

Form **990** (2019)

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

NORTH MISSISSIPPI MEDICAL CENTER (NMMC) IS A 650-BED REGIONAL REFERRAL CENTER IN TUPELO, MS. NMMC SERVES MORE THAN 700,000 PEOPLE IN 24 COUNTIES IN NORTH MISSISSIPPI, NORTHWEST ALABAMA AND PORTIONS OF TENNESSEE. NMMC IS THE LARGEST HOSPITAL THAT IS PART OF THE NORTH MISSISSIPPI HEALTH SERVICES (NMHS) ORGANIZATION. THE MISSION OF NMHS IS TO CONTINUOUSLY IMPROVE THE HEALTH OF THE PEOPLE OF OUR REGION. NMMC WORKS TO ACHIEVE THIS 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 \$	693,071,839	including grants of \$	28,100	(Revenue \$	771,628,697
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See Additional Data

4b	(Code:)	(Expenses \$		including grants of \$		(Revenue \$	
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See Additional Data

4c	(Code:)	(Expenses \$	479,733	including grants of \$		(Revenue \$	
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See Additional Data

4d	Other program services (Describe in Schedule O.)					
	(Expenses \$		including grants of \$		(Revenue \$	

4e	Total program service expenses ▶	693,551,572
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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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
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	No

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 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b Yes	
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax 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 235	
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)*

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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 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.	14	
b	Enter the number of voting members included in line 1a, above, who are independent	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶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)	8,610,592	3,290,943	264,664

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 ▶ 360

		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
NTHRIVE INC, PO BOX 733492 DALLAS, TX 75373	COLLECTION AGENCY	5,567,174
Allscripts LLC, 24630 Network Place CHICAGO, IL 606731246	Online Processing	4,850,124
Relias Emergency Medicine of Tupelo, PO Box 7058 TUPELO, MS 38802	Physician Coverage	4,721,036
MORRISION HEALTHCARE, PO BOX 102289 ATLANTA, GA 303682289	FOOD/NUTRITION MGMT	4,420,875
COMPHEALTH, PO BOX 972651 DALLAS, TX 753972651	PHYSICIAN COVERAGE	4,052,463

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 ▶ 277

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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	462,074												
	e	Government grants (contributions)	1e	23,584,963												
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	73,428												
	g	Noncash contributions included in lines 1a - 1f:\$	1g													
	h	Total. Add lines 1a-1f ▶			24,120,465											
Program Service Revenue				Business Code												
	2a	Net Patient Service Revenue	622110		767,524,650	767,524,650										
	b	Related Rental Income	531120		1,626,818	1,626,818										
	c	WELLNESS CENTER REVENUE	621111		1,646,129	1,646,129										
	d	CHILD DEVELOPMENT CENTER REVENUE	624110		750,813	750,813										
	e	MEDICAID PART D REVENUES	622110		78,648	78,648										
	f	All other program service revenue.														
	g	Total. Add lines 2a-2f. ▶			771,627,058											
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			17,240,546					17,240,546							
	4 Income from investment of tax-exempt bond proceeds ▶			2,675					2,675							
	5 Royalties ▶			0												
	6a	6a	(i) Real	(ii) Personal												
	b	Less: rental expenses	6b													
	c	Rental income or (loss)	6c	0	0											
	d Net rental income or (loss) ▶			0												
	7a	7a	(i) Securities	(ii) Other												
			1,999,146,861	6,809												
			b	Less: cost or other basis and sales expenses			7b	1,986,057,216	112,199							
			c	Gain or (loss)			7c	13,089,645	-105,390							
	d Net gain or (loss) ▶			12,984,254					12,984,254							
	8a	(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			
10a	Gross 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													
11a	Employee Drug Sales	446110		6,648,769				6,648,769								
b	VENDOR REBATES	900099		1,577,212				1,577,212								
c	VENDING REVENUES	900099		74,893				74,893								
d	All other revenue			1,694,221	1,639			1,692,582								
e Total. Add lines 11a-11d ▶			9,995,095													
12 Total revenue. See instructions ▶			835,970,093		771,628,697			40,220,931								

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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	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,100	28,100		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,699,482		2,699,482	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	264,571,134	219,057,703	45,513,431	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,891,063	9,891,063		
9 Other employee benefits	36,411,457	36,411,457		
10 Payroll taxes	18,542,663	14,900,763	3,641,900	
11 Fees for services (non-employees):				
a Management	31,078,629		31,078,629	
b Legal	406,251		406,251	
c Accounting	281,990		281,990	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,059,307		1,059,307	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,975,504	50,975,504		
12 Advertising and promotion	975,263	975,263		
13 Office expenses	9,379,139	9,379,139		
14 Information technology	16,614,265	16,614,265		
15 Royalties	0			
16 Occupancy	10,455,779	10,455,779		
17 Travel	1,833,610	1,833,610		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,337,667	1,337,667		
20 Interest	4,540,112	4,540,112		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	36,381,684	36,381,684		
23 Insurance	1,255,835		1,255,835	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	179,483,941	179,483,941		
b Bad Debt Expense	88,424,035	88,424,035		
c Collection Fees	5,287,843	5,287,843		
d Repairs and Maintenance	3,548,839	3,548,839		
e All other expenses	4,024,805	4,024,805		
25 Total functional expenses. Add lines 1 through 24e	779,488,397	693,551,572	85,936,825	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		705,179	1	-2,824,333
	2	Savings and temporary cash investments		23,586,367	2	33,267,017
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		69,712,791	4	58,134,573
	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		21,406,745	8	21,022,421
	9	Prepaid expenses and deferred charges		7,282,437	9	7,198,504
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	861,166,841		
	b	Less: accumulated depreciation	10b	681,634,070		
				199,678,294	10c	179,532,771
	11	Investments—publicly traded securities		631,489,859	11	933,212,479
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		168,254,251	15	144,634,094	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,122,115,923	16	1,374,177,526	
Liabilities	17	Accounts payable and accrued expenses		168,025,578	17	357,401,458
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		148,263,312	20	148,922,572
	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		367,781	23	367,989
	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		7,653,503	25	14,456,410
26	Total liabilities. Add lines 17 through 25		324,310,174	26	521,148,429	
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		795,194,590	27	850,460,639
	28	Net assets with donor restrictions		2,611,159	28	2,568,458
	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		797,805,749	32	853,029,097
33	Total liabilities and net assets/fund balances		1,122,115,923	33	1,374,177,526	

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	835,970,093
2	Total expenses (must equal Part IX, column (A), line 25)	2	779,488,397
3	Revenue less expenses. Subtract line 2 from line 1	3	56,481,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	797,805,749
5	Net unrealized gains (losses) on investments	5	2,106,751
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	-3,365,099
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	853,029,097

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: 64-0662976
Name: North Mississippi Medical Center Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

North Mississippi Medical Center (NMMC) serves more than 700,000 people in 24 counties in north Mississippi, northwest Alabama and portions of Tennessee. In fiscal year 2020, there were 23,994 inpatient admissions, 73,011 emergency department visits, and 528,909 outpatient visits. NMMC uses Press Ganey, the largest patient satisfaction survey company in the nation, that works with more than 7,000 healthcare facilities. Randomly selected patients are asked about their experience with NMHS inpatient, outpatient, ER, home health and long term care services. Area residents have access to a medical staff representing more than 40 medical specialties, as well as centers of excellence in cancer treatment and research, neurology, neurosurgery, cardiac surgery, cardiology, pulmonology, rehabilitation, chemical dependency and neonatal programs. In addition, the NMMC Home Health Agency serves patients in 17 counties in north Mississippi and offers many complex and extremely high-tech procedures that can be performed in the home setting. NMMC is designated as a Level II trauma center by the Mississippi State Department of Health. To receive this designation, facilities must offer a full range of trauma capabilities, including an Emergency Department, a full service surgical suite, intensive care unit and diagnostic imaging, as well as make a commitment to consistently meet national guidelines or standards in caring for trauma patients. In 2006, NMMC-Tupelo received the Malcolm Baldrige National Quality Award for innovative practices, a commitment to excellence and outstanding results. This award is a symbol of world-class performance and is the nation's highest Presidential honor for organizational performance excellence. NMMC is a participant in QUEST (Quality, Efficiency, Safety, with Transparency), a national initiative sponsored by fellow 2006 Baldrige recipient Premier. NMMC benchmarks its quality measures against the very best hospitals and health systems in the United States. This collaborative effort enables NMMC's physicians, nurses and analysts to learn from those with the best results in patient satisfaction, cost of care and appropriateness of care. QUEST is one way that NMMC is continually working to improve patient safety and quality while safely reducing health care costs.

Form 990, Part III, Line 4b:

One of the primary ways North Mississippi Medical Center (NMMC) serves the community is by providing care to various populations for which it receives no compensation or receives compensation at rates significantly less than established rates. The Board of Directors of NMMC has established a policy under which NMMC provides care, without charge, to needy members of its community. THE FINANCIAL ASSISTANCE POLICY STATES THAT NMMC WILL PROVIDE EMERGENCY AND MEDICALLY NECESSARY INPATIENT AND OUTPATIENT HOSPITAL SERVICES TO PATIENTS FREE OF CHARGE WITH HOUSEHOLD INCOME LEVELS AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL. THE POLICY FURTHER PROVIDES, PATIENTS WITH HOUSEHOLD INCOME LEVELS BETWEEN 101% AND 150% OF THE FEDERAL POVERTY LEVEL ARE ELIGIBLE TO RECEIVE SERVICES AT A DISCOUNTED RATE. THE DISCOUNT WILL BE PRO-RATED BASED ON THE PATIENT'S GROSS FAMILY INCOME AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL. The policy applies to individuals who reside in NMMC's 24-county service area, as defined by the policy. Patients from outside the service area may also be granted charity care based on the judgment of NMMC management depending on their individual circumstances. The policy also requires the patient to cooperate fully with NMMC's request for information with which to verify the patient's eligibility. Following that policy, NMMC maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy. Charges foregone, based on established rates, totaled approximately \$89,563,974 in fiscal year 2020. Based on the gross charges provided to charity patients compared to total hospital gross charges, 5.15% of all services in fiscal year 2020 were provided on a charity basis. The net cost of charity care provided by NMMC was approximately \$34,706,410 in fiscal year 2020. The total cost estimate is based on the ratio of costs to charges for NMMC. All of the foregone charges mentioned above are netted against patient service revenue to arrive at net patient service revenue as reflected as program service revenue on Part VIII of Form 990 in order to be consistent with financial statement reporting and are not reported as functional expenses on the tax return.

Form 990, Part III, Line 4c:

North Mississippi Medical Center employs certified athletic trainers who provide services to high schools in the service area at no cost. The trainers work with the sports teams at these schools on a daily basis during practice and training, as well as at in-season competitions. The cost of providing these services was approximately \$479,733 in fiscal year 2020.

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			
Michael S Spees FORMER PRESIDENT	0.0 40.0						X	0	1,672,809	15,358
David S Talton Physician	40.0 0.0					X		1,370,011	0	22,320
Lynn M Miller Physician	40.0 0.0					X		1,293,618	0	14,085
William R Reed MD Physician	40.0 0.0					X		1,125,137	0	14,208
Vishal Sachdev Physician	40.0 0.0					X		1,107,268	0	24,247
Robert J Derveloy Physician	40.0 0.0					X		1,061,789	0	22,608
David Wilson President	40.0 0.0			X				873,536	0	14,208
Sharon Nobles TREASURER & CFO	10.0 30.0			X				0	806,871	15,128
Bruce Toppin Secretary	10.0 30.0			X				0	500,374	14,268
Lynn Holland Vice President	30.0 10.0				X			0	310,889	11,619

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			
Tommy R Adams VP - Cardiovascular & Surgical	40.0 0.0				X			274,678	0	27,948
Donna Pritchard Vice President, CNE	40.0 0.0				X			265,705	0	11,630
Patsy Hawkins Interim Admin. - Oncology Serv	40.0 0.0				X			223,905	0	10,195
Todd Davis VP - Facilities Management	40.0 0.0				X			215,768	0	11,266
Ellen Friloux VP - Womens & Pediatric Svc	40.0 0.0				X			216,555	0	6,890
Angie Everett VP - Post Acute & Rehab Svc	40.0 0.0				X			206,925	0	8,452
Phillip Alexander Chief Information Security Off	40.0 0.0				X			204,597	0	9,028
Robert J Smith VP - Behavioral Health	40.0 0.0				X			171,100	0	11,206
Skipper Holliman Director	1.0 0.0	X						0	0	0
Hughes Milam MD 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 Director	1.0 0.0	X						0	0	0
Barney Guyton MD Director	1.0 0.0	X						0	0	0
Mark Ray MD Director	1.0 0.0	X						0	0	0
Scott Reed Director	1.0 0.0	X						0	0	0
Lewis Whitfield Director	1.0 0.0	X						0	0	0
Mitch Waycaster Director	1.0 0.0	X						0	0	0
David Copenhaver Director	1.0 0.0	X						0	0	0
Tom Foy Chairman	1.0 0.0	X						0	0	0
Sam Pace MD Director	1.0 0.0	X						0	0	0
Chris Rogers 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			
Sam Sliman Director	1.0 0.0	X						0	0	0
C K White MD Director	1.0 0.0	X						0	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 Medical Center Inc

Employer identification number
64-0662976

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
- 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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization 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		
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>		
2		
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>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <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>		
4a		
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>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
6		
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>		
7		
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>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
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>		
9b		
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>		
9c		
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>		
10a		
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>		

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>		
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>		

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>		

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?		
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>		
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>		

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>		
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>		
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>		
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>		

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.			

Additional Data

Software ID:
Software Version:
EIN: 64-0662976
Name: North Mississippi Medical Center Inc

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

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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 Medical Center Inc

Employer identification number
64-0662976

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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?

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	6,156,061		6,156,061
b	Buildings	309,387,723	238,181,209	71,206,514
c	Leasehold improvements			
d	Equipment	524,526,115	430,860,128	93,665,987
e	Other	21,096,942	12,592,733	8,504,209
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			179,532,771

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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)Trusted Acquisition Fund	84,264,586
(2)Due from Affiliates	37,523,728
(3)Other Receivables	1,287,139
(4)Int in Net Assets of Affil.Fdn	2,592,900
(5)Other Asset	12,106,917
(6)DUE FROM MEDICARE	582,486
(7)Right of Use Leases	6,276,338
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	144,634,094

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) Other Long-Term Liability	359,945
(3) Fair Value of Int Rate Swaps	7,817,926
(4) LEASE LIABILITY	6,278,539
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	14,456,410

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	751,308,640
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,106,751
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-86,768,204
e	Add lines 2a through 2d	2e	-84,661,453
3	Subtract line 2e from line 1	3	835,970,093
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	835,970,093

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	695,128,404
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	695,128,404
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	84,359,993
c	Add lines 4a and 4b	4c	84,359,993
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	779,488,397

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: 64-0662976
Name: North Mississippi Medical Center 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 - (88,424,035) Loss on Redemption of Bonds included in revenue on the financial statements not included in expenses on the return - (2,408,210) Pension cost being included in revenue on the financial statements but included in expenses on the return - 4,064,041 Total on Line 2d - (86,768,204)

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 - 88,424,035 Pension cost being included in revenue on the financial statements but included in expenses on the return - (4,064,042) Total on Line 4b - 84,359,993

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			34,706,410		34,706,410	5.020 %
b Medicaid (from Worksheet 3, column a)			83,378,735	80,642,669	2,736,066	0.400 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			118,085,145	80,642,669	37,442,476	5.420 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			479,733		479,733	0.070 %
f Health professions education (from Worksheet 5)			5,266,997	1,527,611	3,739,386	0.540 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			5,746,730	1,527,611	4,219,119	0.610 %
k Total. Add lines 7d and 7j			123,831,875	82,170,280	41,661,595	6.030 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	299,924,790
6 Enter Medicare allowable costs of care relating to payments on line 5	6	284,574,300
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	15,350,490
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
☐ Cost accounting system	☐ Cost to charge ratio	☒ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☐ Hospital facility's website (list url): _____		
b ☒ Other website (list url): <u>SEE SECTION C</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SECTION C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

North Mississippi Medical Center			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100% and FPG family income limit for eligibility for discounted care of 150.%		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☒ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	☒ The FAP was widely available on a website (list url): SEE SECTION C		
b	☒ The FAP application form was widely available on a website (list url): SEE SECTION C		
c	☒ A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

North Mississippi Medical Center

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)*

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

North Mississippi Medical Center

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? **28**

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c:	NORTH MISSISSIPPI MEDICAL CENTER, INC. USES THE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY FOR FREE AND DISCOUNTED CARE. IF THE PATIENT'S INCOME LEVEL IS 0-100% OF THE FEDERAL POVERTY LEVEL (FPL), AN ADJUSTMENT OF 100% OF THE HOSPITAL'S STATED CHARGES WILL BE MADE. IF THE PATIENT'S INCOME LEVEL IS 101-150% OF THE FPL, A DISCOUNT OF THE HOSPITAL'S STATED CHARGES WILL BE PRO-RATED BASED ON THE PATIENT'S GROSS FAMILY INCOME AS A PERCENTAGE OF THE FPL. FOR PATIENTS WHOSE FAMILY GROSS INCOME IS EQUAL TO OR GREATER THAN 150% OF THE FPL, THE HOSPITAL MAY OFFER DISCOUNTED RATES ON A CASE-BY-CASE BASIS BASED ON THEIR SPECIFIC CIRCUMSTANCES, SUCH AS CATASTROPHIC ILLNESS OR MEDICAL INDIGENCE. Part I, Line 6a: North Mississippi Medical Center, Inc. community benefit information is included in the community benefit report of its parent company, North Mississippi Health Services, Inc. North Mississippi Health Services (NMHS) is a diversified regional health care organization, which serves 24 counties in north Mississippi and northwest Alabama from headquarters in Tupelo, MS. The NMHS organization covers a broad range of acute diagnostic and therapeutic services, offered through North Mississippi Medical Center in Tupelo; a community hospital system with locations in Eupora, Iuka, Pontotoc, West Point, Amory, MS, and Hamilton AL; North Mississippi Medical Clinics, a regional network of 27 primary and specialty clinics; and nursing homes. NMHS offers a comprehensive portfolio of managed care plans.
Part I, Line 7, column (f):	Bad Debt Expense of \$88,424,035 was included in total expense on Form 990, Part IX, Line 25, Column (A), but was subtracted from total expense for purposes of calculating the percentage of total expense in column (F).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7:	A cost to charge ratio was used for the amounts reported in the table for Line 7. The cost to charge ratio for Line 7 was calculated using Worksheet 2.
Part III, Line 2-4:	North Mississippi Medical Center's (NMMC) financial statements do not include a footnote specifically concerning bad debt. Bad debt is shown as a separate line item on the face of the income statement. The amount of bad debt booked each year is based on a review of outstanding receivables and their age from date of service. The older the account, the higher the reserve percentage used to estimate bad debt. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluations and specific circumstances of the account. The amount reported in Part III, line 2 as bad debt expense matches the amount of bad debt expense reported on NMMC's audited financial statements. North Mississippi Medical Center (NMMC) follows the Catholic Health Association guidelines and does not include bad debt in any community benefit amounts. NMMC, however, believes that some portion of bad debt results from patients who could qualify for charity care but has no way of making an estimate of the amount and therefore has answered "zero" for Part III Line 3. THE HOSPITAL HAS ADOPTED THE NEW REVENUE RECOGNITION STANDARD ASU 2014-09. UNDER ASU 2014-09, THE ESTIMATED AMOUNTS DUE FROM PATIENTS FOR WHICH THE HOSPITAL DOES NOT EXPECT TO BE ENTITLED OR COLLECT FROM THE PATIENTS ARE CONSIDERED IMPLICIT PRICE CONCESSIONS AND EXCLUDED FROM THE HOSPITAL'S ESTIMATION OF THE TRANSACTION PRICE OR REVENUE RECORDED. BAD DEBT EXPENSE WAS NOT SIGNIFICANT TO THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2020. HOWEVER, THE HOSPITAL INTERNALLY TRACKS BAD DEBT EXPENSE CONSISTENT WITH HISTORICAL PRACTICES AND THAT AMOUNT HAS BEEN REPORTED ON SCHEDULE H, PART III, SECTION A, LINE 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	The ratio of cost to charges used in the calculation of costs for Medicare was taken from the Medicare Cost Report. Lines 5, 6, & 7 do not include certain Medicare programs and costs and thus do not reflect all of the organization's revenues and costs associated with its participation in Medicare programs. Additional revenues and costs not reported on Lines 5, 6, & 7 include those associated with the organization's Medicare outpatient lab, ambulance and therapy services. Total revenues from these activities were \$3,367,299 and total costs were \$3,917,514 for a net shortfall of -\$550,215. When combined with the shortfall reported on Line 7, the net surplus from all Medicare programs is \$14,800,276.
Part III, Line 9b:	North Mississippi Medical Center does not pursue collection of amounts determined to qualify as charity care. For patients who qualify for charity care or financial assistance and who are cooperating in good faith to resolve their discounted hospital bills, the hospitals may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2:	Needs Assessment North Mississippi Medical Center utilizes varied but complimentary methods to assess the health care needs of the communities it serves. The North Mississippi Medical Center Community Health Needs Assessment is performed every three years and provides information on health status, utilization of health services, healthy beliefs and satisfaction with health care services. In addition, the North Mississippi Medical Center Community Relations Facilitator conducts routine visits with internal and external stakeholders. The information gathered through several qualitative survey questions is used to determine community needs.
Part VI, Line 3:	Patient education of eligibility for assistance Explanations of the North Mississippi Medical Center charity care policy are communicated in a variety of forms including signage at all admission and registration areas, on the web site, on bills and statements, and in admission packets. Financial counselors assist the patient and responsible parties with determining eligibility for government programs, primarily Medicaid, and charity care status. The patient can apply for charity care at any time from the date of service through the collection process and once qualified and approved all collection efforts are stopped.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	Community Information North Mississippi Medical Center serves more than 700,000 people in 24 counties in north Mississippi, northwest Alabama and portions of Tennessee. The most populous counties are Lee and Lowndes in MS and Colbert County in AL. The population for the service area is projected to remain essentially flat over the next five years. The patient population for North Mississippi Medical Center is covered by insurance or is uninsured as follows: 49.00% Medicare, 3.12% Medicare Advantage, 3.80% Medicaid, 8.51% MS CAN, 28.50% private insurance with 7.07% uninsured.
Part VI, Line 5:	Promotion of community health North Mississippi Medical Center (NMMC) has a commitment to a wide variety of community health outreach activities, which are coordinated by the Community Health department and are staffed by employees of that department as well as by NMMC employees who volunteer their time to help with these events and activities. The Community Health department assists in educating the community on health-related issues by organizing and presenting various health fairs and seminars. These events are held at local businesses, schools and community organizations and address such issues as cancer care, heart health, bone and joint care, sinus and allergy issues, newborn and child care, and other health-related topics. In addition, the Community Health department sponsors cholesterol, blood pressure, vision, memory, and heart-risk screening events, through which tests are made available to the public for a nominal fee or at no charge with the majority of the costs incurred absorbed by NMMC. NMMC also employs registered nurses and certified health educators and provides their services to schools in its service area at no cost to the school systems. These nurses and educators provide basic healthcare and instructional services to the students in the schools they serve.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	Affiliated Health Care System As noted above, North Mississippi Medical Center (NMMC) is part of North Mississippi Health Services (NMHS). NMHS operates five community hospitals in addition to NMMC, as well as, North Mississippi Medical Clinics, which operates more than 36 medical clinics. Some of these facilities operate at an ongoing financial loss and 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. The community health department that is part of NMMC coordinates a variety of community health activities across the service area as well.
Part VI, Line 7:	State filing of community benefit report North Mississippi Medical Center does not file a community benefit report with the state of Mississippi as there is no requirement to do so.

Additional Data

Software ID:**Software Version:**

EIN: 64-0662976

Name: North Mississippi Medical Center Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

[illegible]

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5:	Information for the CHNA report was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members. CONSULTATION OR INPUT WAS ALSO REQUESTED FROM PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED, WHICH INCLUDED THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; HEALTHCARE COMMUNITY ADVOCATES; NONPROFIT ORGANIZATIONS; COMMUNITY-BASED ORGANIZATIONS, INCLUDING ORGANIZATIONS FOCUSED ON ONE OR MORE HEALTH ISSUES; AND ORGANIZATIONS WITH KNOWLEDGE OF THE SERVICES NEEDED FOR CHILDREN WITH AUTISM.
PART V, SECTION B, LINE 6A:	North Mississippi Medical Center's community benefit information is included in the community benefit report of its parent company, North Mississippi Health Services, Inc. North Mississippi Health Services (NMHS) is a diversified regional health care organization, which serves 24 counties in north Mississippi and northwest Alabama from headquarters in Tupelo, MS. The NMHS organization covers a broad range of acute diagnostic and therapeutic services, offered through North Mississippi Medical Center in Tupelo; a community hospital system with locations in Eupora, Iuka, Pontotoc, West Point, Amory, MS, and Hamilton, AL; North Mississippi Medical Clinics, a regional network of more than 30 primary and specialty clinics; and nursing homes. NMHS offers a comprehensive portfolio of managed care plans.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7B:	https://www.nmhs.net/app/files/public/1398/tupelo.pdf PART V, SECTION B, LINE 10A: https://www.nmhs.net/app/files/public/1398/tupelo.pdf
PART V, SECTION B, LINE 11:	THE NEEDS OF THE COMMUNITY GO BEYOND THE RESOURCES OF THE ORGANIZATION WITH THE NON-EXPANSION OF MEDICAID IN THE STATE AND THE REDUCTION IN MEDICAID PAYMENTS AS WELL AS A SIGNIFICANT INCREASE IN UNINSURED. THE ORGANIZATION FOCUSES ON PROVIDING ACCESS TO BASIC HEALTHCARE NEEDS INCLUDING: - BLOOD PRESSURE SCREENING AND TREATMENT, - OBESITY TREATMENT, - DIABETES SCREENING AND TREATMENT, - IMMUNIZATIONS, AND - CHILDREN'S HEALTH BY PLACEMENT OF NURSES IN LOCAL SCHOOLS.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13h:	The Hospital's eligibility criteria also included the following: - Service type provided to patient, - Patient's relationship to physicians, - Patient's eligibility for financial assistance under another city, county, state, federal or other assistance program that supersedes the FAP, - Whether or not the patient's charges resulted from a work-related incident, - Whether or not the patient's charges resulted from an auto accident, and - Whether the patient is in the custody of a correctional facility
PART V, SECTION B, LINE 16A, 16B, and 16C:	http://nmhs.net/financial_assistance.php

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

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

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

Name and address	Type of Facility (describe)
1 NMMC Women’s Hospital 4566 South Eason Tupelo, MS 38801	Pediatric & OB/GYN facility
1 NMMC Home Care & Hospice 422A E President Street Tupelo, MS 38801	Home Care & Hospice Services
2 NMMC Radiation Oncology 990 South Madison Tupelo, MS 38801	Outpatient Oncology Services
3 NMMC Behavioral Health 4579 South Eason Tupelo, MS 38801	Mental Health Facility
4 Behavioral Health Clinic-Psychiatric Cli 4557 South Eason Blvd Tupelo, MS 38801	Mental Health Facility
5 NMMC Baldwyn Nursing Facility 739 4th Street Baldwyn, MS 38824	Skilled Nursing Facility
6 NMMC Longtown Imaging & Rehabilitation 4381 South Eason Blvd Tupelo, MS 38801	Outpatient Rehabilitation Services
7 NMMC Breast Care Center 4376 South Eason Tupelo, MS 38801	Outpatient Breast Care Center
8 NMMC Family Practice Residency Center 1680 South Green Street Tupelo, MS 38801	Outpatient Teaching Facility
9 NMMC Wellness Center 1030 South Madison Tupelo, MS 38801	Wellness Center
10 Pontotoc Wellness Center 38 West Reynolds Street Pontotoc, MS 38863	Wellness Center
11 Baldwyn Wellness Center 920 North Fourth Street Suite A Baldwyn, MS 38824	Wellness Center
12 North MS Hematology & Oncology 961 South Gloster Tupelo, MS 38801	Cancer Center
13 Retina Center 606 Brunson Drive Tupelo, MS 38801	Eye Center
14 Vein Center 607 Garfield Street Tupelo, MS 38801	Vein Center

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

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

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

Name and address	Type of Facility (describe)
16 NMMC Orthopaedic Trauma Program 4250 South Eason Blvd Tupelo, MS 38801	Ortho Trauma Center
1 Maternal Fetal Medicine 4566 South Eason Boulevard Tupelo, MS 38801	Women's Clinic
2 Cardiothoracic Surgery Clinic 830 South Gloster Street 3rd Fl To Tupelo, MS 38801	Cardiothoracic Clinic
3 North Mississippi Neurosurgical Services 4381 South Eason Blvd Suite 302 Tupelo, MS 38801	Neurosurgery Clinic
4 Pulmonary Consultants 860 S Madison Tupelo, MS 38801	Pulmonary Consultants
5 North Mississippi Pain Mgmt Center Inc 4381 South Eason Blvd Tupelo, MS 38801	Outpatient Pain Mgmt
6 Children's Clinic - Tupelo 1573 Medical Park Circle Tupelo, MS 38801	Pediatric Clinic
7 Children's Clinic - Saltillo 104 Desert Cove Saltillo, MS 38866	Pediatric Clinic
8 Bariatric Clinic 408 Council Circle Suite C Tupelo, MS 38801	Bariatric Surgery
9 NMMC Cancer Care-Starkville 1205 Highway 182 West Starkville, MS 39759	Cancer Center
10 NMMC Radiation Oncology-Starkville 1205 Highway 182 West Starkville, MS 39759	Oncology Services
11 Sleep Disorders Center 1845 S Green Street Tupelo, MS 38801	Sleep Disorders Center
12 Garfield Clinic 806 Garfield Street Tupelo, MS 38801	Infectious Diseases

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 Medical Center Inc

Employer identification number
64-0662976

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)							
(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 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) Scholarships & Academic Reimbursements	33	28,100			
(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:	The Hospital grants scholarships and academic reimbursements to employees based on an application process. Employees that are selected for this program must maintain a 2.5 GPA for an Associate and Bachelors Degree and a 3.0 GPA for a Masters degree and above. The Hospital reimburses the employee the cost of the tuition at the in-state rate for courses that are defined in the curriculum provided by the College attended.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ 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 Medical Center Inc

Employer identification number
64-0662976

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	

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: 64-0662976

Name: North Mississippi Medical Center 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 Toppin Secretary	(i)				0	0	0	0
	(ii)	324,527	164,166	11,681	5,600	8,668	514,642	0
1Ellen Friloux VP - Womens & Pediatric Svc	(i)	189,078	21,584	5,893	5,000	1,890	223,445	0
	(ii)				0	0	0	0
2Donna Pritchard Vice President, CNE	(i)	215,525	27,445	22,735	4,210	7,420	277,335	0
	(ii)				0	0	0	0
3David Wilson President	(i)	526,350	325,864	21,322	8,400	5,808	887,744	0
	(ii)				0	0	0	0
4Lynn Holland Vice President	(i)				0	0	0	0
	(ii)	216,288	87,203	7,398	6,699	4,920	322,508	0
5Tommy R Adams VP - Cardiovascular & Surgical	(i)	226,653	28,079	19,946	20,640	7,308	302,626	0
	(ii)				0	0	0	0
6Angie Everett VP - Post Acute & Rehab Svc	(i)	181,363	21,259	4,303	2,448	6,004	215,377	0
	(ii)				0	0	0	0
7Sharon Nobles TREASURER & CFO	(i)				0	0	0	0
	(ii)	516,850	288,731	1,290	8,400	6,728	821,999	0
8Todd Davis VP - Facilities Management	(i)	188,125	22,054	5,589	5,098	6,168	227,034	0
	(ii)				0	0	0	0
9William R Reed MD Physician	(i)	575,189	529,916	20,032	8,400	5,808	1,139,345	0
	(ii)				0	0	0	0
10Michael S Spees FORMER PRESIDENT	(i)				0	0	0	0
	(ii)	958,860	677,592	36,357	8,400	6,958	1,688,167	0
11Robert J Smith VP - Behavioral Health	(i)	151,256	17,761	2,083	6,046	5,160	182,306	0
	(ii)				0	0	0	0
12Phillip Alexander Chief Information Security Off	(i)	169,485	34,590	522	5,548	3,480	213,625	0
	(ii)				0	0	0	0
13David S Talton Physician	(i)	1,039,329	318,900	11,782	16,800	5,520	1,392,331	0
	(ii)				0	0	0	0
14Patsy Hawkins Interim Admin. - Oncology Serv	(i)	201,039	16,868	5,998	4,703	5,492	234,100	0
	(ii)				0	0	0	0
15Lynn M Miller Physician	(i)	837,602	436,776	19,240	4,713	9,372	1,307,703	0
	(ii)				0	0	0	0
16Vishal Sachdev Physician	(i)	827,881	268,085	11,302	18,139	6,108	1,131,515	0
	(ii)				0	0	0	0
17Robert J Derveloy Physician	(i)	785,361	262,630	13,798	16,800	5,808	1,084,397	0
	(ii)				0	0	0	0

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- 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

Department of the Treasury
Internal Revenue Service

Name of the organization
North Mississippi Medical Center Inc

Employer identification number
64-0662976

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Mississippi Hospital Equip & Facilities Authority	64-0732320	605360TS5	02-12-2020	159,675,684	See Part VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	159,751,150							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	34,972,348							
7	Issuance costs from proceeds	1,638,802							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	0							
11	Other spent proceeds	123,140,000							
12	Other unspent proceeds	0							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.100 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	0.100 %							
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	0							
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
	Schedule K, Part I: North Mississippi Medical Center, along with certain North Mississippi Health Services affiliates (collectively known as the Obligated Group), periodically issue tax-exempt revenue bonds under the terms of a related master indenture. Schedule K, Part I, column (f): The bonds were issued to (i) current refund all of the outstanding Mississippi Hospital Equipment and Facilities Authority Revenue Bonds (North Mississippi Health Services) 1997 Series 1, 2001 Series 1, 2003 Series 2, 2010 Series 1, 2017 Series 1 and to pay costs of issuance.

Return Reference	Explanation
Schedule K, Part II, Line 3	The difference Between Part I (e) and Part II, Line 3 is due to interest earnings on invested proceeds.

Return Reference	Explanation
Schedule K, Part III, Line 7:	As provided in Treasury Regulation Section 1.141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use. Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, Line 6. The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of use and/or unrelated trade or business reported in Part III, Line 6 is not in excess of amounts permitted under Section 145 of the Code.

Return Reference	Explanation
Schedule K, Part III, Line 9, and Part V:	The organization implemented revised written procedures to ensure remediation in accordance with Regulations sections 1.141-12 and 1.145-2 and to undertake corrective action shortly after the completion of the reporting period applicable to this form.

Return Reference	Explanation
Schedule K, Part IV, Line 2(b):	The Bonds have met the 6-month expenditure exception to rebate.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2019
		Open to Public Inspection
Name of the organization North Mississippi Medical Center Inc		Employer identification number 64-0662976

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 6, Part VI, Section A, Line 6:	North Mississippi Medical Center, Inc. is a not-for-profit, nonstock, membership corporation of which North Mississippi Health Services, Inc. is the sole member and has sole voting control.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 6, Part VI, Section A, Line 7a:	The Governance Committee of North Mississippi Health Services, Inc. (NMHS), which is made up of past Chairmen, nominates candidates for the Board. These candidates are then approved by the Board of NMHS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 6, Part VI, Section A, Line 7b:	The Board of North Mississippi Health Services, Inc. approves all transactions that exceed \$1 million.

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 for each facility 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 North Mississippi's Health Services, Inc.'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:	Pension related changes other than net periodic pension cost: (1,776,237) Transfers of Capital to affiliates of North MS Health Services: 500,000 Decrease in interest in net assets of Affiliated Foundation: (42,702) Loss on Redemption of Bonds: (2,408,210) Contributed Capital: 396,296 Other Changes: (34,246) Total other changes in net assets or fund balance = (3,365,099)

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 Medical Center Inc

Employer identification number
64-0662976

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

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 Surg	MS	NA	NONE	0	0		No	0		No	0 %
(2) Medical Imaging LLC Tupelo, MS 38801 77-0647210	Medical Imaging	MS	NA	NONE	0	0		No	0		No	0 %
(3) Cntr for Digestive Health LLC Tupelo, MS 38801 20-1606438	Digestive Care	MS	NA	NONE	0	0		No	0		No	0 %

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 Health Link Inc 830 S Gloster Street Tupelo, MS 38801 64-0715886	Medical Services	DE	NA	C Corp	0	0	0 %	Yes	
(2) North MS Enterprises Inc 830 S Gloster Street Tupelo, MS 38801 64-0658059	Medical Services	DE	NA	C Corp	0	0	0 %	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	NA	C Corp	0	0	0 %	Yes	
(5) North MS Support Services Inc 830 S Gloster Street Tupelo, MS 38801 26-0718275	Support Services	DE	NA	C Corp	0	0	0 %	Yes	

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

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.

(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

Additional Data

Software ID:
Software Version:
EIN: 64-0662976
Name: North Mississippi Medical Center 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 64-0653269	Mgmt Services	DE	501(c)(3)	12-II	NA		No
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	