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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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

C Name of organization
North Mississippi Health Services Inc

% KRISTY DUKE
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
830 South Gloster Street

City or town, state or province, country, and ZIP or foreign postal code
Tupelo, MS 38801

F Name and address of principal officer:
SHARON NOBLES
830 South Gloster Street
Tupelo, MS 38801

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 ▶

D Employer identification number
64-0653269

E Telephone number
(662) 377-3978

G Gross receipts \$ 55,398,211

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: ▶ www.nmhs.net

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

L Year of formation: 1981
M State of legal domicile: DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
[North Mississippi Health Services is the parent company of a diversified regional health care organization.](#)

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 13
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 451
6 Total number of volunteers (estimate if necessary) 6 13
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

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 75,025 237,600
9 Program service revenue (Part VIII, line 2g) 9 56,541,743 54,351,722
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 56,363 63,330
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 587,684 433,542
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 57,260,815 55,086,194

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 151,800 131,701
14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 31,093,915 29,225,707
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 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) 17 17,615,860 17,534,680
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 48,861,575 46,892,088
19 Revenue less expenses. Subtract line 18 from line 12 19 8,399,240 8,194,106

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 69,615,653 80,955,057
21 Total liabilities (Part X, line 26) 21 65,074,678 68,123,556
22 Net assets or fund balances. Subtract line 21 from line 20 22 4,540,975 12,831,501

Part II Signature Block

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

Sign Here

Signature of officer
SHARON NOBLES, CHIEF FINANCIAL OFF.
Type or print name and title

2021-08-15
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ BKD LLP
Firm's address ▶ PO BOX 3667
LITTLE ROCK, AR 722033667

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶
Phone no. (501) 372-1040

PTIN P00748683

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

NORTH MISSISSIPPI HEALTH SERVICES (NMHS) IS THE PARENT COMPANY OF A DIVERSIFIED REGIONAL HEALTH CARE ORGANIZATION, WHICH SERVES 24 COUNTIES IN NORTH MISSISSIPPI AND NORTHWEST ALABAMA FROM HEADQUARTERS IN TUPELO, MS. NMHS OFFERS MANAGEMENT SERVICES TO ITS AFFILIATED COMPANIES. THE NMHS ORGANIZATION COVERS A BROAD RANGE OF ACUTE DIAGNOSTIC AND THERAPEUTIC SERVICES, WHICH ARE OFFERED THROUGH NORTH MISSISSIPPI MEDICAL CENTER IN TUPELO; A COMMUNITY HOSPITAL SYSTEM WITH LOCATIONS IN EUFORA, IUKA, PONTOTOC, WEST POINT, AMORY, MS, AND HAMILTON, AL; NORTH MISSISSIPPI MEDICAL CLINICS, WHICH IS A REGIONAL NETWORK OF MORE THAN 27 PRIMARY AND SPECIALTY CLINICS AND NURSING HOMES. THE MISSION OF NMHS IS TO CONTINUOUSLY IMPROVE THE HEALTH OF THE PEOPLE OF OUR REGION. NMHS WORKS TO ACHIEVE ITS CORPORATE MISSION TO IMPROVE THE HEALTH OF THE PEOPLE OF THIS REGION BY PROVIDING CONVENIENTLY ACCESSIBLE, COST-EFFECTIVE HEALTH CARE OF THE HIGHEST QUALITY.

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 \$	18,700,535	including grants of \$	(Revenue \$	32,504,572)
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See Additional Data

4b	(Code:) (Expenses \$	865,699	including grants of \$	131,701) (Revenue \$	)
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See Additional Data

4c	(Code:) (Expenses \$	18,129,987	including grants of \$	(Revenue \$	17,913,967)
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See Additional Data

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

(Expenses \$	752,210	including grants of \$	(Revenue \$	3,933,183)
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4e	Total program service expenses ▶	38,448,431
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	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	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 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	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
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 ComplianceCheck 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	42
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	

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 451			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		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		No
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?				
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 720, 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 13		
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 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
▶KRISTY DUKE 830 SOUTH GLOSTER STREET Tupelo, MS 38801 (662) 377-3977

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

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.

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	6,961,929	0	188,481

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 ▶ 37

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
TRILOGY HEALTHCARE SOLUTIONS, 404 LEGACY PARK SUITE A RIDGELAND, MS 39157	MGMT & CONSULTING	971,618
COMPLETE BILLING SOLUTIONS, PO BOX 713362 CINCINNATI, OH 452713362	BILLING SERVICES	686,073
PREMIER HEALTHCARE SOLUTIONS, 5882 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	SOFTWARE SUPPORT	625,325
CHESTER K WHITE MD, 1041 S MADISON STREET TUPELO, MS 38801	MEDICAL OFFICER SERV	549,407
HORNE LLP, 661 SUNNYBROOK ROAD SUITE 100 RIDGELAND, MS 39157	CPA & ADVISORY SERV	419,949

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 ► 16

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	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	150,100									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	87,500									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f		237,600										
Program Service Revenue			Business Code										
	2a Management Fees		561000	32,240,551		32,240,551							
	b NET PATIENT SERVICE REVENUE		622110	17,913,967		17,913,967							
	c INCOME FROM JOINT VENTURES		622110	3,933,183		3,933,183							
	d HEALTH LINK REVENUE		622110	264,021		264,021							
	e												
	f All other program service revenue.												
g Total. Add lines 2a-2f.		54,351,722											
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			20,410						20,410			
	4 Income from investment of tax-exempt bond proceeds			0									
	5 Royalties			0									
			(i) Real	(ii) Personal									
	6a Gross rents		6a	237,648									
	b Less: rental expenses		6b	312,017									
	c Rental income or (loss)		6c	-74,369	0								
	d Net rental income or (loss)				-74,369				-74,369				
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	41,420	1,500								
	b Less: cost or other basis and sales expenses		7b										
	c Gain or (loss)		7c	41,420	1,500								
	d Net gain or (loss)				42,920				42,920				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	0									
	b Less: direct expenses		8b	0									
	c Net income or (loss) from fundraising events				0								
	9a Gross income from gaming activities. See Part IV, line 19		9a	0									
	b Less: direct expenses		9b	0									
	c Net income or (loss) from gaming activities				0								
	10aGross sales of inventory, less returns and allowances		10a	0									
b Less: cost of goods sold		10b	0										
c Net income or (loss) from sales of inventory				0									
Miscellaneous Revenue		Business Code											
11aRebate Income		900099		368,105				368,105					
b Dues Income		900099		1,170				1,170					
c All Other Misc Revenue		900099		138,636				138,636					
d All other revenue													
e Total. Add lines 11a-11d				507,911									
12 Total revenue. See instructions				55,086,194		54,351,722		496,872					

Form 990 (2019)

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	131,701	131,701		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,896,389		5,896,389	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	18,260,098	18,260,098		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,543,126	1,543,126		
9 Other employee benefits	1,892,483	1,892,483		
10 Payroll taxes	1,633,611	1,633,611		
11 Fees for services (non-employees):				
a Management	439,787		439,787	
b Legal	139,626		139,626	
c Accounting	154,564		154,564	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,547,802	1,906,568	1,641,234	
12 Advertising and promotion	463,607	463,607		
13 Office expenses	731,711	731,711		
14 Information technology	168,605	168,605		
15 Royalties	0			
16 Occupancy	312,712	312,712		
17 Travel	464,738	464,738		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	563,128	563,128		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,034,551	1,034,551		
23 Insurance	172,057		172,057	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	6,596,625	6,596,625		
b Taxes and Licenses	1,166,779	1,166,779		
c Recruitment Expense	513,958	513,958		
d Dues and Subscriptions	388,849	388,849		
e All other expenses	675,581	675,581		
25 Total functional expenses. Add lines 1 through 24e	46,892,088	38,448,431	8,443,657	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 SheetCheck 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		0	1	0
	2	Savings and temporary cash investments		2,454,250	2	2,083,842
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,090,563	4	1,064,412
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		71,705	8	48,984
	9	Prepaid expenses and deferred charges		1,506,233	9	1,777,168
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	11,657,633		
	b	Less: accumulated depreciation	10b	7,280,813		
				4,846,456	10c	4,376,820
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		28,389,254	12	30,332,968
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		31,257,192	15	41,270,863	
16	Total assets. Add lines 1 through 15 (must equal line 34)		69,615,653	16	80,955,057	
Liabilities	17	Accounts payable and accrued expenses		28,607,769	17	28,591,276
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to 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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		36,466,909	25	39,532,280
	26	Total liabilities. Add lines 17 through 25		65,074,678	26	68,123,556
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		4,539,124	27	12,817,042
	28	Net assets with donor restrictions		1,851	28	14,459
	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			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		4,540,975	32	12,831,501
33	Total liabilities and net assets/fund balances		69,615,653	33	80,955,057	

Part XI Reconciliation of Net AssetsCheck 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	55,086,194
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,892,088
3	Revenue less expenses. Subtract line 2 from line 1	3	8,194,106
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,540,975
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	96,420
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,831,501

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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.		

Additional Data

Software ID:

Software Version:

EIN: 64-0653269

Name: North Mississippi Health Services Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

North Mississippi Health Services provides management services to its affiliated companies. The cost of providing these services was \$18,700,535.

Form 990, Part III, Line 4b:

Nurse Link is a free community telephone service that assists callers with health information, offers triage for symptom-based calls, and makes recommendations for care by utilizing a physician approved, computerized protocol system and reference materials. Nurse Link is staffed by registered nurses. The service also includes the appointment desk, which is a free community health information and physician referral service, and physician consult line, which is a free service that provides regional physicians and their staff access to all departments, specialists and clinics. It offers after-hours coverage for physician clinics throughout northeast Mississippi and for the branch offices of NMMC Home Health Agency and Hospice. It also provides a call-back service to discharged patients. The cost of providing these services was approximately \$733,998 in fiscal year 2020. NMHS makes cash donations to a wide variety of community charitable organizations involved in local schools, the arts, public health, and community development activities.

Form 990, Part III, Line 4c:

North Mississippi Medical Center provides Ambulance Services in Clay, Itawamba, Lee, Pontotoc, Tishomingo and Webster counties. NMMC Ambulance Services work closely with area 911 Dispatch Centers to provide emergency response to all 911 calls. NMMC Ambulance Services also provide non-emergency transportation to move patients to and from NMMC facilities and personal residences. NMMC-Tupelo was the first EMS in Mississippi to receive the American Heart Association's Mission: Lifeline EMS Gold Award for implementing quality improvement measures for the treatment of patients who experience severe heart attacks, from the 911 call, to the ambulance, to the ER, to the treatment for restoring blood flow through the heart. Form 990, Part III, Line 4d - Other Program Services ----- North Mississippi Health Services, Inc. is the sole member of North Mississippi Joint Ventures, LLC (NMJV) which serves as a holding company for their 51% controlling interests in North Mississippi Ambulatory Surgery Center, LLC (ASC), 72.01% in Medical Imaging, LLC (MI) and 51% in Center for Digestive Health, LLC (CDH). North Mississippi Ambulatory Surgery Center opened in 1986. The facility now includes seven operating suites and 24 treatment rooms, and is a joint venture between North Mississippi Joint Ventures, LLC and physician owners. The most frequent surgical procedures performed at North Mississippi Ambulatory Surgery Center are ear tubes, tonsils and adenoids, knee arthroscopy, cataracts, dental restorations and carpal tunnel release. Medical Imaging is a joint venture between North Mississippi Joint Ventures and physician owners. Medical Imaging now has one location in Tupelo, Mississippi, Medical Imaging at Barnes Crossing. Medical Imaging on Crossover is now a part of The Imaging Center at Gloster Creek joint venture. Medical Imaging at Barnes Crossing offers leading edge MRI, CT, Ultrasound, Fluoroscopy and Radiography Examinations. The Center for Digestive Health is a joint venture between North Mississippi Joint Ventures and physician owners. The Center for Digestive Health offers all diagnostic and therapeutic gastrointestinal procedures performed by fellowship trained board certified gastroenterologists, experts in endoscopy. The Center provides care for a broad range of gastrointestinal disorders such as heartburn/GERD, inflammatory bowel disease, IBS, pancreatitis, hepatitis and liver disease, and peptic ulcer disease. In addition, the Center provides care for all related gastrointestinal cancers. The Imaging Center at Gloster Creek, formerly Medical Imaging on Crossover, is a joint venture between North Mississippi Joint Ventures and physician owners. The Imaging Center at Gloster Creek offers its patients access to a Volume (64-SLICE) CT that can freeze frame the heart pumping, the blood moving and the lungs breathing. Because it captures images so quickly and with such detail, it allows physicians to diagnose diseases, such as heart and lung disorders, without the need for invasive procedures. This facility also houses the strongest open MRI in the area. This MRI is designed especially for larger or claustrophobic patients who are unable to use the standard, closed MRI. X-ray or Radiography is also available at this facility. Connected Care Partners (CCP) is a clinically integrated network (CIN) composed of a group of providers, who, in partnership with North Mississippi Health Services, have made a collective commitment to performance improvement with a focus on improving the quality and efficiency of care for the patients they serve. CCP will address providers' requirements for health care reform and the needs of payers and seeks to improve value for payers, employers and patients. Area independent and employed providers and NMHS have established CCP to: 1. Transform care delivery through a provider-led CIN sponsored by NMHS that is accountable for the full continuum of care 2. Lead the market in high quality, cost-effective care through population health management that includes engaging patients in the ownership of their care, and 3. Become the preferred partner for providers in our communities through a culture of collaboration. Area independent and employed providers and NMHS have established CCP to: 1. Transform care delivery through a provider-led CIN sponsored by NMHS that is accountable for the full continuum of care 2. Lead the market in high quality, cost-effective care through population health management that includes engaging patients in the ownership of their care, and 3. Become the preferred partner for providers in our communities through a culture of collaboration.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Melody Poole VP- Organizational Performance	20.0 20.0				X			203,281	0	22,589
Wallace T Davis Jr VP - Managed Care	10.0 30.0				X			202,504	0	11,378
Dean Hancock Vice President of Foundation	40.0 0.0					X		202,408	0	10,262
James P Stanzell Chief Compliance Officer	40.0 0.0					X		188,855	0	19,020
Kelvin Monroe CFO - Community Hospitals	40.0 0.0					X		199,511	0	6,671
Richard L Garner Director - Managed Care	40.0 0.0					X		194,049	0	0
Ormella Cummings Chief Strategy Officer	40.0 0.0					X		181,167	0	5,219
Michael A Switzer VP - Supply Chain & Supp Svc	40.0 0.0						X	109,198	0	1,926
Mary Werner Director	1.0 0.0	X						0	0	0
David Rumbarger Director	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Aubrey B Patterson Director	1.0 0.0	X						0	0	0
Robin McGraw Director	1.0 0.0	X						0	0	0
Mickey Holliman Director	1.0 0.0	X						0	0	0
Barney Guyton MD Director	1.0 0.0	X						0	0	0
Guy Mitchell III Director	1.0 0.0	X						0	0	0
Tom Foy Director	1.0 0.0	X						0	0	0
Dan Rollins Chairman	1.0 0.0	X						0	0	0
Mitch Waycaster Director	1.0 0.0	X						0	0	0
Mark Ray MD Director	1.0 0.0	X						0	0	0
Skipper Holliman Director	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Wheeler	1.0	X						0	0	0
..... Director	0.0									

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
North Mississippi Health Services Inc

Employer identification number
64-0653269

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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

1
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) NORTH MISSISSIPPI MEDICAL CENTER INC	640662976	3	Yes		0	0
Total	1				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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
6		No
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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)? <i>If "Yes," answer line 10b below.</i>		No
10a		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	11a	No
	11b	No
	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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	1	No

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	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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
Page 4, Part IV, Section A, Line 1:	NORTH MISSISSIPPI HEALTH SERVICES, INC. (NMHS) IS A SUPPORTING ORGANIZATION THAT IS SUPERVISED OR CONTROLLED IN CONNECTION WITH NORTH MISSISSIPPI MEDICAL CENTER, INC. (NMMC). THE REQUIREMENTS OF REG. SEC. 1.509(A)-4(D)(2) ARE MET IF AN ORGANIZATION SPECIFIES THE CLASS OR PURPOSE OF THE SUPPORTED ORGANIZATIONS INSTEAD OF IDENTIFYING THEM BY NAME. THIS MAY INCLUDE ORGANIZATIONS CLOSELY RELATED IN PURPOSE OR FUNCTION TO SUCH ORGANIZATIONS. NMHS' CERTIFICATE OF INCORPORATION IDENTIFIES THE CLASS OF ORGANIZATIONS THAT IT SUPPORTS AS NOT-FOR-PROFIT EXEMPT ORGANIZATIONS OF WHICH IT IS A MEMBER. NMMC, NORTH MISSISSIPPI MEDICAL CLINICS, INC. (CLINICS), MARION REGIONAL MEDICAL CENTER, INC. (MRMC), AND WEBSTER HEALTH SERVICES, INC. (WHS) ARE NOT-FOR-PROFIT EXEMPT ORGANIZATIONS FOR WHICH NMHS IS SOLE MEMBER. IN ADDITION, CLINICS, MRMC, AND WHS ARE CLOSELY RELATED IN PURPOSE OR FUNCTION TO SUCH ORGANIZATIONS. THEREFORE, NMHS SATISFIES THE REQUIREMENTS OF REG. SEC. 1.509(A)-4(D)(2)(I).

990 Schedule A, Supplemental Information

Return Reference	Explanation
Page 5, Part IV, Section C, Line 1:	THE GOVERNANCE INTERRELATIONSHIPS BETWEEN NORTH MISSISSIPPI HEALTH SERVICES, INC. (NMHS) AND NORTH MISSISSIPPI MEDICAL CENTER, INC. (NMMC), AS SET FORTH IN NMHS' BYLAWS, DEMONSTRATE THAT NMHS IS "SUPERVISED OR CONTROLLED IN CONNECTION WITH" NMMC BECAUSE A SUBSTANTIAL AMOUNT OF CONTROL OVER THE ORGANIZATIONS IS VESTED IN THE SAME PERSONS. NMHS' BYLAWS PROVIDE FOR A SIGNIFICANT DEGREE OF OVERLAP BETWEEN THE OFFICERS AND KEY COMMITTEES OF THE ORGANIZATIONS. SPECIFICALLY, THE ORGANIZATIONS ARE REQUIRED TO HAVE THE SAME SECRETARY AND TREASURER. IN ADDITION, THE ORGANIZATIONS ARE REQUIRED TO HAVE THE SAME NOMINATING AND GOVERNANCE COMMITTEE, COMPENSATION COMMITTEE, EXTERNAL DEVELOPMENT COMMITTEE, INVESTMENT COMMITTEE, AUDIT COMMITTEE, CORPORATE COMPLIANCE COMMITTEE, RISK MANAGEMENT COMMITTEE, AND CONFLICTS COMMITTEE. THERE IS ALSO A SIGNIFICANT DEGREE OF OVERLAP BETWEEN THE OFFICERS AND KEY COMMITTEES OF NMHS AND NORTH MISSISSIPPI MEDICAL CLINICS, INC., MARION REGIONAL MEDICAL CENTER, INC., AND WEBSTER HEALTH SERVICES, INC.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization North Mississippi Health Services Inc	Employer identification number 64-0653269
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		56,629
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			56,629
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1g:	Lobbying expenses were incurred through the use of lobbying consultants who had direct contact with legislators to discuss various public policy issues and legislative matters.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► 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
North Mississippi Health Services Inc

Employer identification number
64-0653269

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

4

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

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		648,845		648,845
b Buildings		3,038,801	1,360,656	1,678,145
c Leasehold improvements				
d Equipment		7,957,803	5,919,480	2,038,323
e Other		12,184	677	11,507
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,376,820

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) Investment in Subsidiaries	26,459	F
(B) investment in HPIC	25,854,967	F
(C) Investment in Joint Venture	3,350,542	F
(D) Investment in VHA	1,101,000	
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	30,332,968	

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)Malpractice Trust Fund	22,886,232
(2)Due from Affiliates	13,519,084
(3)Liab Insurance Recovery	2,879,207
(4)Right of Use Leases	1,986,340
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	41,270,863

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Due to Affiliates	16,046,714
(3) Estimated Malpractice Costs	23,485,566
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	39,532,280

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	49,319,991
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-5,946,519
e	Add lines 2a through 2d	2e	-5,946,519
3	Subtract line 2e from line 1	3	55,266,510
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-180,316
c	Add lines 4a and 4b	4c	-180,316
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	55,086,194

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	41,125,885
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	180,316
e	Add lines 2a through 2d	2e	180,316
3	Subtract line 2e from line 1	3	40,945,569
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	5,946,519
c	Add lines 4a and 4b	4c	5,946,519
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	46,892,088

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 64-0653269
Name: North Mississippi Health Services Inc

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	MANAGEMENT HAS EVALUATED ITS INCOME TAX POSITIONS UNDER GUIDANCE INCLUDED IN ASC 740. BASED ON ITS REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d:	Bad debt expense is netted with revenue on the financial statements but included in expenses on the return - (6,596,625) Pension cost being included in revenue on the financial statements but included in expenses on the return - 650,106 Total on Line 2d - (5,946,519)

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b:	Rental expenses being included in revenue on the financial statements but included in expenses on the return - (312,017) Grants in nonoperating gains being included in expenses on the financial statements but included in revenue on the return - 131,701 Total on Line 4b - (180,316)

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d:	Rental expenses being included in revenue on the financial statements but included in expenses on the return - 312,017 Grants in nonoperating gains being included in expenses on the financial statements but included in revenue on the return - (131,701) Total on Line 2d - 180,316

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b:	Bad debt expense is netted with revenue on the financial statements but included in expenses on the return - 6,596,625 Pension cost being included in revenue on the financial statements but included in expenses on the return - (650,106) Total on Line 4b - 5,946,519

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
North Mississippi Health Services Inc

Employer identification number
64-0653269

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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
Part I, Line 2:	North Mississippi Health Services, Inc. makes cash donations to a wide variety of community charitable organizations involved in local schools, the arts, public health, and community development activities. These contributions are given based on the needs of the organization. North Mississippi Health Services, Inc. monitors the use of these funds through involvement with the organizations through our leadership's inclusion on the organizations' boards, the interaction between their operations with ours, and through our participation in the events sponsored with these donations.
Part II, Line 1, Column (h):	North Mississippi Health Services, Inc. makes cash donations to a wide variety of community charitable organizations involved in local schools, the arts, public health, and community development activities. The donations made to each of the organizations reported in Schedule I, Part II were given to fund and help further each organization's work in the community.

Additional Data

Software ID:
Software Version:
EIN: 64-0653269
Name: North Mississippi Health Services Inc

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
University of MS Foundation 406 UNIVERSITY AVE OXFORD, MS 38655	23-7310293	501(c)(3)	62,300				See Part IV
North MS Symphony Orchestra 1800 West Main Street Tupelo, MS 38801	23-7228350	501(c)(3)	10,000				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
ANTONE TANNEHILL FREE CLINIC PO BOX 1821 TUPELO, MS 38802	58-1986683	501(C)(3)	15,000				SEE PART IV

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization North Mississippi Health Services Inc		Employer identification number 64-0653269

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☒ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 64-0653269

Name: North Mississippi Health Services Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Bruce J Toppin Secretary	(i)	324,527	164,166	11,681	5,600	8,668	514,642	0
	(ii)	-	-	-	0	0	0	0
1Lynn Holland Vice President of Finance	(i)	216,288	87,203	7,398	6,699	4,920	322,508	0
	(ii)	-	-	-	0	0	0	0
2Michael A Switzer VP - Supply Chain & Supp Svc	(i)	106,809	15	2,374	1,173	753	111,124	0
	(ii)	-	-	-	0	0	0	0
3Dean Hancock Vice President of Foundation	(i)	160,325	33,673	8,410	5,102	5,160	212,670	0
	(ii)	-	-	-	0	0	0	0
4Wallace T Davis Jr VP - Managed Care	(i)	163,165	34,455	4,884	5,210	6,168	213,882	0
	(ii)	-	-	-	0	0	0	0
5Michael S Spees President & CEO	(i)	958,860	677,592	36,357	8,400	6,958	1,688,167	0
	(ii)	-	-	-	0	0	0	0
6Ormella Cummings Chief Strategy Officer	(i)	145,750	29,892	5,525	4,079	1,140	186,386	0
	(ii)	-	-	-	0	0	0	0
7Sharon Nobles Treasurer & CFO	(i)	516,850	288,731	1,290	8,400	6,728	821,999	0
	(ii)	-	-	-	0	0	0	0
8David Barber Chief Network Dev Officer	(i)	300,502	161,020	27,668	20,384	7,308	516,882	0
	(ii)	-	-	-	0	0	0	0
9Mark Pittman VP Human Resources OP	(i)	193,915	39,659	974	7,983	960	243,491	0
	(ii)	-	-	-	0	0	0	0
10James P Weldon Chief Information Officer	(i)	322,613	150,330	1,290	0	4,488	478,721	0
	(ii)	-	-	-	0	0	0	0
11Kelvin Monroe CFO - Community Hospitals	(i)	165,322	33,871	318	5,531	1,140	206,182	0
	(ii)	-	-	-	0	0	0	0
12James P Stanzell Chief Compliance Officer	(i)	151,610	32,053	5,192	13,112	5,908	207,875	0
	(ii)	-	-	-	0	0	0	0
13Melody Poole VP- Organizational Performance	(i)	164,221	34,497	4,563	17,269	5,320	225,870	0
	(ii)	-	-	-	0	0	0	0
14Sondra A Davis Chief Human Resources Officer	(i)	317,950	118,366	1,290	1,988	7,050	446,644	0
	(ii)	-	-	-	0	0	0	0
15Kevin Moraski VP - Supply Chain & Support	(i)	207,809	81,538	955	0	3,726	294,028	0
	(ii)	-	-	-	0	0	0	0
16Carol R Plato VP - Revenue Cycle	(i)	186,341	75,326	2,467	0	1,156	265,290	0
	(ii)	-	-	-	0	0	0	0
17Richard L Garner Director - Managed Care	(i)	194,025	24	0	0	0	194,049	0
	(ii)	-	-	-	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

North Mississippi Health Services Inc

Supplemental Information to Form 990 or 990-EZComplete 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****Employer identification number**

64-0653269

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 6, Part VI, Section A, Line 6:	North Mississippi Health Services, Inc. has members that are entitled to renew their membership annually if they are approved for continued membership by the Board of Directors and upon payment of an annual membership due. Vacancies in the membership may be filled by the Board of Directors. The membership may not exceed two hundred persons. In all meetings of the members, each member present is entitled to one vote.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 6, Part VI, Section A, Line 7a:	Members are entitled to elect members of the Board of Directors from the list of persons nominated for election by the nominating and governance committees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 6, Part VI, Section B, Line 11b:	The Form 990 goes through a review process in the Accounting Department. The accountant reviews the return for reasonableness and accuracy. All totals are tied to the audit reports, and all amounts are cross-referenced to schedules or other parts of the actual return. Once the accountant reviews, the Accounting Supervisor and the Director of Accounting reviews. The Supervisor does a detailed review by checking the return for the same items that the accountant checked for. Then the Director does a more high level review, reading the return for reasonableness and comparing prior year amounts to current year amounts. Finally, the VP of Finance reviews the return for reasonableness. The return is then sent to the EXECUTIVE VP/TREASURER to be reviewed and presented to the Board. The Chief Financial Officer signs the return and it is then sent to the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 6, Part VI, Section B, Line 12c:	An annual conflict of interest questionnaire is required to be completed by all officers and directors of the organization. The questionnaire is reviewed by the organization's compliance officer and Conflict Committee. The Conflict Committee reviews conflict transactions and makes recommendations to the board of directors regarding conflict transactions in accordance with the organization's conflict of interest policy. All members of the Conflict Committee are prohibited from engaging in transactions with the organization or its affiliates during their tenure on the Conflict Committee and one year after their service concludes.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 6, Part VI, Section B, Line 15a&b:	AN INDEPENDENT COMPENSATION CONSULTING FIRM, KORN FERRY, IS USED TO HELP ESTABLISH THE COMPENSATION OF THE SENIOR EXECUTIVES. THE FIRM PRESENTS THEIR INDEPENDENT ANALYSIS, WHICH CONTAINS COMPARABILITY DATA, TO THE COMPENSATION COMMITTEE OF NORTH MISSISSIPPI HEALTH SERVICES, INC. (NMHS). THE COMPENSATION OF THE INDIVIDUALS ARE THEN APPROVED BY THE COMPENSATION COMMITTEE. THE SALARIES OF NMHS' SENIOR EXECUTIVES ARE THEN REVIEWED BY THE NMHS BOARD OF DIRECTORS. THE INDIVIDUAL WHOSE COMPENSATION IS BEING DISCUSSED IS NOT PRESENT DURING THE DISCUSSION OR APPROVAL OF THEIR COMPENSATION. THE DISCUSSIONS AND DECISIONS REGARDING THE COMPENSATION ARE DOCUMENTED IN THE MINUTES OF THE MEETINGS. COMPENSATION OF THESE INDIVIDUALS IS APPROVED ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 6, Part VI, Section C, Line 19:	The governing documents, conflict of interest policy, and financial statements are available to the public upon request. A consolidated statement of operations is available on the organization's website.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 12, Part XI, Line 9:	Book/Tax Difference in Income: 403,762 Pension-related changes other than net periodic pension costs: (307,342) Total other changes in Net Assets or Fund Balance = 96,420

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
North Mississippi Health Services Inc

Employer identification number
64-0653269

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) North MS Joint Ventures LLC 830 S Gloster Street Tupelo, MS 38801 68-0561912	Mgmt Services	DE	3,933,183	5,827,460	NMHS
(2) NORTH MISSISSIPPI GROUND AMBULANCE LLC 830 S GLOSTER STREET TUPELO, MS 38801 81-1818334	AMBULANCE SVC	DE	11,735,230	3,129,321	NMHS
(3) CONNECTED CARE LLC 830 S GLOSTER STREET TUPELO, MS 38801 38-4011228	CIN	DE	0	0	NMHS

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) North MS Ambulatory Surgery Center LLC Tupelo, MS 38801 20-0145190	Ambulatory Su	MS	NMJV	RELATED	2,435,210	2,005,014		No	0		No	51.000 %
(2) Medical Imaging LLC Tupelo, MS 38801 77-0647210	Medical Imagi	MS	NMJV	RELATED	-110,290	2,042,421		No	0		No	72.010 %
(3) Cntr for Digestive Health LLC Tupelo, MS 38801 20-1606438	Digestive Car	MS	NMJV	RELATED	1,812,117	1,271,768		No	0		No	51.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) North MS Healthlink Inc 830 S Gloster Street Tupelo, MS 38801 64-0715886	Medical Services	DE	NMHS	C Corp	0	0	100.000 %	Yes	
(2) North MS Enterprises Inc 830 S Gloster Street Tupelo, MS 38801 64-0658059	Medical Services	DE	NMHS	C Corp	10,657,835	1,873,651	100.000 %	Yes	
(3) Professional Practice Management Inc 830 S Gloster Street Tupelo, MS 38801 72-1390014	Med Serv Mgmt	DE	NA	C Corp	0	0	0 %	Yes	
(4) Acclaim Inc 830 S Gloster Street Tupelo, MS 38801 72-1356116	Hlth Care Claims	DE	HEALTHLINK	C Corp	2,403,840	1,129,729	100.000 %	Yes	
(5) North MS Support Services Inc 830 S Gloster Street Tupelo, MS 38801 26-0718275	Support Services	DE	NMHS	C Corp	0	0	100.000 %	Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2019

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Part V, Line 2, Column (d):	Method of determining amounts for transactions described in lines 1b, 1c, 1e, 1r, and 1s: North Mississippi Health Services, Inc. (NMHS) provides operating funds in the form of working capital loans that have no set repayment date. These working capital loans have historically been converted to capital transfers in many cases, and therefore, the loans are forgiven such that the facility never makes repayment. NMHS does this in order to provide access to a variety of services across the service area and is an intentional part of its business model. Amounts reported in Line 2, Column (c) for these transaction types are stated at cash value. Method of determining amounts for transactions described in lines 1a, 1k, 1l, 1m, 1o, 1p, and 1q: Certain routine management, financial, and accounting services are provided by North Mississippi Health Services, Inc. (NMHS) to its related affiliates. Additionally, third-party services are provided by related affiliates for the NMHS system. Amounts reported on Line 2, Column (c) for these transactions are at fair market value and are comparable to transactions between two or more unrelated parties dealing at arm's length.

Additional Data

Software ID:
Software Version:
EIN: 64-0653269
Name: North Mississippi Health Services Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
830 S Gloster Street Tupelo, MS 38801 64-0762694	Mgmt & Admin	DE	501(c)(3)	12-I	NMHS	Yes	
830 S Gloster Street Tupelo, MS 38801 64-0662976	Hospital	DE	501(c)(3)	3	NMHS	Yes	
830 S Gloster Street Tupelo, MS 38801 64-0668465	Hospital	DE	501(c)(3)	3	NMHS	Yes	
830 S Gloster Street Tupelo, MS 38801 64-0741047	Hospital	DE	501(c)(3)	3	NMHS	Yes	
830 S Gloster Street Tupelo, MS 38801 64-0751410	Hospital	DE	501(c)(3)	3	NMHS	Yes	
830 S Gloster Street Tupelo, MS 38801 64-0787918	Med Clinics	DE	501(c)(3)	3	NMHS	Yes	
830 S GLOSTER STREET Tupelo, MS 38801 64-0508308	Collections	DE	501(c)(3)	3	NMHS	Yes	
830 S Gloster Street Tupelo, MS 38801 64-0819193	Hospital	DE	501(c)(3)	3	NMHS	Yes	
830 S Gloster Street Tupelo, MS 38801 64-0926753	Hospital	DE	501(c)(3)	3	NMHS	Yes	
830 S Gloster Street Tupelo, MS 38801 64-0780130	ER Physicians	DE	501(c)(3)	10	NMHS	Yes	
830 South Gloster Street Tupelo, MS 38801 32-0583236	Hospital	DE	501(c)(3)	3	NMHS	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Medical Imaging LLC	A	237,648	See Part VII
North Mississippi Joint Ventures Inc	C	3,850,000	See Part VII
North Mississippi Medical Center Inc	E	23,600,000	See Part VII
Clay County Medical Corporation	L	361,290	See Part VII
North Mississippi Medical Clinics Inc	L	173,227	See Part VII
Marion Regional Medical Center Inc	L	150,704	See Part VII
North Mississippi Medical Center Inc	L	31,517,167	See Part VII
Tishomingo Health Services Inc	L	112,616	See Part VII
Webster Health Services Inc	L	154,958	See Part VII
Monroe Health Services Inc	L	394,291	See Part VII
Acclaim Inc	O	939,491	See Part VII
Clay County Medical Corporation	O	109,342	See Part VII
North Mississippi Enterprises Inc	O	7,894,239	See Part VII
North Mississippi Medical Center Inc	O	3,353,654	See Part VII
Acclaim Inc	P	118,204	See Part VII
North Mississippi Medical Center Inc	P	3,039,663	See Part VII
Clay County Medical Corporation	Q	581,944	See Part VII
North Mississippi Medical Clinics Inc	Q	1,226,495	See Part VII
Marion Regional Medical Center Inc	Q	362,973	See Part VII
North Mississippi Enterprises Inc	Q	79,710	See Part VII
North Mississippi Medical Center Inc	Q	12,426,338	See Part VII
Pontotoc Health Services Inc	Q	537,311	See Part VII
Tishomingo Health Services Inc	Q	255,912	See Part VII
Webster Health Services Inc	Q	375,958	See Part VII
Monroe Health Services Inc	Q	516,683	See Part VII

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
North Mississippi Medical Clinics Inc	R	1,092,079	See Part VII
Marion Regional Medical Center Inc	R	59,261	See Part VII
North Mississippi Medical Center Inc	R	10,453,725	See Part VII
Pontotoc Health Services Inc	R	110,581	See Part VII
Clay County Medical Corporation	S	1,401,972	See Part VII
North Mississippi Medical Clinics Inc	S	2,861,822	See Part VII
Marion Regional Medical Center Inc	S	846,938	See Part VII
Pontotoc Health Services Inc	S	1,253,725	See Part VII
Tishomingo Health Services Inc	S	597,129	See Part VII
Webster Health Services Inc	S	877,236	See Part VII
Monroe Health Services Inc	S	1,211,023	See Part VII