BEEN COMPLETED AND THE CONSTRUCTION LOAN H AS BEEN CONVERTED TO A TERM LOAN. PAYMENTS ON THIS LOAN ARE CURRENT. DURING THE TAX YEAR E NDING JUNE 30, 2019, THE TRUST PROVIDED $88,000 TO REPLACE THE FIRE SYSTEM, LIFT TRACK SYS TEM, AND VAN FOR TRANSPORT. DU

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	RING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST PROVIDED $24,000 TO RAINBOW OMEGA TO ENH ANCE THE HEALTH AND WELLBEING OF THE INTELLECTUALLY AND MEDICALLY DISABLED RESIDENTS OF RA INBOW OMEGA WITH INSTALLATION OF A CEILING MOUNTED PATIENT LIFT. HEALS, INC. DENTAL CLINIC FOR CHILDREN IN POVERTY DURING THE TAX YEAR ENDING JUNE 30, 2012, THE TRUST PROVIDED $30, 000 TO HEALS, INC., AN ALABAMA NONPROFIT CORPORATION, TO ASSIST IN FUNDING CONSTRUCTION CO STS TO RENOVATE A TRAILER FOR USE AS A PEDIATRIC DENTAL CLINIC AT MADISON CROSSROADS SCHOO L IN TONEY, ALABAMA. THIS DENTAL CLINIC IS LOCATED IN AN IMPOVERISHED AREA OF MADISON COUN TY, GEOGRAPHICALLY ISOLATED FROM ACCESS TO MEDICAL AND DENTAL CARE. HEALS, INC. IS A NONPR OFIT, TAX EXEMPT ORGANIZATION (SECTION 501(C)(3)), THAT PROVIDES SCHOOL-BASED HEALTH CARE, BOTH MEDICAL AND DENTAL AS AN ESSENTIAL STRATEGY FOR IMPROVING THE HEALTH OF CHILDREN IN POVERTY IN ORDER TO OPTIMIZE THEIR GENERAL WELL-BEING AND OPPORTUNITIES FOR SUCCESS IN LIF E, IN SCHOOL, AND IN SOCIETY. NOTE: THE DENTAL CLINIC IS PROVIDING PEDIATRIC DENTAL CARE T O CHILDREN IN POVERTY. THE ARC OF MADISON COUNTY SHELTERED LOCATION FOR INTELLECTUALLY CHA LLENGED ADULTS DURING THE TAX YEAR ENDING JUNE 30, 2013, THE TRUST PROVIDED $65,000 TO THE ARC OF MADISON COUNTY, A NON-PROFIT, 501(C)(3) ORGANIZATION TO BE USED FOR EXPANDING EXIS TING HEALTH CARE SERVICES TO INTELLECTUALLY CHALLENGED INDIVIDUALS BY DEVELOPING A STORAGE FACILITY COMPONENT WHICH WILL PROVIDE MEANINGFUL SHELTERED VOCATIONAL ACTIVITY FOR THIS P OPULATION. IN DECEMBER, 2014, THE TRUST PROVIDED AN ADDITIONAL $46,000 TO THE ARC OF MADIS ON COUNTY. NOTE: THE ARC PROVIDES DAY CARE SERVICES IN THREE LOCATIONS TO ADULTS WITH INTE LLECTUAL DISABILITIES MONDAY THROUGH FRIDAY FROM 8:00AM - 2:30PM. THESE SERVICES INCLUDE E DUCATIONAL, VOCATIONAL, AND ADAPTIVE DAILY LIVING SKILLS TRAINING AND SUPPORT FOR OUR CLIE NTS. THERAPY SERVICES ARE ALSO PROVIDED AS NEEDED BENEDICTINE SISTERS OF CULLMAN, AL, INC. ADA COMPLIANT BATHROOMS IN THE INFIRMARY AREA DURING THE TAX YEAR ENDING JUNE 30, 2013, T HE TRUST PROVIDED $100,000 TO THE BENEDICTINE SISTERS OF CULLMAN, AL, INC., A NON-PROFIT, 501(C)(3) ORGANIZATION TO BE USED FOR THE INSTALLATION OF ADA COMPLIANT BATHROOMS IN THE I NFIRMARY AREA OF OTTILIA HALL AT THE SACRED HEART MONASTERY AS PART OF A MAJOR UPDATING OF THE BUILDING THAT WAS CONSTRUCTED IN 1904. NOTE: MANY PERSONS WITH DISABILITIES AS WELL A S PERSONS NEEDING NURSING CARE AND/OR ASSISTANCE WITH DAILY LIVING AND HEALTH CARE NEEDS W ILL BE AIDED BY THESE IMPROVEMENTS. DURING THE TAX YEAR ENDING JUNE 30, 2019, THE TRUST PR OVIDED $6,000 TO BENEDICTINE SISTERS OF CULLMAN, AL FOR HOSPITAL BEDS FOR USE BY SENIOR CI TIZENS WITH DISABILITIES AND THOSE IN NEED OF NURSING CARE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	CASA OF MADISON COUNTY WHEELCHAIR RAMPS FOR ELDERLY AND HOMEBOUND DURING THE TAX YEAR ENDI NG JUNE 30, 2014, THE TRUST PROVIDED $30,000 TO CASA OF MADISON COUNTY, A NON-PROFIT, 501(C)(3) ORGANIZATION TO BE USED FOR BUILDING, REPAIRING OR REPAINTING WHEELCHAIR RAMPS (AND FOR PURCHASING PORTABLE RAMPS FOR TEMPORARY USE PENDING COMPLETION OF PERMANENT RAMPS) FOR HOMEBOUND CITIZENS. RAMPS ARE PROVIDED AT NO COST TO QUALIFIED WHEELCHAIR BOUND CLIENTS. LABOR FOR CONSTRUCTION OF THE WHEELCHAIR RAMPS WAS PROVIDED FOR ELDERLY AND HOMEBOUND CLIE NTS BY COMMUNITY VOLUNTEERS. DURING THE FISCAL YEAR ENDED JUNE 30, 2013, CASA VOLUNTEERS B UILT 78 RAMPS, REPAIRED 77 RAMPS, AND RE-PAINTED 156 RAMPS. THE NEW GRANT TO CASA WILL ALL OW IT TO CONTINUE THIS PROGRAM. DURING THE TAX YEAR ENDING JUNE 30, 2015, THE TRUST PROVID ED AN ADDITIONAL $20,000 TO CASA OF MADISON COUNTY TO PROVIDE WHEELCHAIR RAMPS FOR ELDERLY AND HOMEBOUND CLIENTS. DURING THE TAX YEAR ENDING JUNE 30, 2016, THE TRUST PROVIDED AN AD DITIONAL $40,000 TO CASA OF MADISON COUNTY TO PROVIDE WHEELCHAIR RAMPS FOR ELDERLY AND HOM EBOUND CLIENTS. DURING THE TAX YEAR ENDING JUNE 30, 2017, THE TRUST PROVIDED AN ADDITIONAL $20,000 TO CASA OF MADISON COUNTY TO PROVIDE WHEELCHAIR RAMPS FOR ELDERLY AND HOMEBOUND C LIENTS. DURING THE TAX YEAR ENDING JUNE 30, 2018, THE TRUST PROVIDED AN ADDITIONAL $45,000 TO CASA OF MADISON COUNTY TO PROVIDE WHEELCHAIR RAMPS FOR ELDERLY AND HOMEBOUND CLIENTS. DURING THE TAX YEAR ENDING JUNE 30, 2019, THE TRUST PROVIDED AN ADDITIONAL $25,000 TO CASA OF MADISON COUNTY TO PROVIDE WHEELCHAIR RAMPS FOR ELDERLY AND HOMEBOUND CLIENTS. DURING T HE TAX YEAR ENDING JUNE 30, 2020, THE TRUST PROVIDED $35,000 TO CASA OF MADISON COUNTY TO PROVIDE WHEELCHAIR RAMPS FOR ELDERLY AND HOMEBOUND CLIENTS. JUDSON COLLEGE NURSING PROGRAM NURSING LOANS FOR STUDENTS WHO INTEND TO PRACTICE NURSING IN RURAL OR MEDICALLY UNDERSERV ED AREAS OF ALABAMA AND SUPPORT FOR THE NURSING PROGRAM DURING THE TAX YEAR ENDING JUNE 30 , 2014, THE TRUST PROVIDED $992,013 TO JUDSON COLLEGE, A NON-PROFIT, 501(C)(3) EDUCATIONAL ORGANIZATION, TO BE USED FOR THE ASSOCIATE DEGREE IN NURSING PROGRAM. JUDSON COLLEGE DRAW S NURSING STUDENTS PRIMARILY FROM RURAL AREAS OF ALABAMA, MANY OF WHOM EXPECT TO SERVE IN RURAL OR MEDICALLY UNDERSERVED AREAS. PREVIOUSLY THE TRUST HAS PROVIDED FOR LOANS TO STUDE NT NURSES WHO QUALIFIED FOR FEDERAL FINANCIAL AID USING FAFSA CRITERIA. THESE STUDENT NURS ING LOANS ARE MADE TO STUDENTS WHO INTEND TO PRACTICE NURSING IN RURAL OR MEDICALLY UNDERS ERVED AREAS OF ALABAMA. THE LOANS MAY BE REPAID IN CASH OR IN QUALIFIED NURSING SERVICE IN ALABAMA. DURING THE TAX YEAR ENDING JUNE 30, 2016, THE TRUST PROVIDED AN ADDITIONAL $219, 000 TO JUDSON COLLEGE, TO BE USED FOR THE ASSOCIATE DEGREE IN NURSING PROGRAM. DURING THE TAX YEAR ENDING JUNE 30, 2017, THE TRUST PROVIDED AN ADDITIONAL $120,000 TO JUDSON COLLEGE , TO BE USED FOR THE ASSOCIATE DEGREE IN NURSING PROGRAM. DURING THE TAX YEAR ENDING JUNE 30, 2018, THE TRUST PROVIDED A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	N ADDITIONAL $100,000 TO JUDSON COLLEGE, TO BE USED FOR THE ASSOCIATE DEGREE IN NURSING PR OGRAM. DURING THE TAX YEAR ENDING JUNE 30, 2019, THE TRUST PROVIDED AN ADDITIONAL $145,000 TO JUDSON COLLEGE, TO BE USED FOR THE ASSOCIATE DEGREE IN NURSING PROGRAM. DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST PROVIDED $100,000 TO JUDSON COLLEGE TO BE USED FOR T HE ASSOCIATE DEGREE IN NURSING PROGRAM. ST. MARK THE EVANGELIST CATHOLIC CHURCH, GREENE CO UNTY, ALABAMA DURING THE TAX YEAR ENDING JUNE 30, 2014, THE TRUST PROVIDED $5,000.00 TO ST . MARK'S AS A PILOT PROJECT FOR THE GREENE COUNTY MISSION PROJECT (ADMINISTERED BY ST. MAR K'S) TO PROVIDE WHEEL CHAIR RAMPS AND IMPROVE SUBSTANDARD HOUSING FOR THE ELDERLY AND HOME BOUND. DURING THE TAX YEAR ENDING JUNE 30, 2015, THE TRUST PROVIDED $5,000 TO ST. MARK'S TO SUPPORT THE MINISTRY OF CONSOLATA SISTERS IN THE APOSTOLATE AND PURCHASE MATERIAL TO PA INT AND CLEAN DETERIORATING MOBILE HOMES AND SUBSTANDARD HOUSING (INCLUDING DECKS AND WHEE LCHAIR RAMPS) FOR ELDERLY AND NEEDY HOMEBOUND RESIDENTS OF GREENE COUNTY. DURING THE TAX Y EAR ENDING JUNE 30, 2016, THE TRUST PROVIDED $5,000 TO ST. MARK'S TO SUPPORT THE MINISTRY OF CONSOLATA SISTERS IN THE APOSTOLATE AND PURCHASE MATERIAL TO PAINT AND CLEAN DETERIORAT ING MOBILE HOMES AND SUBSTANDARD HOUSING (INCLUDING DECKS AND WHEELCHAIR RAMPS) FOR ELDERL Y AND NEEDY HOMEBOUND RESIDENTS OF GREENE COUNTY. DURING THE TAX YEAR ENDING JUNE 30, 2017 , THE TRUST PROVIDED $5,000 TO ST. MARK'S TO SUPPORT THE MINISTRY OF CONSOLATA SISTERS IN THE APOSTOLATE AND PURCHASE MATERIAL TO PAINT AND CLEAN DETERIORATING MOBILE HOMES AND SUB STANDARD HOUSING (INCLUDING DECKS AND WHEELCHAIR RAMPS) FOR ELDERLY AND NEEDY HOMEBOUND RE SIDENTS OF GREENE COUNTY. DURING THE TAX YEAR ENDING JUNE 30, 2018, THE TRUST PROVIDED $5, 000 TO ST. MARK'S TO SUPPORT THE MINISTRY OF CONSOLATA SISTERS IN THE APOSTOLATE AND PURCH ASE MATERIAL TO PAINT AND CLEAN DETERIORATING MOBILE HOMES AND SUBSTANDARD HOUSING (INCLUD ING DECKS AND WHEELCHAIR RAMPS) FOR ELDERLY AND NEEDY HOMEBOUND RESIDENTS OF GREENE COUNTY . DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST PROVIDED $7,000 TO ST. MARK'S TO PRO VIDE WHEELCHAIR RAMPS TO THEIR HOMES THAT WILL BENEFIT AND ENHANCE THE HEALTH OF THE FAMIL IES LIVING IN SUB-STANDARD HOUSING. BOYS AND GIRLS CLUB OF EAST CENTRAL ALABAMA MEALS FOR DISADVANTAGED CHILDREN DURING THE TAX YEAR ENDING JUNE 30, 2015, THE TRUST PROVIDED $23,40 0 TO BOYS AND GIRLS CLUB OF EAST CENTRAL ALABAMA, A NON-PROFIT, 501(C)(3) ORGANIZATION, WH OSE MISSION IS "TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS." THE PURPOS E OF THIS INVESTMENT WAS TO PROVIDE BREAKFAST, LUNCH AND DINNER TO OVER 180 CHILDREN FROM DISADVANTAGED HOMES DURING AN EIGHT-WEEK PROGRAM DURING THE SUMMER, WHICH SCHOOL IS NOT IN SESSION (AS THESE INDIVIDUALS DO NOT RECEIVE DAYTIME MEALS DURING THIS PERIOD). SOWING SE EDS OF HOPE IN PERRY COUNTY, A

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	LABAMA MEDICATIONS AND TESTING FOR THE POOR DURING THE TAX YEAR ENDING JUNE 30, 2015, THE TRUST PROVIDED $5,000 TO SOWING SEEDS OF HOPE, A NON-PROFIT, 501(C)(3) ORGANIZATION, TO PR OVIDE FUNDING FOR MEDICATIONS AND TESTING FOR RESIDENTS LACKING FINANCIAL RESOURCES. DURIN G THE TAX YEAR ENDING JUNE 30, 2017, THE TRUST PROVIDED $5,000 TO SOWING SEEDS OF HOPE, A NON-PROFIT, 501(C)(3) ORGANIZATION, TO PROVIDE FUNDING FOR MEDICATIONS AND TESTING FOR RES IDENTS LACKING FINANCIAL RESOURCES. DURING THE TAX YEAR ENDING JUNE 30, 2019, THE TRUST PR OVIDED $14,190 TO SOWING SEEDS OF HOPE, A NON-PROFIT, 501(C)(3) ORGANIZATION, FOR HEALTH A ND MEDICAL SERVICES AS WELL AS TO PURCHASE MATERIALS TO BUILD WHEELCHAIR RAMPS AND NEEDED HOME REPAIRS TO LOW INCOME INDIVIDUALS. OZANAM CHARITABLE PHARMACY PROVISION OF PRESCRIPTI ON MEDICATION FOR THE HOMELESS, WORKING POOR AND UNINSURED AT OR BELOW THE POVERTY LINE DU RING THE TAX YEAR ENDING JUNE 30, 2015, THE TRUST ENTERED INTO A COMMITMENT TO PROVIDE $65 ,000 TO OZANAM CHARITABLE PHARMACY, A NON-PROFIT, 501(C)(3) ORGANIZATION, TO PROVIDE FUNDI NG FOR A GENERIC MEDICATION PROGRAM AND SUPPORT SERVICES, WHEREBY GENERIC MEDICATION IS PR OVIDED TO THE HOMELESS, WORKING POOR AND UNINSURED AT OR BELOW THE POVERTY LINE. DURING TH E TAX YEAR ENDING JUNE 30, 2015, $20,000 OF THIS COMMITMENT WAS USED TO PROVIDE PRESCRIPTI ON ASSISTANCE IN MOBILE, BALDWIN AND ESCAMBIA COUNTIES IN SOUTH ALABAMA. DURING THE TAX YE AR ENDING JUNE 30, 2016, $45,000 OF THIS COMMITMENT WAS USED TO PROVIDE PRESCRIPTION ASSIS TANCE IN MOBILE, BALDWIN AND ESCAMBIA COUNTIES IN SOUTH ALABAMA. DURING THE TAX YEAR ENDIN G JUNE 30, 2017, THE TRUST PROVIDED $60,000 TO OZANAM CHARITABLE PHARMACY TO PROVIDE PRESC RIPTION ASSISTANCE IN MOBILE, BALDWIN AND ESCAMBIA COUNTIES IN SOUTH ALABAMA. DURING THE T AX YEAR ENDING JUNE 30, 2018, THE TRUST PROVIDED $60,000 TO OZANAM CHARITABLE PHARMACY TO PROVIDE PRESCRIPTION ASSISTANCE IN MOBILE, BALDWIN AND ESCAMBIA COUNTIES IN SOUTH ALABAMA. DURING THE TAX YEAR ENDING JUNE 30, 2019, THE TRUST PROVIDED $60,000 TO OZANAM CHARITABLE PHARMACY TO PROVIDE PRESCRIPTION ASSISTANCE IN MOBILE, BALDWIN AND ESCAMBIA COUNTIES IN S OUTH ALABAMA. DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST PROVIDED $60,000 TO OZAN AM CHARITABLE PHARMACY TO ADDRESS THE PRESCRIPTION MEDICATION NEEDS OF UNINSURED INDIVIDUA LS IN THE MOBILE AREA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	NEXUS COMFORT PROGRAM IN HUNTSVILLE, ALABAMA HEALTH IMPROVEMENTS FOR HOMES FOR LOW INCOME INDIVIDUALS DURING THE TAX YEAR ENDING JUNE 30, 2015, THE TRUST COMMITTED $30,000 TO THE N EXUS COMFORT PROGRAM, A PARTNERSHIP PROGRAM THAT BRINGS AFFORDABLE ENERGY SOLUTIONS TO THO SE MOST IN NEED. NEXUS AND SEVERAL PARTNER ORGANIZATIONS IDENTIFIED FOR ELEVEN HOMES IN UN DERSERVED AREAS THAT WERE IN DESPERATE NEED OF SAVING ENERGY THROUGH THE COMFORT PROJECT. NEXUS RAISED FUNDS TO INSTALL ENERGY MEASURES ON EACH HOME AND EDUCATED THE HOMEOWNER ABOU T HOW TO KEEP UTILITY COSTS DOWN. THE TRUST'S INVESTMENT HELPED TO PROVIDE NEEDED REPAIRS, INSULATION AND WEATHERIZATION FOR THE RESIDENCES OF LOW INCOME INDIVIDUALS TO HELP PROVID E SAFER AND MORE HEALTHFUL LIVING ENVIRONMENTS. DURING THE TAX YEAR ENDING JUNE 30, 2016, THE TRUST PROVIDED AN ADDITIONAL $30,000 TO THE NEXUS COMFORT PROGRAM, A PARTNERSHIP PROGR AM THAT BRINGS AFFORDABLE ENERGY SOLUTIONS TO THOSE MOST IN NEED. ALLEN MEMORIAL HOME IN M OBILE, ALABAMA SENIOR ADULT NURSING CARE AND RECREATIONAL PROGRAMS IN A HOME ENVIRONMENT D URING THE TAX YEAR ENDING JUNE 30, 2016, THE TRUST PROVIDED $15,400 TO ALLEN MEMORIAL HOME , A 501(C)3 ORGANIZATION THAT PROVIDES NURSING CARE, RESTORATIVE THERAPIES, SOCIAL SERVICE S, RECREATIONAL PROGRAMS, AND SPIRITUAL CARE IN A CARING, HOME ENVIRONMENT. THE HOME BEGAN WITH THE DAUGHTERS OF CHARITY IN 1911 AS ALABAMA MATERNITY AND INFANT HOME, AND NOW PROVI DES SERVICES FOR SENIOR ADULTS IN THE MOBILE, ALABAMA COMMUNITY. THE TRUST'S INVESTMENT FU RTHERS THE HEALTH AND MEDICAL SERVICES OF ALABAMIANS BY PROVIDING FUNDING FOR DURABLE MEDI CAL EQUIPMENT, BEDS, MATTRESSES, WALKERS AND PATIENT SLINGS. THE TERM OF THE INVESTMENT IS FOR 1 YEAR, OR UNTIL THE FUNDS ARE EXPENDED. FIRST LIGHT, INC. IN BIRMINGHAM, ALABAMA CRE ATING A SAFE AND NURTURING COMMUNITY FOR HOMELESS WOMEN AND THEIR CHILDREN DURING THE TAX YEAR ENDING JUNE 30, 2016, THE TRUST PROVIDED $25,000 TO FIRST LIGHT, INC., A 501(C)3 ORGA NIZATION THAT WORKS WITH HOMELESS WOMEN TO CREATE A SAFE AND NURTURING COMMUNITY FOR THEM AND THEIR CHILDREN. THIS ENVIRONMENT IS INTENDED TO ENCOURAGE THE RESIDENTS TO MAINTAIN TH EIR DIGNITY, TO FIND HOPE, TO SEEK OPPORTUNITY, AND TO GROW SPIRITUALLY, THEREBY ACHIEVING THEIR FULL POTENTIAL. THE TRUST'S INVESTMENT HELPS FURTHER THIS MISSION BY PROVIDING FUND ING FOR MEDICINE AND MEDICAL EQUIPMENT. THE TERM OF THE INVESTMENT IS FOR 1 YEAR, OR UNTIL THE FUNDS ARE EXPENDED. TEMPORARY EMERGENCY SERVICES, INC. IN TUSCALOOSA, ALABAMA - HELPI NG INDIVIDUALS AND FAMILIES IN CRISIS SITUATIONS DURING THE TAX YEAR ENDING JUNE 30, 2016, THE TRUST PROVIDED $10,000 TO TEMPORARY EMERGENCY SERVICES INC. (TES), 501(C)3 NONPROFIT ORGANIZATION DEDICATED TO HELPING INDIVIDUALS AND FAMILIES IN CRISIS SITUATIONS. CHURCHES IN THE TUSCALOOSA COMMUNITY FUNDED TES IN 1945 TO SERVE CLIENTS UNABLE TO RECEIVE ASSISTAN CE FROM LOCAL SOCIAL SERVICES AGENCIES. THE INVESTMENT MADE BY THE TRUST PROVIDES FUNDING FOR PRESCRIPTION MEDICATIONS,

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	DENTAL PROCEDURES, AND PERSONAL CARE ITEMS SUCH AS ADULT DIAPERS AND ENSURE FOR THE LOW IN COME POPULATION SERVED. DURING THE TAX YEAR ENDING JUNE 30, 2018, THE TRUST PROVIDED AN AD DITIONAL $10,000 TO TEMPORARY EMERGENCY SERVICES, INC. TO PROVIDE FUNDING FOR PRESCRIPTION MEDICATIONS, DENTAL PROCEDURES, AND PERSONAL CARE ITEMS SUCH AS ADULT DIAPERS AND ENSURE FOR THE LOW INCOME POPULATION SERVED IN TUSCALOOSA, AL. THE WELLHOUSE IN LEEDS, ALABAMA SP IRITUAL, MENTAL, EMOTIONAL, AND PHYSICAL SUPPORT FOR SEXUALLY EXPLOITED WOMEN DURING THE T AX YEAR ENDING JUNE 30, 2016, THE TRUST PROVIDED $12,000 TO THE WELLHOUSE, A 501(C)3 ORGAN IZATION THAT PROVIDES A SAFE RESIDENTIAL ENVIRONMENT TO SEXUALLY EXPLOITED WOMEN, OFFERING SPIRITUAL, MENTAL, EMOTIONAL, AND PHYSICAL SUPPORT SERVICES. THE WELLHOUSE WELCOMES ALL W OMEN WHO HAVE BEEN SEXUALLY EXPLOITED THROUGH HUMAN TRAFFICKING. THE TRUST'S INVESTMENT FU RTHERS THIS MISSION BY PROVIDING MEDICAL, MENTAL AND DENTAL HEALTH SERVICES TO VICTIMS OF HUMAN TRAFFICKING. DURING THE TAX YEAR ENDING JUNE 30, 2017, THE TRUST PROVIDED AN ADDITIO NAL $88,000 TO THE WELLHOUSE, A 501(C)3 ORGANIZATION THAT PROVIDES A SAFE RESIDENTIAL ENVI RONMENT TO SEXUALLY EXPLOITED WOMEN, OFFERING SPIRITUAL, MENTAL, EMOTIONAL, AND PHYSICAL S UPPORT SERVICES. THE WELLHOUSE WELCOMES ALL WOMEN WHO HAVE BEEN SEXUALLY EXPLOITED THROUGH HUMAN TRAFFICKING. THE TRUST'S INVESTMENT FURTHERS THIS MISSION BY PROVIDING MEDICAL, MEN TAL AND DENTAL HEALTH SERVICES TO VICTIMS OF HUMAN TRAFFICKING. DURING THE TAX YEAR ENDING JUNE 30, 2018, THE TRUST PROVIDED $90,000 TO THE WELLHOUSE TO PROVIDE A SAFE RESIDENTIAL ENVIRONMENT TO SEXUALLY EXPLOITED WOMEN, OFFERING SPIRITUAL, MENTAL, EMOTIONAL, AND PHYSIC AL SUPPORT SERVICES TO ALL WOMEN WHO HAVE BEEN SEXUALLY EXPLOITED THROUGH HUMAN TRAFFICKIN G. DURING THE TAX YEAR ENDING JUNE 30, 2019, THE TRUST PROVIDED $95,000 TO THE WELLHOUSE T O PROVIDE A SAFE RESIDENTIAL ENVIRONMENT TO SEXUALLY EXPLOITED WOMEN, OFFERING SPIRITUAL, MENTAL, EMOTIONAL, AND PHYSICAL SUPPORT SERVICES TO ALL WOMEN WHO HAVE BEEN SEXUALLY EXPLO ITED THROUGH HUMAN TRAFFICKING. DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST PROVID ED $160,000 TO THE WELLHOUSE TO PROVIDE A SAFE RESIDENTIAL ENVIRONMENT TO SEXUALLY EXPLOIT ED WOMEN, OFFERING SPIRITUAL, MENTAL, EMOTIONAL, AND PHYSICAL SUPPORT SERVICES TO ALL WOME N WHO HAVE BEEN SEXUALLY EXPLOITED THROUGH HUMAN TRAFFICKING. GOOD SAMARITAN HEALTH CLINIC IN NORTHPORT, ALABAMA CHRISTIAN MINISTRY THAT PROVIDES FREE PRIMARY HEALTH AND DENTAL CAR E DURING THE TAX YEAR ENDING JUNE 30, 2016, THE TRUST PROVIDED $9,250 TO THE GOOD SAMARITA N HEALTH CLINIC, A 501(C)3 INTERDENOMINATIONAL CHRISTIAN MINISTRY THAT PROVIDES FREE PRIMA RY HEALTH AND DENTAL CARE, MEDICATION, HEALTH INFORMATION, AND SPIRITUAL SUPPORT TO PEOPLE OF EVERY RACE, CREED AND GENDER WHO ARE INDIGENT AND DO NOT HAVE HEALTH INSURANCE. GOOD S AMARITAN CLINIC SERVES PATIENTS WHO RESIDE IN TUSCALOOSA, GREENE, HALE, BIBB, PICKENS, SUM TER, AND FAYETTE COUNTIES. MAN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	Y OF THE CLINIC'S PATIENTS ARE EMPLOYED FULL OR PART-TIME AND DO NOT RECEIVE HEALTH INSURA NCE THROUGH THEIR EMPLOYMENT, BUT ARE UNABLE TO AFFORD TO PURCHASE IT. THE TRUST'S INVESTM ENT PROVIDED FUNDING FOR THE PURCHASE OF MEDICAL SUPPLIES, DENTAL SUPPLIES, DENTAL TOOLS A ND EQUIPMENT MAINTENANCE AND MEDICATIONS. DURING THE TAX YEAR ENDING JUNE 30, 2018, THE TR UST PROVIDED $26,000 TO THE GOOD SAMARITAN CLINIC TO PROVIDE FUNDING FOR THE PURCHASE OF M EDICAL SUPPLIES, DENTAL SUPPLIES, DENTAL TOOLS AND EQUIPMENT MAINTENANCE AND MEDICATIONS. DURING THE TAX YEAR ENDING JUNE 30, 2019, THE TRUST PROVIDED $24,000 TO THE GOOD SAMARITAN CLINIC TO PROVIDE FUNDING FOR THE PURCHASE OF MEDICAL SUPPLIES, DENTAL SUPPLIES, DENTAL T OOLS AND EQUIPMENT MAINTENANCE AND MEDICATIONS. DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST PROVIDED $30,000 TO THE GOOD SAMARITAN CLINIC TO PROVIDE FUNDING FOR THE PURCHAS E OF MEDICAL SUPPLIES, DENTAL SUPPLIES, DENTAL TOOLS AND EQUIPMENT MAINTENANCE AND MEDICAT IONS. SAFEHOUSE OF SHELBY COUNTY, INC. IN PELHAM, ALABAMA EMERGENCY SHELTER FOR WOMEN AND CHILDREN DURING THE TAX YEAR ENDING JUNE 30, 2016, THE TRUST PROVIDED $18,000 TO THE SAFEH OUSE OF SHELBY CO. INC., A 501(C)3 ORGANIZATION THAT PROVIDES EMERGENCY SHELTER FOR AROUND 79 WOMEN AND 66 CHILDREN, WHILE THE TRANSITIONAL HOUSING PROGRAM SUPPORTED AROUND 17 WOME N AND 7 CHILDREN LAST YEAR. IN ADDITION TO THE HOUSING PROGRAMS, SAFEHOUSE OFFERS CRITICAL SERVICES INCLUDING: COUNSELING, LEGAL ADVOCACY, LIFE SKILLS DEVELOPMENT, AND ECONOMIC EMP OWERMENT TO ASSIST SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE THROUGH SUPPORT AND ADVOCACY AND TO EDUCATE THE COMMUNITY TO PREVENT FUTURE ABUSE. THE INVESTMENT MADE BY THE TRUST FUR THERS THIS MISSION AND ENHANCES HEALTH AND MEDICAL SERVICES BY PROVIDING MEDICAL CARE TO D OMESTIC VIOLENCE AND SEXUAL ASSAULT VICTIMS AND THEIR CHILDREN. DURING THE TAX YEAR ENDING JUNE 30, 2018, THE TRUST PROVIDED $20,000 TO SAFEHOUSE OF SHELBY COUNTY TO PROVIDE CRITIC AL SERVICES INCLUDING: COUNSELING, LEGAL ADVOCACY, LIFE SKILLS DEVELOPMENT, AND ECONOMIC E MPOWERMENT TO ASSIST SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE THROUGH SUPPORT AND ADVOCAC Y AND TO EDUCATE THE COMMUNITY TO PREVENT FUTURE ABUSE. DURING THE TAX YEAR ENDING JUNE 30 , 2019, THE TRUST PROVIDED $20,000 TO SAFEHOUSE OF SHELBY COUNTY TO PROVIDE CRITICAL SERVI CES INCLUDING: COUNSELING, LEGAL ADVOCACY, LIFE SKILLS DEVELOPMENT, AND ECONOMIC EMPOWERME NT TO ASSIST SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE THROUGH SUPPORT AND ADVOCACY AND TO EDUCATE THE COMMUNITY TO PREVENT FUTURE ABUSE. DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST PROVIDED $25,000 TO SAFEHOUSE OF SHELBY COUNTY TO PROVIDE CRITICAL SERVICES INCL UDING: COUNSELING, LEGAL ADVOCACY, LIFE SKILLS DEVELOPMENT, AND ECONOMIC EMPOWERMENT TO AS SIST SURVIVORS OF DOMESTIC AND SEXUAL VIOLENCE THROUGH SUPPORT AND ADVOCACY AND TO EDUCATE THE COMMUNITY TO PREVENT FUTURE ABUSE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	FRANKLIN PRIMARY HEALTH CARE CENTER, INC. IN MOBILE, ALABAMA FUNDING FOR HOMELESS HEALTH C ARE DURING THE TAX YEAR ENDING JUNE 30, 2017, THE TRUST PROVIDED $25,000 TO THE FRANKLIN P RIMARY HEALTH CARE CENTER, INC., A 501(C)3 ORGANIZATION PROVIDING FUNDING FOR HOMELESS IND IVIDUALS' HEALTH CARE NEEDS INCLUDING SPECIALTY CLINICS, EYEGLASSES, DENTURES, ETC. DURING THE TAX YEAR ENDING JUNE 30, 2018, THE TRUST PROVIDED $25,000 TO THE FRANKLIN PRIMARY HEA LTH CARE CENTER, INC. TO PROVIDE HEALTH CARE NEEDS INCLUDING SPECIALTY CLINICS, EYEGLASSES , AND DENTURES TO THE HOMELESS. DURING THE TAX YEAR ENDING JUNE 30, 2019, THE TRUST PROVID ED $25,000 TO THE FRANKLIN PRIMARY HEALTH CARE CENTER, INC. TO PROVIDE HEALTH CARE NEEDS I NCLUDING SPECIALTY CLINICS, EYEGLASSES, AND DENTURES TO THE HOMELESS. DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST GAVE $35,000 TO FRANKLIN PRIMARY HEALTH CENTER TO PROVIDE HEALTH CARE TO HOMELESS PEOPLE AT THE HE SAVAGE MEMORIAL CENTER CASA OF JACKSON COUNTY IN SCOTTSBORO, ALABAMA WHEELCHAIR RAMPS FOR ELDERLY AND HOMEBOUND DURING THE TAX YEAR ENDING JUNE 30, 2017, THE TRUST PROVIDED $10,000 TO CASA OF JACKSON COUNTY, A NON-PROFIT, 501 (C)(3) ORGANIZATION TO BE USED FOR BUILDING, REPAIRING OR REPAINTING WHEELCHAIR RAMPS (AND FOR PURCHASING PORTABLE RAMPS FOR TEMPORARY USE PENDING COMPLETION OF PERMANENT RAMPS) FOR HO MEBOUND CITIZENS. DURING THE TAX YEAR ENDING JUNE 30, 2018, THE TRUST PROVIDED $22,292 TO CASA OF JACKSON COUNTY TO PROVIDE FUNDING FOR THE BUILDING AND REPAIRING OF WHEELCHAIR RAM PS AND FREEZER FOOD PROGRAM FROM THE ELDERLY AND HOMEBOUND. DURING THE TAX YEAR ENDING JUN E 30, 2019, THE TRUST PROVIDED $20,000 TO CASA OF JACKSON COUNTY TO PROVIDE FUNDING FOR TH E BUILDING AND REPAIRING OF WHEELCHAIR RAMPS AND FREEZER FOOD PROGRAM FROM THE ELDERLY AND HOMEBOUND. CAMP SEALE HARRIS SOUTHEASTERN DIABETES EDUCATION SERVICES DURING THE TAX YEAR ENDING JUNE 30, 2018 THE TRUST PROVIDED $25,000 TO CAMP SEALE HARRIS TO BENEFIT AND SERVE CHILDREN WITH DIABETES, AND THEIR FAMILIES WITH EDUCATION, SUPPORT, AND ENCOURAGEMENT AT THEIR YEAR-ROUND CAMP AND COMMUNITY SUPPORT PROGRAMS THROUGHOUT THE STATE OF ALABAMA. DURI NG THE TAX YEAR ENDING JUNE 30, 2019 THE TRUST PROVIDED $25,000 TO CAMP SEALE HARRIS TO BE NEFIT AND SERVE CHILDREN WITH DIABETES, AND THEIR FAMILIES WITH EDUCATION, SUPPORT, AND EN COURAGEMENT AT THEIR YEAR-ROUND CAMP AND COMMUNITY SUPPORT PROGRAMS THROUGHOUT THE STATE O F ALABAMA. DURING THE TAX YEAR ENDING JUNE 30, 2020 THE TRUST PROVIDED $40,000 TO CAMP SEA LE HARRIS TO BENEFIT AND SERVE CHILDREN WITH DIABETES, AND THEIR FAMILIES WITH EDUCATION, SUPPORT, AND ENCOURAGEMENT AT THEIR YEAR-ROUND CAMP AND COMMUNITY SUPPORT PROGRAMS THROUGH OUT THE STATE OF ALABAMA. THE EXCEPTIONAL FOUNDATION IN HOMEWOOD, AL PROVIDES SERVICES FOR THE SPECIAL NEEDS COMMUNITY DURING THE TAX YEAR ENDING JUNE 30, 2018, THE TRUST PROVIDED $40,000 TO THE EXCEPTIONAL FOUNDATION TO BENEFIT AND ENHANCE HEALTH AND MEDICAL SERVICES B Y PROVIDING EDUCATION TRAINING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, QUESTION 4A	FOR STAFF AND COMMUNITY VOLUNTEERS AS WELL AS FUNDING FOR A VAN FOR TRANSPORTATION OF PAR TICIPANTS. DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST PROVIDED $20,000 TO THE EXC EPTIONAL FOUNDATION TO BENEFIT AND ENHANCE HEALTH AND MEDICAL SERVICES BY PROVIDING A NEWL Y DESIGNED SECURE AREA TO HOUSE THE INTERNET SAFETY PROGRAM FOR THE SPECIAL NEEDS YOUTH AN D ADULTS WHOM THEY SERVE. ATALLA HOUSING AND SOCIAL SERVICES, INC. HEALTH AND MEDICAL SERV ICES DURING TAX YEAR ENDING JUNE 30, 2019, THE TRUST PROVIDED $40,000 TO ATTALLA HOUSING A UTHORITY AND SOCIAL SERVICES FOR HEALTH AND MEDICAL SERVICES. ST. MARK THE EVANGELIST CONF ERENCE IMPROVEMENT OF SUBSTANDARD HOUSING DURING THE TAX YEAR ENDING JUNE 30, 2019, THE TR UST GAVE $7,000 TO ST. MARK THE EVANGELIST CONFERENCE FOR THE PURCHASE OF MATERIALS FOR TH E IMPROVEMENT OF SUBSTANDARD HOUSING. FULL LIFE AHEAD FOUNDATION INC. DURING THE TAX YEAR ENDING JUNE 30, 2019, THE TRUST GAVE $12,100 TO FULL LIFE AHEAD FOUNDATION TO PROVIDE SECU RE MEDICATIONS AND MEDICAL EQUIPMENT PER THE LETTER DATED MARCH 8, 2019. DURING THE TAX YE AR ENDING JUNE 30, 2020, THE TRUST GAVE $18,625 TO FULL LIFE AHEAD FOUNDATION TO PROVIDE M EDICATIONS AND MEDICAL EQUIPMENT FOR THE HEALTH-RELATED NEEDS OF THE PHYSICALLY AND MENTAL LY CHALLENGED INDIVIDUALS WHO PARTICIPATE IN THE FULL LIFE AHEAD PROGRAM. ALABAMA FREE CLI NIC INC DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST GAVE $35,000 TO THE ALABAMA FR EE CLINIC TO PROVIDE CLINIC SERVICES TO UNINSURED PERSONS IN BALDWIN COUNTY. ALABAMA LIONS SIGHT DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST GAVE $50,000 TO ALABAMA LIONS S IGHT TO PROVIDE EYE CARE TO INDIVIDUALS IN RURAL, UNDERSERVED AREAS OF THE STATE. FOOD FOR OUR JOURNEY DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST GAVE $25,000 TO FOOD FOR OUR JOURNEY TO PROVIDE AND DELIVER PREPARED MEALS TO HOMELESS PERSONS VIA THEIR MOBILE FOO D TRUCK. WATERFRONT RESCUE MISSION INC DURING THE TAX YEAR ENDING JUNE 30, 2020, THE TRUST GAVE $19,660 TO WATERFRONT RESCUE MISSION TO PROVIDE RESPITE CARE FOR MEDICALLY FRAGILE H OMELESS PEOPLE UPON DISCHARGE FROM HOSPITALS IN THE MOBILE AREA.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	UPON COMPLETION OF THE ORGANIZATION'S FORM 990, THE RETURN IS PRESENTED TO THE TRUST'S DESIGNATED TRUST OFFICER AT REGIONS BANK AND TO THE TRUST'S OUTSIDE LEGAL COUNSEL FOR REVIEW AND APPROVAL. THEN THE RETURN IS PRESENTED TO THE TRUST'S CONSULTANT, THE PRESIDENT OF THE HOLY NAME OF JESUS MEDICAL CENTER, INC., AN ALABAMA CORPORATION, AS THE REPRESENTATIVE OF THE SUPPORTED ORGANIZATIONS, FOR APPROVAL. FOLLOWING THESE REVIEWS AND APPROVALS, THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION B, QUESTION 1	CONSULTING AGREEMENT IN THE TAX YEAR ENDING JUNE 30, 1995, THE TRUST ENTERED INTO A CONSULTING AGREEMENT WITH THE MISSIONARY SERVANTS OF THE MOST BLESSED TRINITY TO PROVIDE ADDITIONAL GUIDANCE AND ASSISTANCE IN (A) FULFILLING THE PURPOSES OF THE TRUST AND (B) DETERMINING ELIGIBILITY OF PARTICIPANTS IN TRUST PROJECTS. THE SISTER CONSULTANT ALSO REPRESENTS THE TRUST IN ITS RELATIONSHIP TO THE DIOCESE OF ALABAMA AND TO THE HOLY NAME OF JESUS MEDICAL CENTER, INC., THE TRUST'S SUPPORTED ORGANIZATIONS. CONTINUING REVIEW THE SISTER CONSULTANT MEETS REGULARLY WITH THE TRUST OFFICER RESPONSIBLE FOR ADMINISTERING THE TRUST TO REVIEW EXISTING PROJECTS AND TO CONSIDER NEW PROJECTS. THE TRUST CONTINUOUSLY SEARCHES FOR AND EVALUATES POTENTIAL PROJECTS TO BENEFIT AND ENHANCE MEDICAL SERVICES IN THE STATE OF ALABAMA. BECAUSE OF THE CURRENT ECONOMIC SITUATION, MANY TAX-EXEMPT ORGANIZATIONS HAVE BEEN HAMPERED IN THEIR FINANCIAL ABILITY TO UNDERTAKE PROJECTS LIKE THOSE THAT HAVE RECEIVED LOW-INTEREST RATE LOANS IN THE PAST FROM THE TRUST. THE TRUST, THEREFORE, IS CONSIDERING OTHER OPTIONS TO BENEFIT AND ENHANCE MEDICAL SERVICES IN THE STATE OF ALABAMA. COURT SETTLEMENT IN 1991 FIRST ALABAMA BANK (NOW KNOWN AS REGIONS BANK), AS TRUSTEE OF THE HOLY NAME OF JESUS HOSPITAL TRUST, FILED A REQUEST FOR INSTRUCTIONS IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA, IN EQUITY (CIVIL ACTION NO. CV 91-843-DWS). THE REQUEST FOR INSTRUCTIONS SOUGHT GUIDANCE ON CERTAIN ISSUES THAT AROSE FOLLOWING THE SALE OF THE HOLY NAME OF JESUS MEDICAL CENTER, A HOSPITAL OWNED AND OPERATED BY THE HOLY NAME OF JESUS MEDICAL CENTER, INC. A FINAL ORDER IN THE CASE WAS ENTERED ON OCTOBER 5, 1994, IMPLEMENTING A SETTLEMENT AGREEMENT. AS PART OF THE SETTLEMENT AGREEMENT, THE TRUSTEE ACCEPTED RESPONSIBILITY FOR AN ANNUITY CONTRACT ENTERED INTO BY AND BETWEEN THE HOLY NAME OF JESUS MEDICAL CENTER, INC., AN ALABAMA CORPORATION, AND DONALD R. GARRIS, A FORMER EMPLOYEE OF THE HOLY NAME OF JESUS MEDICAL CENTER, INC. DURING THE TAX YEAR ENDING JUNE 30, 1995, THE TRUSTEE BEGAN MAKING PAYMENTS TO MR. GARRIS PURSUANT TO THE ANNUITY CONTRACT. THE TRUST GIVES A FORM 1099 TO MR. GARRIS WITH REFERENCE TO THESE PAYMENTS. THE TRUST PAID OFF THE ANNUITY DURING THE JUNE 30, 2020 TAX YEAR. THE ANNUITY CONTRACT WAS RELATED TO SERVICES PERFORMED BY MR. GARRIS ON BEHALF OF THE HOLY NAME OF JESUS MEDICAL CENTER (A HOSPITAL FORMERLY KNOWN AS THE HOLY NAME OF JESUS HOSPITAL). MR. GARRIS' SERVICES BENEFITED AND ENHANCED MEDICAL SERVICES FOR THE HOLY NAME OF JESUS HOSPITAL AND MEDICAL SERVICES IN THE STATE OF ALABAMA, WHICH ARE THE PURPOSES OF THE HOLY NAME OF JESUS HOSPITAL TRUST. THE HOLY NAME OF JESUS MEDICAL CENTER, INC. IS AN ORGANIZATION RECOGNIZED BY THE IRS AS BEING DESCRIBED IN SECTION 501(C)(3).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES - GARRIS: PROGRAM SERVICE EXPENSES 182,531. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 182,531. CONSULTING FEES - MISSIONARY SERVANTS: PROGRAM SERVICE EXPENSES 60,000. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 60,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 13	THE TRUST DOES NOT HAVE A WRITTEN WHISTLEBLOWER POLICY, BUT THE CORPORATE TRUSTEE, REGIONS BANK, HAS A WRITTEN WHISTLEBLOWER POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 14	THE TRUST DOES NOT HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY, BUT THE CORPORATE TRUSTEE, REGIONS BANK, HAS A WRITTEN RETENTION AND DESTRUCTION POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION	HOLY NAME OF JESUS HOSPITAL TRUST C/O REGIONS BANK - TRUST DEPT. P.O. BOX 1688 BIRMINGHAM, AL 35202 EMPLOYER IDENTIFICATION NUMBER: 63-6117334 FOR THE YEAR ENDING JUNE 30, 2020 HOLY NAME OF JESUS HOSPITAL TRUST IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
63-6117334

Part I **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

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) Section 512(b)(13) controlled entity? No
(1)US CONFERENCE OF CATHOLIC BISHOPS 3211 FOURTH STREET NE WASHINGTON, DC 20017 53-0196617	PROMOTE THE GREATER GOOD WITH WHICH THE CHURCH OFFERS HUMANKIND	DC	501(C)(3)	LINE 1	N/A		No
(2)HOLY NAME OF JESUS MEDICAL CENTER INC PO BOX 430212 BIRMINGHAM, AL 35243 63-0310793	PROVIDE HEALTH CARE	AL	501(C)(3)	LINE 3	N/A		No

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

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

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) Section 512(b)(13) controlled entity? No

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		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
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		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
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		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
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