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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2018 calendar year, or tax year beginning 01/01/2019, 2018, and ending 06/30, 2019	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. DOMINIC - JACKSON MEMORIAL HOSPITAL D Employer identification number 64-0303091 E Telephone number (601) 200-2000 G Gross receipts \$ 267,395,062. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website ▶ WWW.STDOM.COM K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation 1946 M State of legal domicile MS
F Name and address of principal officer LESTER K. DIAMOND 969 LAKELAND DRIVE, JACKSON, MS 39216-4699	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ST. DOMINIC-JACKSON MEMORIAL HOSPITAL OPERATES A 571 BED PATIENT FACILITY FOR THE CITIZENS OF THE JACKSON, MS METROPOLITAN AREA THAT EXPRESSES A MISSION OF CHRISTIAN HEALING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	20.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15.
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0.
	6	Total number of volunteers (estimate if necessary)	371.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	389,726.
7b	Net unrelated business taxable income from Form 990-T, line 38	-8,446.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 101,245. Current Year 10,621.
	9	Program service revenue (Part VIII, line 2g)	526,709,506. 258,012,126.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,839,196. 2,800,009.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,449,094. 6,572,306.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	536,420,649. 267,395,062.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,393,938. 1,051,185.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	234,250,051. 121,792,510.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24e)	298,567,628. 141,485,886.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	535,211,617. 264,329,581.
	19	Revenue less expenses Subtract line 18 from line 12	1,209,032. 3,065,481.
	20	Total assets (Part X, line 16)	Beginning of Current Year 353,638,017. End of Year 322,110,250.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	111,028,837. 75,790,900.
	22	Net assets or fund balances Subtract line 21 from line 20	242,609,180. 246,319,350.

Part II Signature Block

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

Sign Here	Signature of officer <i>Lester K. Diamond</i>		Date 05/15/2020 4/29/2020	
	LESTER K. DIAMOND Type or print name and title		PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name FATIMA CHASE CPA	Preparer's signature <i>Fatima Chase</i>	Date 04/16/2020	Check <input type="checkbox"/> if self-employed PTIN P01677201
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no 601-948-6700
	Firm's address ▶ 190 E CAPITOL STREET, STE 500 JACKSON, MS 39201-2190			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

SCANNED APR 27 2021

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission
 ST. DOMINIC-JACKSON MEMORIAL HOSPITAL'S (THE HOSPITAL OR ST. DOMINIC'S) MISSION: INSPIRED BY THE TEACHINGS OF JESUS CHRIST AND THE WITNESS OF OUR FOUNDING DOMINICAN SISTERS, WE PROVIDE COMPASSIONATE CARE AND HOPE AS A HEALING MINISTRY OF THE CATHOLIC CHURCH.
- 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 \$ 239,454,891 including grants of \$) (Revenue \$ 259,312,372)
 ATTACHMENT 1

4b (Code) (Expenses \$ 18,934,361 including grants of \$) (Revenue \$)
 ATTACHMENT 2

4c (Code) (Expenses \$ 1,051,185 including grants of \$ 1,051,185) (Revenue \$)
 ATTACHMENT 3

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

4e Total program service expenses ► 259,440,437.

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12 10a	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders 11a	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	13b	
c Enter the amount of reserves on hand 13c	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 ☒ X

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 20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b Enter the number of voting members included in line 1a, above, who are independent 15		
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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
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?	X	
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?		X

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 SAM SCOTT 969 LAKELAND DRIVE JACKSON, MS 39216-4699 601-200-6570

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF FLETCHER, M.D. CHAIRMAN	.75 0.	X		X				0.	0.	0.
(2) SISTER MARY TRINITA, O.P. SECRETARY	.75 40.50	X		X				0.	0.	0.
(3) SISTER THECLA KUHNLINE, O.P. DIRECTOR	.75 0.	X						0.	0.	0.
(4) SISTER DOROTHEA SONDGEROTH, O. DIRECTOR	.75 0.	X						0.	0.	0.
(5) SISTER KATHLEEN GALLAGHER, O.P. DIRECTOR	.75 0.	X						0.	0.	0.
(6) SISTER KRISTIN REVER, O.P. DIRECTOR	.75 0.	X						0.	0.	0.
(7) SISTER KATHLEEN ANNE TAIT, O.P. DIRECTOR	.75 0.	X						0.	0.	0.
(8) RUTH FREDERICKS, M.D. DIRECTOR	.75 0.	X						0.	0.	0.
(9) EDDIE MALONEY DIRECTOR	.75 0.	X						0.	0.	0.
(10) JIMMY JONES, M.D. DIRECTOR	.75 0.	X						0.	0.	0.
(11) JOHNNY DONALDSON VICE CHAIR	.75 0.	X		X				0.	0.	0.
(12) CLAUDE W. HARBARGER DIRECTOR	.75 42.00	X						0.	0.	0.
(13) LESTER K. DIAMOND PRESIDENT	40.00 0.	X		X				0.	0.	0.
(14) REGINALD MARTIN, M.D. DIRECTOR	.75 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) WILL MCCRANEY, M.D. DIRECTOR	.75 0.	X						0.	0.	0.
(16) REBEKAH MOULDER, M.D. DIRECTOR	.75 0.	X						0.	0.	0.
(17) DUANE A. O'NEILL DIRECTOR	.75 0.	X						0.	0.	0.
(18) SISTER KARINA DICKEY, O.P. DIRECTOR	.75 0.	X						0.	0.	0.
(19) SISTER ROSE MIRIAM SCHULTE, O. DIRECTOR	.75 0.	X						0.	0.	0.
(20) BILL BROWN DIRECTOR	.75 0.	X						0.	0.	0.
(21) SAMUEL T. SCOTT TREASURER	40.00 0.			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	10,621			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
h	Total. Add lines 1a-1f			10,621			
Program Service Revenue	Business Code						
	2a	PATIENT SERVICE REVENUE	621990	258,012,126	258,012,126		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			258,012,126			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,800,009			2,800,009
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	(i) Real					
		(ii) Personal					
		2,406,269					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		2,406,269			2,406,269
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a		0			
	b	Less direct expenses b		0			
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a		0			
	b	Less direct expenses b		0			
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances a		0				
	Less cost of goods sold b		0				
	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	CAFETERIA SALES	722514	1,758,644			1,758,644	
b	DAY CARE CENTER	624410	659,881		389,726	270,155	
c	WEIGHT LOSS CENTER	812900	37,500	37,500			
d	All other revenue		1,710,012	1,258,061		451,951	
e	Total. Add lines 11a-11d			4,166,037			
12	Total revenue. See instructions			267,395,062	259,307,687	389,726	7,687,028

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	1,032,280.	1,032,280.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	18,905.	18,905.		
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	1,311,709.		1,311,709.	
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	103,405,764.	100,868,369.	2,537,395.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,051,037.	2,041,187.	9,850.	
9 Other employee benefits	7,990,374.	7,720,744.	269,630.	
10 Payroll taxes	7,033,626.	6,780,583.	253,043.	
11 Fees for services (non-employees)				
a Management	725,106.	725,106.		
b Legal	286,197.		286,197.	
c Accounting	221,320.		221,320.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,494,160.	17,494,160.		
12 Advertising and promotion	456,581.	456,581.		
13 Office expenses	1,477,752.	1,477,752.		
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	5,821,326.	5,821,326.		
17 Travel	343,039.	343,039.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	75,572.	75,572.		
20 Interest	281,922.	281,922.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	11,671,419.	11,671,419.		
23 Insurance	1,491,439.	1,491,439.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL & OTHER SUPPLIES	53,766,437.	53,766,437.		
b BAD DEBT EXPENSE	18,934,361.	18,934,361.		
c REPAIRS & MAINTENANCE	11,231,142.	11,231,142.		
d PHARMACEUTICAL DRUGS	7,433,303.	7,433,303.		
e All other expenses	9,774,810.	9,774,810.		
25 Total functional expenses Add lines 1 through 24e	264,329,581.	259,440,437.	4,889,144.	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,135,936.	1	1,314,699.
	2 Savings and temporary cash investments	34,822,020.	2	32,204,122.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	64,567,743.	4	61,030,908.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	12,450,273.	8	12,030,462.
	9 Prepaid expenses and deferred charges	7,216,784.	9	6,033,734.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a 485,246,840.		
	b Less accumulated depreciation.	10b 297,385,589.	10c	187,861,251.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11.	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	8,262,707.	14	0.
	15 Other assets. See Part IV, line 11.	44,479,782.	15	21,635,074.
16 Total assets. Add lines 1 through 15 (must equal line 34).	353,638,017.	16	322,110,250.	
Liabilities	17 Accounts payable and accrued expenses	38,216,711.	17	34,450,755.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	22,755,900.	23	20,547,728.
	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.	50,056,226.	25	20,792,417.
	26 Total liabilities. Add lines 17 through 25.	111,028,837.	26	75,790,900.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	242,609,180.	27	246,319,350.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	242,609,180.	33	246,319,350.
34 Total liabilities and net assets/fund balances.	353,638,017.	34	322,110,250.	

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	267,395,062.
2	Total expenses (must equal Part IX, column (A), line 25)	2	264,329,581.
3	Revenue less expenses Subtract line 2 from line 1	3	3,065,481.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	242,609,180.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-203,801.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	848,490.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	246,319,350.

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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?		X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

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

2018

Open to Public
Inspection

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

Employer identification number

64-0303091

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

The organization is not a private foundation because it is: (For lines 1 through 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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14		%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2018. 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.		<input type="checkbox"/>	
b 33 1/3% support test - 2017. 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		<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2018. 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.		<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2017. 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		<input type="checkbox"/>	
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		<input type="checkbox"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018** 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 - 2017** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
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).

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization ST. DOMINIC - JACKSON MEMORIAL HOSPITAL	Employer identification number 64-0303091
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1I:

ST. DOMINIC-JACKSON MEMORIAL HOSPITAL ENGAGES IN LOBBYING ACTIVITIES
THROUGH THE MISSISSIPPI HOSPITAL ASSOCIATION. THE MISSISSIPPI HOSPITAL
ASSOCIATION HAS REPORTED THAT NO DUES WERE PAID RELATED TO LOBBYING
ACTIVITIES DURING THE SHORT YEAR ENDED JUNE 30, 2019.

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

2018

Open to Public
Inspection

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

Employer identification number

64-0303091

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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.

Schedule D (Form 990) 2018

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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV - Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

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 ☐ Yes ☐ No
- (ii) related organizations ☐ Yes ☐ No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No
- 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		9,272,580.		9,272,580.
b Buildings		216,319,313.	117,881,912.	98,437,401.
c Leasehold improvements		9,320,209.	7,820,311.	1,499,898.
d Equipment		228,087,133.	163,932,729.	64,154,404.
e Other		22,247,605.	7,750,637.	14,496,968.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c). ▶				187,861,251.

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) INVESTMENT IN AFFILIATES	7,394,133.
(2) OTHER RECEIVABLES	2,384,430.
(3) DUE FROM AFFILIATES	11,856,511.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ►	21,635,074.

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	
(2) LIABILITY FOR PENSION BENEFITS	16,917,346.
(3) DUE TO THIRD PARTY PAYORS	3,570,440.
(4) DUE TO AFFILIATES	304,631.
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►	20,792,417.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE COMPANY'S INCOME TAX POSITIONS UNDER THE

GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT

IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR

DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

Employer identification number

64-0303091

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
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		
<input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> 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	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		X
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			6,224,077.	2,389,548.	3,834,529.	1.57
b Medicaid (from Worksheet 3, column a)			31,839,027.	33,232,781.	-1,393,754.	
c Costs of other means-tested government programs (from Worksheet 3, column b)			52,231.	45,525.	6,706.	
d Total Financial Assistance and Means-Tested Government Programs			38,115,335.	35,667,854.	2,447,481.	1.57
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			734,481.		734,481.	.30
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			9,133,272.	7,908,927.	1,224,345.	.50
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			850,000.		850,000.	.35
j Total Other Benefits			10,717,753.	7,908,927.	2,808,826.	1.15
k Total. Add lines 7d and 7j			48,833,088.	43,576,781.	5,256,307.	2.72

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			151,634.		151,634.	.06
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			151,634.		151,634.	.06

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes ☒ 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** 18,934,362.
- 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** 6,265,366.
- 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** 72,470,397.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 83,982,533.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** -11,512,136.
- 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 ☒ No ☐
- 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 ☒ No ☐

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ST. DOMINIC ASC	OUTPATIENT SURGERY CENER	33.85700		66.14300
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

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

1 ST. DOMINIC-JACKSON MEMORIAL HOSPITAL	
969 LAKE LAND DRIVE	
JACKSON	MS 39216-4699
HTTP://WWW.STDOM.COM/	
14-031	

Section A. Hospital Facilities										Facility reporting group
(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)										
1	ST. DOMINIC-JACKSON MEMORIAL HOSPITAL									1
	969 LAKE LAND DRIVE									
	JACKSON MS 39216-4699									
	HTTP://WWW.STDOM.COM/ 14-031									
2										
3										
4										
5										
6										
7										
8										
9										
10										

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

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group ST. DOMINIC-JACKSON MEMORIAL HOSPITALLine 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?		X
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		X
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)	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> 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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b 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		X
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)	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url) <u>SEE SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group ST. DOMINIC-JACKSON MEMORIAL HOSPITAL

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0000</u> % and FPG family income limit for eligibility for discounted care of <u>350 0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
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)	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> 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)	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP://WWW.STDOM.COM/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP://WWW.STDOM.COM/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP://WWW.STDOM.COM/</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group ST. DOMINIC-JACKSON MEMORIAL HOSPITAL

		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?	X	
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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> 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?	X	
If "No," indicate why			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group ST. DOMINIC-JACKSON MEMORIAL HOSPITAL**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
22		
23		X
24		X

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Part V Facility Information (continued)

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

PART V, SECTION B, LINE 5:

AS PART OF THE COMMUNITY NEEDS ASSESSMENT, ST. DOMINIC HOSPITAL REACHED OUT TO AN EXPANSIVE AND HIGHLY DIVERSE GROUP OF INDIVIDUALS TO PARTICIPATE IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) LEADERSHIP TEAM AND TO CONTRIBUTE INSIGHT FROM COMMUNITY SERVICE ORGANIZATIONS. EACH MEMBER PROVIDED PROJECT INSIGHT, FEEDBACK REGARDING PERCEPTIONS OF AREA HEALTH NEEDS, DATA EVALUATION, AND OTHER GUIDANCE DURING THE CHNA DEVELOPMENT PROCESS. THESE INDIVIDUALS OFFERED A BREADTH OF COMMUNITY HEALTH VISION, KNOWLEDGE, AND POWER TO IMPACT THE WELL-BEING OF THE SERVICE AREA. INFORMATION WAS GATHERED ABOUT THE LARGER COMMUNITY USING SECONDARY RESEARCH, DISCUSSION GROUPS AND COMMUNITY SURVEYS.

PART V, SECTION A, LINES 7A & 10:

[HTTPS://WWW.STDOM.COM/ABOUT-US/COMMUNITY-BENEFIT-AND-NEEDS/](https://www.stdom.com/about-us/community-benefit-and-needs/)

PART V, SECTION B, LINE 11:

IN 2018 ST. DOMINIC'S BUILT UPON WHAT IT LEARNED IN ITS PRIOR CHNA AND USED THAT INFORMATION TO CONDUCT A NEW AND MORE EXTENSIVE NEEDS ASSESSMENTS. THE RESULTS OF THE NEW ASSESSMENT WERE LATER PUBLISHED IN DECEMBER OF 2018 AS THE 2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT AND CAN BE FOUND ONLINE AT [HTTPS://WWW.STDOM.COM/ABOUT-US/COMMUNITY-BENEFIT-AND-NEEDS/](https://www.stdom.com/about-us/community-benefit-and-needs/).

THE OVERARCHING GOAL OF BOTH ASSESSMENTS WAS TO IDENTIFY AND RESPOND TO COMMUNITY HEALTH NEEDS, IMPROVE ACCESS AND IMPROVE HEALTH STATUS -

Part V Facility Information (continued)

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

ESPECIALLY FOR THE MOST VULNERABLE AND UNDERSERVED IN THE COMMUNITY. IT IS INTEGRAL TO ST. DOMINIC'S FOCUS TO ESTABLISH COMMUNITY AND PROVIDE SERVICE, SETTING AN EXAMPLE TO OTHERS IN COMMUNITY SERVICE.

ST. DOMINIC HOSPITAL'S OVERALL APPROACH TO COMMUNITY BENEFIT IS TO TARGET THE INTERSECTION OF DOCUMENTED UNMET COMMUNITY HEALTH NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION COMMITMENTS. SPECIFICALLY, MEMBERS OF THE TASK FORCE THAT LED THE DEVELOPMENT OF THE ASSESSMENT IDENTIFIED PRIORITY HEALTH ISSUES IN ST. DOMINIC'S SERVICE AREA BASED ON ITS REVIEW OF DEMOGRAPHIC INFORMATION, FOCUS GROUP FEEDBACK AND THE RESULTS OF COMMUNITY SURVEYS. THOSE IDENTIFIED PRESSING ISSUES FOR 2019-2021 ARE:

- ACCESS TO AFFORDABLE HEALTH CARE; .
- MENTAL HEALTH AND SUBSTANCE ABUSE; AND
- LIFESTYLE RELATED CONDITIONS.

IN 2019, AS IT DID IN PRIOR YEARS, ST. DOMINIC'S INTEGRATED ITS COMMITMENT TO COMMUNITY SERVICE INTO ITS MANAGEMENT AND GOVERNANCE STRUCTURES AS WELL AS ITS STRATEGIC AND OPERATIONAL PLANS. IN 2019 THE HOSPITAL'S STRATEGIC PLAN CONTAINED A GOAL AND STRATEGIES SPECIFICALLY DIRECTED AT ALLOCATING RESOURCES TO MEET THE NEEDS OF THE COMMUNITY IN RESPONSE TO THE IDENTIFIED FOCUS AREAS IN THE NEEDS ASSESSMENT. THE OVERARCHING GOAL INDICATED, "GROW OUR SERVICES AND ADOPT INNOVATIVE STRATEGIES TO MEET COMMUNITY HEALTH NEEDS." FOLLOWING ARE WAYS IN WHICH THAT STRATEGY WAS IMPLEMENTED AS WELL AS WAYS OTHER IDENTIFIED NEEDS WERE

Part V Facility Information (continued)

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

MET IN 2019.

ACCESS TO CARE - SERVED OVER 9,000 VULNERABLE CHILDREN AND MATURE ADULTS THROUGHOUT THE STATE FROM JANUARY- JUNE, 2019 THROUGH THE CARE-A-VAN PROGRAM. RECORDED 979 REFERRALS FOR FOLLOW UP CARE AND LOGGED 304 VOLUNTEER HOURS. THE MOBILE SCREENING SERVICE HOSTED BY ST. DOMINIC'S TRAVELED TO SCHOOLS TO PROVIDE SCREENING AND EDUCATIONAL PROGRAMS.

ACCESS TO CARE - CONTINUED TO PARTNER WITH FACILITIES IN OUTLYING AREAS TO OFFER CRITICALLY NEEDED TELE-STROKE SERVICES. SOME OF THESE INCLUDED DELTA REGIONAL MEDICAL CENTER IN GREENVILLE AND COPIAH COUNTY MEDICAL CENTER IN HAZLEHURST. IN 2018 ST. DOMINIC'S ALSO EXPANDED ITS OUTREACH EFFORTS AND LAUNCHED THE STATE'S FIRST EPILEPSY TELEMEDICINE CLINIC. IN ADDITION, CARE ACCESS LOCATIONS WERE ADDED TO THE OVERALL NETWORK, BRINGING THE TOTAL UP TO OVER 60 BY THE END OF 2018.

BEHAVIORAL OR MENTAL HEALTH - CONDUCTED SCREENING OR EDUCATION EVENTS IN COMMUNITIES THROUGHOUT THE STATE. THE NUMBER OF REFERRAL DEVELOPMENT CONTACTS RECORDED FROM JANUARY - JUNE 2019 IS 2,608, OR AN AVERAGE OF 435 PER MONTH, EXCEEDING THE 8 PERCENT GOAL. ST. DOMINIC'S ALSO EXPANDED ITS TELEMEDICINE OFFERINGS TO ENCOMPASS BEHAVIORAL HEALTH AND ASSIST OUTLYING COMMUNITIES WITH LIMITED PERSONNEL AND RESOURCES TO CONDUCT PROPER ASSESSMENTS. AFTER SECURING A PHYSICIAN, LOCATION AND SCHEDULE TELEPSYCHIATRY, PROMOTION BEGAN IN JUNE 2019 AND WAS REALIZED IN THE FIRST OUTPATIENT PSYCHIATRY APPOINTMENTS HELD IN OCTOBER. IN ADDITION,

Part V Facility Information (continued)

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

ST. DOMINIC'S HELD ONE LARGE CONFERENCE FOCUSED ON THE TOPIC OF
"GERIATRIC MIND GAMES" AND PARTICIPATED IN MULTIPLE COMMUNITY OUTREACH
PROGRAMS WHERE BHS CLINICAL STAFF SPOKE TO SMALLER AUDIENCES IN AGENCIES
AND COMMUNITY SETTINGS.

CHRONIC DISEASE CARE AND SCREENING - PROMOTED LUNG CANCER SCREENING
SERVICES TO INTERNAL MEDICINE, FAMILY MEDICINE AND MEA CLINICS. IN TOTAL,
110 LUNG CANCER SCREENINGS WERE PERFORMED JANUARY-JUNE 2019. IN MARCH OF
2019, ST. DOMINIC'S EARNED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL®
FOR ADVANCED CERTIFICATION IN INPATIENT DIABETES CARE. THIS TWO-YEAR
CERTIFICATION REFLECTS THE QUALITY OF ST. DOMINIC'S COMMITMENT TO
PROVIDING SAFE AND EFFECTIVE PATIENT CARE. ST. DOMINIC'S UNDERWENT A
RIGOROUS ON-SITE REVIEW WHICH EVALUATED ITS COMPLIANCE WITH
DISEASE-SPECIFIC CARE STANDARDS AND INPATIENT DIABETES-SPECIFIC
REQUIREMENTS OUTLINED BY THE AMERICAN DIABETES ASSOCIATION.

PART V, SECTION B, LINE 20E:

THE HOSPITAL PROACTIVELY SCREENS PATIENTS FOR FINANCIAL ASSISTANCE
ELIGIBILITY IF THERE IS AN INDICATION THAT THE PATIENT MAY QUALIFY UNDER
THE FINANCIAL ASSISTANCE POLICY.

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? 35

Name and address	Type of Facility (describe)
1 ST. DOMINIC'S HOSPITAL MEDICINE 971 LAKE LAND DRIVE, SUITE 1453 JACKSON MS 39216	HOSPITALIST CLINIC
2 ST. DOMINIC'S NEUROSURGERY ASSOCIATES 971 LAKE LAND DRIVE, SUITE 657 JACKSON MS 39216	PHYSICIAN CLINIC
3 ST. DOMINIC'S NEURO CARE 971 LAKE LAND DRIVE, SUITE 557 JACKSON MS 39216	PHYSICIAN CLINIC
4 ST. DOMINIC'S VASCULAR AND ENDOVASCULAR 971 LAKE LAND DRIVE, SUITE 1250 JACKSON MS 39216	PHYSICIAN CLINIC
5 ST. DOMINIC'S EAR, NOSE & THROAT SURGICA 970 LAKE LAND DRIVE, SUITE 40 JACKSON MS 39216	PHYSICIAN CLINIC
6 ST. DOMINIC'S INTERNAL MEDICINE GROUP 971 LAKE LAND DRIVE, SUITE 250 JACKSON MS 39216	PHYSICIAN CLINIC
7 ST. DOMINIC'S FAMILY MEDICINE OF MADISON 106 HIGHLAND WAY #103 MADISON MS 39110	PHYSICIAN CLINIC
8 ST. DOMINIC'S INTERNAL MEDICINE MADISON 106 HIGHLAND WAY #200 MADISON MS 39110	PHYSICIAN CLINIC
9 ST. DOMINIC'S CARDIOVASCULAR SURGERY 971 LAKE LAND DRIVE, SUITE 657 JACKSON MS 39216	PHYSICIAN CLINIC
10 ST. DOMINIC'S PAIN MANAGEMENT CENTER 971 LAKE LAND DRIVE, SUITE 1159 JACKSON MS 39216	PHYSICIAN CLINIC

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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? _____

Name and address	Type of Facility (describe)
1 ST. DOMINIC'S GYNECOLOGIC ONCOLOGY 971 LAKELAND DRIVE, SUITE 750 JACKSON MS 39216	PHYSICIAN CLINIC
2 ST. DOMINIC'S UROLOGY 971 LAKELAND DRIVE, SUITE 360 JACKSON MS 39216	PHYSICIAN CLINIC
3 ST. DOMINIC'S INFECTIOUS DISEASE 971 LAKELAND DRIVE, SUITE 954 JACKSON MS 39216	PHYSICIAN CLINIC
4 ST. DOMINIC'S PSYCHIATRIC ASSOCIATES 890 LAKELAND DRIVE JACKSON MS 39216	PHYSICIAN CLINIC
5 ST. DOMINIC'S RHEUMATOLOGY 106 HIGHLAND WAY, SUITE 200 MADISON MS 39110	PHYSICIAN CLINIC
6 ST. DOMINIC'S FAMILY MEDICINE OF BRANDON 1297 WEST GOVERNMENT STREET BRANDON MS 39042	PHYSICIAN CLINIC
7 ST. DOMINIC'S FAMILY MEDICINE OF CLINTON 728 CLINTON PARKWAY, SUITE B CLINTON MS 39056	PHYSICIAN CLINIC
8 ST. DOMINIC'S FAMILY MEDICINE OF FLOWOOD 1050 RIVER OAKS DRIVE FLOWOOD MS 39232	PHYSICIAN CLINIC
9 ST. DOMINIC'S FAMILY MEDICINE OF DOGWOOD 205A BELLE MEADE POINTE FLOWOOD MS 39232	PHYSICIAN CLINIC
10 ST. DOMINIC'S FAMILY MEDICINE OF MAGEE 360 SIMPSON HWY 149, SUITE 220 MAGEE MS 39111	PHYSICIAN CLINIC

Schedule H (Form 990) 2018

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? _____

Name and address	Type of Facility (describe)
1 ST. DOMINIC'S FAMILY MEDICNE OF JACKSON 890 LAKE LAND DRIVE JACKSON MS 39056	PHYSICIAN CLINIC
2 ST. DOMINIC'S MARTIN SURGICAL ASSOCIATES 971 LAKE LAND DRIVE, SUITE 211 JACKSON MS 39216	PHYSICIAN CLINIC
3 ST. DOMINIC'S FAMILY MED OF PELAHATCHIE 610 2ND STREET PELAHATCHIE MS 39145	PHYSICIAN CLINIC
4 ST. DOMINIC'S FAMILY MEDICINE OF RALEIGH 342 MAGNOLIA DRIVE RALEIGH MS 39153	PHYSICIAN CLINIC
5 ST. DOMINIC'S FAMILY MEDICINE GLUCKSTADT 286 CALHOUN STATION PARKWAY MADISON MS 39110	PHYSICIAN CLINIC
6 ST. DOMINIC'S COUMADIN CLINIC 890 LAKE LAND DRIVE JACKSON MS 39056	PHYSICIAN CLINIC
7 ST. DOMINIC'S CHRONIC CARE CLINIC 969 LAKE LAND DRIVE JACKSON MS 39216	PHYSICIAN CLINIC
8 ST. DOMINIC'S OUTREACH PROGRAM-TELEMEDIC 969 LAKE LAND DRIVE JACKSON MS 39216	PHYSICIAN CLINIC
9 ST. DOMINIC'S OUTREACH PROGRAM-MAGEE 360 SIMPSON HWY 149, SUITE 370 MAGEE MS 39111	PHYSICIAN CLINIC
10 ST. DOMINIC'S OUTREACH PROGRAM-CLEVELAND 810 E SUNFLOWER ROAD CLEVELAND MS 38732	PHYSICIAN CLINIC

Schedule H (Form 990) 2018

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? _____

Name and address	Type of Facility (describe)
1 ST. DOMINIC'S OUTREACH PROGRAM-KOSCIUSKO 332 HIGHWAY 12 WEST KOSCIUSKO MS 39090	PHYSICIAN CLINIC
2 ST. DOMINIC'S OUTREACH PROGRAM-PELAHATCH 610 2ND STREET PELAHATCHIE MS 39145	PHYSICIAN CLINIC
3 ST. DOMINIC'S OUTREACH PROGRAM-VICKSBURG 4204 CLAY STREET VICKSBURG MS 39180	PHYSICIAN CLINIC
4 ST. DOMINIC'S OUTREACH PROGRAM-BROOKHAVE 427 HWY 51 N BROOKHAVEN MS 39601	PHYSICIAN CLINIC
5 ST. DOMINIC'S INTERNAL MEDICINE CLINIC 112 SOUTH LAKE CIRCLE CANTON MS 39046	PHYSICIAN CLINIC
6	
7	
8	
9	
10	

Schedule H (Form 990) 2018

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

PART I, LINE 3C:

ST. DOMINIC HOSPITAL HAS A DISCOUNT POLICY THAT IS BASED ON FEDERAL POVERTY GUIDELINES WITH A SLIDING SCALE THAT OFFERS DISCOUNTS RANGING FROM 20% TO 100%. IN ADDITION, ST. DOMINIC OFFERS A 68% DISCOUNT OFF GROSS CHARGES TO ALL UNINSURED PATIENTS.

PART I, LINE 6A:

THE COMMUNITY BENEFIT REPORT FOR ST. DOMINIC HOSPITAL IS CONSOLIDATED WITH THE PARENT ORGANIZATION, ST. DOMINIC HEALTH SERVICES, INC. THE REPORT IS AVAILABLE AT [HTTPS://WWW.STDOM.COM/ABOUT-US/COMMUNITY-BENEFIT-AND-NEEDS/](https://www.stdom.com/about-us/community-benefit-and-needs/).

PART I, LINE 7:

ST. DOMINIC HOSPITAL USED A COST-TO-CHARGE RATIO BASED ON WORKSHEET 2 PROVIDED IN THE FORM 990, SCHEDULE H INSTRUCTIONS.

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

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A) BUT
SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS
\$18,934,000.

PART I, LINE 7G:

ST. DOMINIC HOSPITAL DID NOT INCLUDE LOSSES ON ITS OWNED PHYSICIAN
CLINICS AS SUBSIDIZED HEALTH SERVICES. IN ORDER TO MEET THE NEEDS OF THE
COMMUNITY IT SERVES, ST. DOMINIC CONTINUES ITS MINISTRY IN VARIOUS
SERVICE LINES THAT ARE NOT PROFITABLE TO THE ORGANIZATION. EXAMPLES OF
THESE SERVICES INCLUDE BUT ARE NOT LIMITED TO THE EMERGENCY DEPARTMENT
AND BEHAVIORAL HEALTH SERVICES.

PART II:

ST. DOMINIC HOSPITAL PROVIDES SIGNIFICANT SUPPORT TO ITS COMMUNITY
THROUGH A VARIETY OF WAYS INCLUDING FREE HEALTH SCREENINGS AT LOCAL
SCHOOLS, PARTICIPATION IN VARIOUS NON-PROFIT BOARDS AS WELL AS FINANCIAL
SUPPORT THROUGH CASH DONATIONS.

Part 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

PART III, LINE 2:

THE AMOUNT REPORTED IN PART III, LINE 2 AS BAD DEBT EXPENSE MATCHES THE
AMOUNT OF BAD DEBT EXPENSE REPORTED ON THE HOSPITAL'S INTERNAL FINANCIAL
STATEMENTS.

PART III, LINE 3:

ST. DOMINIC HOSPITAL FREQUENTLY HAS PATIENT ACCOUNTS THAT ARE INITIALLY
WRITTEN OFF AS A BAD DEBT EXPENSE, BUT LATER (THROUGH A SCREENING
PROCESS) IT IS DETERMINED THAT THE PATIENT DOES QUALIFY FOR FINANCIAL
ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. THE
PERCENTAGE OF ACCOUNTS IS ESTIMATED TO BE 44 PERCENT. THE PERCENTAGE IS
DETERMINED UTILIZING AN INTERNAL REPORT OF ACCOUNTS WRITTEN OFF AS A BAD
DEBT EXPENSE IN ONE YEAR AND CLASSIFIED AS CHARITY IN A SUBSEQUENT YEAR.

PART III, LINE 4:

PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL
ACCOUNTS AND REPORTED AT NET REALIZABLE VALUE. IN EVALUATING THE
COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS

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

HISTORICAL EXPERIENCE AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY).

FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL),

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

THE HOSPITAL RECORDS A PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF THEIR PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

PART III, LINE 8:

THE SHORTFALL SHOULD NOT BE INCLUDED IN THE COMMUNITY BENEFIT TOTAL.

PART III, LINE 9B:

ST. DOMINIC HOSPITAL HAS A BOARD APPROVED COLLECTION POLICY AND HAS WRITTEN CONTRACTS IN PLACE WITH ITS COLLECTION AGENCIES SO THE APPROPRIATE COLLECTION ACTIVITIES ARE FOLLOWED. THE COLLECTION AGENCIES THAT ST. DOMINIC'S USES ARE FULLY INFORMED ABOUT THE HOSPITAL'S FINANCIAL AID POLICY AND ASSIST IN EDUCATING ITS PATIENTS. THEY ROUTINELY SEND FINANCIAL AID APPLICATIONS TO PATIENTS AND REFER THOSE PATIENTS BACK TO

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

THE HOSPITAL'S FINANCIAL COUNSELORS WHEN APPROPRIATE.

PART VI, LINE 2:

NEEDS ASSESSMENT

ST. DOMINIC HOSPITAL ASSESSES THE COMMUNITY IT SERVES THROUGH VARIOUS SOURCES WHICH INCLUDE: 1) ANALYSIS OF THE PAYOR SOURCE AND DISEASE CATEGORIES OF PATIENTS TREATED AT ST. DOMINIC HOSPITAL WITH PARTICULAR ANALYSIS DONE ON PATIENTS PRESENTING TO ITS EMERGENCY DEPARTMENT; 2) FEEDBACK FROM THE BOARD MEMBERS WHO REPRESENT THE COMMUNITY IT SERVES; 3) REQUESTS MADE FROM THE COMMUNITY; AND 4) PUBLIC HEALTH INFORMATION.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

ST. DOMINIC HOSPITAL WORKS TO EDUCATE ITS PATIENTS AND COMMUNITY ON ASSISTANCE OPTIONS BY:

- 1-POSTING SIGNAGE IN THE EMERGENCY ROOM AND OTHER REGISTRATION AREAS INFORMING PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE.
- 2-PROVIDING BROCHURES IN THE WAITING ROOMS AND AT THE REGISTRATION DESKS

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

THAT EXPLAIN THE BILLING AND COLLECTION PROCESS AS WELL AS INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND PHONE NUMBERS TO CALL FOR ASSISTANCE.

3-CONTRACTING AND PAYING AN AGENCY TO MEET WITH ALL UNINSURED PATIENTS TO ASSIST THEM IN APPLYING FOR FEDERAL AND STATE ASSISTANCE (I.E. MEDICAID, DISABILITY, ETC.).

4-PROVIDING FINANCIAL COUNSELORS TO MEET WITH PATIENTS. THESE COUNSELORS FULLY UNDERSTAND THE HOSPITAL'S CHARITY POLICY AND ARE AVAILABLE TO ASSIST WITH THE APPLICATIONS, SET UP INTEREST FREE PAYMENT PLANS AND OFFER ADVICE ON PUBLIC ASSISTANCE THAT MAY BE AVAILABLE.

5-STAFFING PATIENT REPRESENTATIVES TO ANSWER QUESTIONS AND ASSIST PATIENTS AS NEEDED.

6-EDUCATING THE EARLY-OUT AND BAD DEBT COLLECTION AGENCIES ON THE HOSPITAL'S FINANCIAL ASSISTANCE POLICIES SO THEY CAN ASSIST PATIENTS WHOM THEY FIND MIGHT HAVE FINANCIAL NEED.

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

PART VI, LINE 4:

COMMUNITY INFORMATION

THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING GEOGRAPHIC AND DEMOGRAPHIC AREAS, IS ADDRESSED IN THE 2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT. THE CHNA CAN BE ACCESSED AT:
[HTTPS://WWW.STDOM.COM/ABOUT-US/COMMUNITY-BENEFIT-AND-NEEDS/](https://www.stdom.com/about-us/community-benefit-and-needs/).

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH

INSPIRED BY THE TEACHINGS OF JESUS CHRIST AND THE WITNESS OF OUR FOUNDING DOMINICAN SISTERS, WE PROVIDE COMPASSIONATE CARE AND HOPE AS A HEALING MINISTRY OF THE CATHOLIC CHURCH. ST. DOMINIC'S APPLIES THIS MISSION BY CONDUCTING NEEDS ASSESSMENTS, PUBLISHING THE RESULTS, ESTABLISHING GOALS AND STRATEGIES TO HELP RESOLVE IDENTIFIED ISSUES AND SEEKING OPPORTUNITIES TO WORK WITH THE COMMUNITY. THE HOSPITAL INVOLVES MEMBERS OF ITS COMMUNITY IN ITS GOVERNANCE SO THAT IT MAINTAINS THE FOCUS ON THE NEEDS OF ITS COMMUNITY. THE HOSPITAL HAS AN OPEN MEDICAL STAFF.

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

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM

ST. DOMINIC HEALTH SERVICES, INC. IS THE PARENT ORGANIZATION OF A SYSTEM THAT INCLUDES ST. DOMINIC - JACKSON MEMORIAL HOSPITAL (A 571-BED ACUTE CARE FACILITY), ST. CATHERINE'S VILLAGE (A CONTINUING CARE RETIREMENT COMMUNITY), ST. DOMINIC HEALTH SERVICES FOUNDATION (A FUNDRAISING/GRANT FOCUSED ENTITY), FIRST INTERMED CORPORATION (PHYSICIAN CLINICS) AND ST. DOMINIC MADISON HEALTH SERVICES, INC. (A MEDICAL OFFICE BUILDING AND FITNESS CENTER). IN ADDITION, ST. DOMINIC HEALTH SERVICES OPERATES COMMUNITY HEALTH SERVICES -ST. DOMINIC, INC., WHICH INCORPORATES THE OUTREACH SERVICES OF THE CLUB AT ST. DOMINIC'S, NEW DIRECTIONS FOR OVER 55, ST. DOMINIC COMMUNITY HEALTH CLINIC, MADISON SCHOOL NURSE PROGRAM AND THE CARE-A-VAN SCREENING PROGRAM. AS A WHOLE, ALL OF THE SERVICES, ENTITIES AND HOSPITAL ARE COLLECTIVELY REFERRED TO AS ST. DOMINIC'S. ST. DOMINIC'S SEEKS TO GIVE TIME, TALENTS, AND RESOURCES TO MAKE THE COMMUNITIES SERVED BY THE ORGANIZATION BETTER PLACES TO LIVE. THE ST. DOMINIC'S FAMILY OF CAREGIVERS NOT ONLY SERVES PATIENTS, BUT ALSO CONTRIBUTES TO AN ATMOSPHERE OF CARE AND COMPASSION FOR THOSE OUTSIDE THE

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

HOSPITAL'S WALLS. ST. DOMINIC'S STRIVES TO NOT ONLY PROVIDE CARE FOR THE SICK BUT ALSO TO OFFER EDUCATION AND WELLNESS SERVICES TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AND HELP ELIMINATE RISK FACTORS FOR MORE SERIOUS HEALTH PROBLEMS.

PART VI, LINE 7:

STATE FILING OF COMMUNITY BENEFIT REPORT

ST. DOMINIC HOSPITAL (CONSOLIDATED WITH ST. DOMINIC HEALTH SERVICES, INC.) PREPARES ANNUALLY A COMMUNITY BENEFIT REPORT WHICH IS DISTRIBUTED TO KEY MEMBERS OF THE LOCAL COMMUNITY AND STATE GOVERNMENT. HOWEVER, THERE ARE CURRENTLY NO REQUIREMENTS TO DO SO IN THE STATE OF MISSISSIPPI.

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

Employer identification number

64-0303091

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 100 BLACK MEN OF JACKSON 5360 HIGHLAND DRIVE JACKSON, MS 39286	64-0817928	501(C)(3)	30,000				GENERAL SUPPORT
(2) BEGINNING AGAIN IN CHRIST P O BOX 26 BRANDON, MS 39042	64-0592123	501(C)(3)	15,000				GENERAL SUPPORT
(3) BOY SCOUTS OF AMERICA 855 RIVERSIDE DR JACKSON, MS 39202	64-0303071	501(C)(3)	16,000				GENERAL SUPPORT
(4) CATHOLIC CHARITIES 850 EAST RIVER PLACE JACKSON, MS 39201	64-0466850	501(C)(3)	30,000				GENERAL SUPPORT
(5) CENTER FOR THE PREVENTION OF VIOLENCE P O BOX 6279 PEARL, MS 39288	58-1959108	501(C)(3)	17,500				GENERAL SUPPORT
(6) COMMUNITY HEALTH SERVICES 970 LAKELAND DR JACKSON, MS 39216	64-0884870	501(C)(3)	100,000				AFFILIATE SUPPORT
(7) MISSION MISSISSIPPI P O BOX 22655 JACKSON, MS 39225	64-0824240	501(C)(3)	8,750				GENERAL SUPPORT
(8) R E A L CHRISTIAN FOUNDATION P O BOX 180059 RICHLAND, MS 39218	64-0885750	501(C)(3)	7,500				GENERAL SUPPORT
(9) SOUTHERN CHRISTIAN SERVICES 860 E RIVER PL, STE 104 JACKSON, MS 39202	64-0758344	501(C)(3)	6,250				GENERAL SUPPORT
(10) ST DOMINIC HEALTH SERVICES, INC 969 LAKELAND DRIVE JACKSON, MS 39216	64-0714999	501(C)(3)	750,000				AFFILIATE SUPPORT
(11) MISSISSIPPI HOUSING PARTNERSHIP P O BOX 22987 JACKSON, MS 39225	64-0816305	501(C)(3)	15,000				GENERAL SUPPORT
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11.

3 Enter total number of other organizations listed in the line 1 table 11.

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS/TUITION REIMBURSEMENT	9	18,905			
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.

PART I, LINE 2:

THE HOSPITAL HAS A CONTRIBUTIONS COMMITTEE, WHICH IS A SUB-COMMITTEE OF THE BOARD, THAT OVERSEES THE HOSPITAL'S GIVING. THEY MONITOR THE REQUESTS AND OVERSEE ALL GIFTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

Employer identification number

64-0303091

FORM 990, PAGE 1, LINE A:

THE ORGANIZATION HAS CHANGED ITS ACCOUNTING PERIOD FROM A CALENDAR YEAR
END OF 12/31 TO A FISCAL YEAR END OF 06/30 TO FOLLOW THE NEW YEAR END OF
ITS SOLE MEMBER ST. DOMINIC HEALTH SERVICES, INC. DUE TO THE PERIOD
CHANGE, THIS FORM 990 IS BEING REPORTED FOR THE SHORT YEAR OF 01/01/2019
TO 06/30/2019.

FORM 990, PART VI, SECTION A, LINE 6:

ST. DOMINIC HEALTH SERVICES, INC. IS THE SOLE MEMBER OF ST. DOMINIC
JACKSON MEMORIAL HOSPITAL.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF ST. DOMINIC- JACKSON MEMORIAL HOSPITAL'S SOLE
MEMBER, ST. DOMINIC HEALTH SERVICES, INC., HAS THE AUTHORITY TO APPROVE
THE ELECTION OF THE PRESIDENT/CEO, THE CHAIR OF THE BOARD OF DIRECTORS
AND THE VICE-CHAIR OF THE BOARD OF DIRECTORS OF THE HOSPITAL AND ALL
OTHER OFFICERS OF THE HOSPITAL.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF DIRECTORS OF THE SOLE MEMBER OF ST. DOMINIC-JACKSON MEMORIAL
HOSPITAL, ST. DOMINIC HEALTH SERVICES, INC., HAS THE RIGHT TO APPROVE THE
FORMATION OF, OR PARTICIPATION IN, ANY JOINT VENTURE OR PARTNERSHIP OF
THE HOSPITAL. ST. DOMINIC HEALTH SERVICES, INC.'S BOARD OF DIRECTORS ALSO
HAS THE RIGHT TO APPROVE ANY DISSOLUTION OR MERGER ENACTED BY THE

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

Employer identification number

64-0303091

HOSPITAL. IF THE HOSPITAL'S BOARD OF DIRECTORS HAS A STALEMATE IN ANY VOTE, THE FINAL DECISION RESTS WITH THE BOARD OF DIRECTORS OF ITS SOLE MEMBER, ST. DOMINIC HEALTH SERVICES, INC. THE GENERAL COUNCIL OF THE DOMINICAN SISTERS OF SPRINGFIELD ILLINOIS HAS THE AUTHORITY TO BREAK ANY TIE VOTE OF THE BOARD OF DIRECTORS OF ST. DOMINIC HEALTH SERVICES, INC.

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD HAS DELEGATED REVIEW OF THE FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD PRIOR TO FILING. A FULL COPY, AS APPROVED BY THE FINANCE COMMITTEE, IS PROVIDED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST FORM ANNUALLY. THE PRESIDENT REVIEWS THE FORMS, AND ANY CONFLICTS ARE DISCLOSED TO THE OTHER MEMBERS OF THE BOARD AND MADE A MATTER OF RECORD. PERSONS WITH CONFLICTS OF INTERESTS DO NOT VOTE OR USE HIS OR HER INFLUENCE ON THE MATTER AND ARE EXCLUDED FROM THE COUNT IN DETERMINING THE QUORUM FOR THE MEETING, EVEN WHERE PERMITTED BY LAW.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF ST. DOMINIC HEALTH SERVICES ADMINISTERS THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM. THE EXECUTIVE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE ORGANIZATION. THE EXECUTIVE COMPENSATION COMMITTEE MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES

Name of the organization	Employer identification number
ST. DOMINIC - JACKSON MEMORIAL HOSPITAL	64-0303091

AS APPROPRIATE. THE EXECUTIVE COMPENSATION COMMITTEE COMMISSIONS AN ANNUAL REVIEW BY AN INDEPENDENT CONSULTING FIRM TO EVALUATE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET. THE EVALUATION IS REVIEWED IN THE FIRST QUARTER OF EACH YEAR AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS AS DESCRIBED IN SECTION 4958 OF THE INTERNAL REVENUE CODE. FOLLOWING THIS REVIEW, THE COMMITTEE REVIEWS AND APPROVES, FOR SELECTED KEY EXECUTIVES, BASE SALARY AND TOTAL COMPENSATION RANGES FOR THE UPCOMING YEAR. THE EXECUTIVE COMPENSATION COMMITTEE MAINTAINS MINUTES AND RECORDS TO ENSURE THAT IT CAN CLAIM THE REBUTTABLE PRESUMPTION OF REASONABLE COMPENSATION FOR PURPOSES OF SECTION 4958. THE PRESIDENT FOR THE HOSPITAL ASSIGNS PAY CHANGES FOR THE UPCOMING YEAR FOR EACH OF THE HOSPITAL EXECUTIVES WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE. THE PRESIDENT OF ST. DOMINIC HEALTH SERVICES, INC., IN CONJUNCTION WITH THE CHAIR OF ST. DOMINIC-JACKSON MEMORIAL HOSPITAL BOARD OF DIRECTORS, ASSIGNS THE PAY CHANGE FOR THE PRESIDENT (CHIEF EXECUTIVE OFFICER) OF ST. DOMINIC-JACKSON MEMORIAL HOSPITAL WITHIN THE LIMITS ESTABLISHED BY THE EXECUTIVE COMPENSATION COMMITTEE. KEY EXECUTIVES OF THE ORGANIZATION MAY ATTEND THE COMMITTEE MEETING OF THE EXECUTIVE COMPENSATION COMMITTEE TO PROVIDE THE INFORMATION NEEDED BY SUCH COMMITTEE. THESE EXECUTIVES ARE EXCUSED AND THE EXECUTIVE COMPENSATION COMMITTEE MEETS IN EXECUTIVE SESSION TO RENDER ITS RECOMMENDATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Name of the organization

Employer identification number

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

64-0303091

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9:

INTERCOMPANY TRANSACTIONS- 848,490

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ST. DOMINIC HOSPITAL IS A 571-BED ACUTE CARE FACILITY IN JACKSON, MS. AS PART OF ITS HEALING MINISTRY, ST. DOMINIC'S IS ONE OF THE LARGEST EMPLOYERS IN THE AREA, AND THOSE EMPLOYEES, AS WELL AS HOSPITAL OPERATIONS, SIGNIFICANTLY HELP TO SUPPORT THE LOCAL ECONOMY. IN JANUARY - JUNE 2019 ST. DOMINIC HOSPITAL PROVIDED OVER \$700 MILLION (CHARGES) IN HOSPITAL SERVICES TO PATIENTS THROUGHOUT THE CENTRAL REGION OF MISSISSIPPI, AND EMPLOYED OVER 3,400 PEOPLE. ST. DOMINIC HOSPITAL'S MEDICAL STAFF OF NEARLY 500 LEADING PHYSICIANS AND SPECIALISTS MAKES ST. DOMINIC'S ONE OF THE MOST COMPREHENSIVE HOSPITALS IN MISSISSIPPI. THESE PHYSICIANS AND STAFF MEMBERS HAVE PLAYED AN INTEGRAL ROLE IN DEVELOPING HIGHLY REGARDED CLINICAL PROGRAMS AND SERVICES. SOME OF THOSE KEY SERVICES INCLUDE THE MISSISSIPPI HEART AND VASCULAR INSTITUTE, STROKE SERVICES, WOMEN'S SERVICES, BEHAVIORAL HEALTH SERVICES, AND THE CANCER CENTER (AND CANCER SERVICES AS A WHOLE).

MISSISSIPPI HEART AND VASCULAR INSTITUTE

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

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ATTACHMENT 1 (CONT'D)

IN 1974, ST. DOMINIC'S ESTABLISHED A CENTER FOR COMPREHENSIVE CARDIAC CARE. THEN KNOWN AS THE MISSISSIPPI HEART INSTITUTE THE NAME HAS SINCE BEEN REVISED TO MISSISSIPPI HEART AND VASCULAR INSTITUTE (MHVI) TO SHOW ST. DOMINIC'S ONGOING COMMITMENT TO EXPERTISE AND CARE OF THE ENTIRE CIRCULATORY SYSTEM.

MANY OF ST. DOMINIC'S HEART AND VASCULAR PHYSICIANS ARE NATIONALLY KNOWN FOR USING THE MOST ADVANCED TECHNOLOGY AND PROCEDURES AND FOR THEIR CLINICAL EXCELLENCE IN DELIVERING PATIENT CARE. SERVICES OFFERED RANGE FROM MINIMALLY INVASIVE CARDIAC TREATMENTS TO TRADITIONAL OPEN-HEART SURGERY TO COMPLICATED AND VERY SPECIALIZED VALVE REPAIRS.

IN JANUARY - JUNE 2019 HEART AND VASCULAR SERVICE VOLUMES CONTINUED TO CLIMB COMPARED TO PRIOR YEARS. MUCH OF THESE INCREASES CAN BE ATTRIBUTED TO ST. DOMINIC'S EFFORTS TO OFFER OUTREACH SERVICES TO THE BROADER COMMUNITY. ST. DOMINIC'S CLINICAL OUTREACH, FIRST ESTABLISHED IN 2013, PROVIDES SCREENINGS, SPECIALTY CLINIC HUBS AND OTHER HEALTH SERVICES TO INDIVIDUALS IN BOTH THE JACKSON AREA AND IN OUTLYING COMMUNITIES. THE PROGRAM IS MADE UP OF TWO PARTS: SCREENINGS, WHICH ENCOMPASSES THE HEALTHY HEART SCREENING PROGRAM AND COMMUNITY SCREENING EVENTS, AND OUTREACH, WHICH INCLUDES TELEMEDICINE AND SPECIALTY CLINICS IN RURAL AREAS.

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

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ATTACHMENT 1 (CONT'D)

PATIENTS WHO SCHEDULE AN APPOINTMENT WITH THE HEALTHY HEART PROGRAM RECEIVE A (HOSPITAL SUBSIDIZED) HEART RISK ASSESSMENT FOR \$99. UP TO 18 PATIENTS A DAY CAN BE SEEN AT TWO LOCATIONS. THE HEALTHY HEART PROGRAM STAFF CONDUCTED A TOTAL OF 1,389 SCREENINGS IN JANUARY - JUNE 2019. HEALTHY HEART STAFF ALSO PARTICIPATED IN 203 HEALTH FAIRS AND EVENTS THROUGHOUT THE YEAR AND MADE CONTACT WITH 1,367 PEOPLE IN THE COMMUNITY THROUGH THOSE EVENTS.

CLINICAL OUTREACH ALSO AIMS TO SPREAD ITS MINISTRY FURTHER BY PROVIDING SERVICES TO COMMUNITIES ACROSS THE STATE TO AUGMENT EXISTING MEDICAL RESOURCES. THE PROGRAM HAS SPECIALTY CLINIC HUB SITES IN INDIANOLA, KOSCIUSKO, MAGEE, PELAHATCHIE, GREENVILLE, CLEVELAND, BROOKHAVEN AND VICKSBURG. AT THESE LOCATIONS, PAIN MANAGEMENT, NEUROLOGY, CARDIOLOGY AND EAR, NOSE AND THROAT PHYSICIANS SEE PATIENTS VIA FACE-TO-FACE ENCOUNTERS ONCE OR TWICE EACH MONTH, ALLOWING PATIENTS TO RECEIVE MEDICAL SERVICES WITHOUT THE NEED TO TRAVEL TO SEE A SPECIALIST. FIVE LOCATIONS - VICKSBURG, BROOKHAVEN, KOSCIUSKO, INDIANOLA AND CLEVELAND - ALSO OFFER TELE-MEDICINE CLINICS WHERE PHYSICIANS REMAIN AT ST. DOMINIC'S AND THE PATIENTS REMAIN IN THEIR LOCAL COMMUNITY TO RECEIVE CONSULTATIONS AND CARE. CLINICAL OUTREACH ALSO OFFERS LUNG CANCER SCREENINGS TO PATIENTS WHO MEET CRITERIA. THE LUNG NAVIGATOR PLAYS A KEY ROLE IN ENSURING THAT PATIENTS MEET CRITERIA, ARE SCANNED AND FOLLOW UP OF ANY CONCERNING REPORTS. THE LUNG SCREENING MUST BE DONE ANNUALLY IF NOT SOONER. IN 2019, 219

Name of the organization
ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

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ATTACHMENT 1 (CONT'D)

PATIENTS WERE SCREENED

COMPRESHENSIVE STROKE CENTER

ST. DOMINIC'S COMPREHENSIVE STROKE CENTER OFFERS RAPID DIAGNOSIS, HIGH-TECH INTERVENTION, EXPERT CARE AND INTENSIVE REHABILITATION IN A CARING, COMPASSIONATE SETTING. ST. DOMINIC'S IS CAPABLE OF DELIVERING THE FULL SPECTRUM OF CARE TO SERIOUSLY ILL PATIENTS WITH STROKE AND CEREBROVASCULAR DISEASE.

THE CHIEF COMPONENT OF THE PROGRAM IS A HIGHLY COLLABORATIVE, EXPERTLY-SKILLED TEAM OF CLINICAL PROFESSIONALS WHO DIRECT AND PROVIDE EVIDENCE-BASED CARE FOR EVERY STROKE PATIENT. THE PROGRAM PROVIDES CARE TO THE ADULT POPULATION OF CENTRAL MISSISSIPPI AND OUTLYING RURAL AREAS.

IN JUNE 2019, ST. DOMINIC HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES® TARGET: STROKE GOLD PLUS WITH HONOR ROLL ELITE QUALITY ACHIEVEMENT AWARD. THE AWARD RECOGNIZES THE HOSPITAL'S COMMITMENT TO ENSURING STROKE PATIENTS RECEIVE THE MOST APPROPRIATE TREATMENT ACCORDING TO NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES BASED ON THE LATEST SCIENTIFIC EVIDENCE.

Name of the organization

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ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

64-0303091

ATTACHMENT 1 (CONT'D)

ST. DOMINIC'S HAS WORKED TO EXTEND THIS EXPERTISE TO AREAS OUTSIDE OF THE JACKSON AREA. ST. DOMINIC'S TELE-STROKE NETWORK LINKS SEVEN HOSPITALS IN RURAL AREAS WITH STROKE NEUROLOGISTS AT ST. DOMINIC'S WHO CAN PROVIDE SPECIALIZED, URGENT CARE FOR THOSE SUSPECTED OF HAVING A STROKE. IN JANUARY - JUNE 2019, ST. DOMINIC'S TREATED 750 STROKE PATIENTS, 2/3 OF WHOM WERE TRANSFERRED IN FROM OUTLYING, RURAL HOSPITALS.

WOMEN'S SERVICES

ST. DOMINIC'S MATERNAL AND NEWBORN CARE CENTER EMPHASIZES A TEAM APPROACH TO CARE WITH PHYSICIANS, NURSES AND EDUCATORS WORKING TOGETHER TO MEET THE TOTAL NEEDS OF THE PATIENT AND THE ENTIRE FAMILY. ST. DOMINIC'S OFFERS SERVICES AND PROGRAMS NOT ONLY DURING A PATIENT'S HOSPITAL STAY, BUT ALSO CLASSES AND RESOURCES TO ASSIST WITH THE FAMILY TRANSITION LONG BEFORE AND LONG AFTER THE BIRTH OF A BABY.

SERVICES INCLUDE PRENATAL CARE, LABOR AND DELIVERY, NEWBORN CARE, DIGITAL MAMMOGRAPHY, WELLNESS CHECKS, LACTATION CONSULTATIONS, GYNECOLOGICAL SURGERIES AND A WIDE ARRAY OF CLASSES. IN JANUARY - JUNE 2019, ST. DOMINIC'S WOMEN'S SERVICES WORKED WITH FAMILIES TO DELIVER 773 BABIES. OF THOSE ONLY A SMALL FRACTION WERE LOW BIRTH WEIGHT, WHICH CAN BE PARTIALLY ATTRIBUTED TO PRENATAL CARE EFFORTS.

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

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64-0303091

ATTACHMENT 1 (CONT'D)

BEHAVIORAL HEALTH SERVICES

FOR ST. DOMINIC'S, THE TREATMENT OF BEHAVIORAL HEALTH CONDITIONS HAS BEEN A PRIORITY SINCE THE INCEPTION OF ITS BEHAVIORAL HEALTH PROGRAM. ST. DOMINIC'S BEHAVIORAL HEALTH SERVICES PROVIDES QUALITY AND COMPASSIONATE TREATMENT TO ADULT INDIVIDUALS AND THEIR FAMILIES SUFFERING FROM MENTAL ILLNESS. BOARD CERTIFIED PSYCHIATRISTS, SOCIAL WORKERS AND OTHER THERAPISTS WORK TOGETHER WITHIN A MULTI-DISCIPLINARY TEAM TO MEET THE INDIVIDUALIZED NEEDS OF EACH PATIENT.

ONE OF THE SPECIALTY PSYCHIATRIC UNITS AT ST. DOMINIC'S, THE OAKES, PROVIDES COMPASSIONATE CARE FOR SENIOR ADULT PATIENTS IN A SECURE AND THERAPEUTIC ENVIRONMENT. THE OAKES USES PROVEN METHODS TO HELP PATIENTS, SUCH AS SOCIAL GROUP INTERACTION, REALITY ORIENTATION, SENSORY STIMULATION, RECREATION AND SELF-EXPRESSION.

ST. DOMINIC'S BEHAVIORAL HEALTH SERVICES FACILITY COMPLETED IN 2013 CAN ACCOMMODATE PATIENTS IN NEED OF PSYCHIATRIC INPATIENT SERVICES IN THE METRO AREA. THE TWO-STORY, STATE-OF-THE-ART FACILITY CONTAINS 78,000 SQUARE FEET AND 77 PRIVATE ROOMS. SEPARATE UNITS WITHIN THE FACILITY HAVE INDIVIDUAL GROUP MEETING AND DINING AREAS.

ST. DOMINIC'S BEHAVIORAL HEALTH SERVICES CONTINUALLY REACHES OUT

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

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ATTACHMENT 1 (CONT'D)

TO THE COMMUNITY TO ASSIST INDIVIDUALS IN IDENTIFYING MENTAL HEALTH ISSUES AND PROVIDING DIRECTION TO RECEIVE THE APPROPRIATE LEVEL OF CARE NEEDED. IN JANUARY - JUNE 2019, BEHAVIORAL HEALTH SERVICES PROVIDED SCREENING MATERIALS, INCLUDING ANXIETY, DEPRESSION AND RELATED ISSUES TO MORE THAN 1,000 PEOPLE THROUGHOUT MULTIPLE COMMUNITY EVENTS AND IN RURAL HEALTH CENTER LOCATIONS. ALSO, MORE COLLABORATIVE EFFORTS AND PARTNERSHIPS WERE ESTABLISHED WITHIN THE COMMUNITY TO DEVELOP A COORDINATED APPROACH TO ADDRESSING ISSUES SURROUNDING MENTAL HEALTH IN THE COMMUNITY.

EFFORTS TO REDUCE THE STIGMAS ASSOCIATED WITH MENTAL HEALTH WERE ALSO A FOCUS IN MARKETING AND SOCIAL MEDIA COVERAGE DURING JANUARY - JUNE 2019. ST. DOMINIC'S BEHAVIORAL HEALTH SERVICES STAFF SERVED IN LEADERSHIP ROLES AND PARTICIPATED IN MANY COMMUNITY EVENTS IN THE JACKSON AND THE SURROUNDING AREAS TO EDUCATE THE PUBLIC ON MENTAL HEALTH, AS WELL AS MENTAL ILLNESS.

CANCER CENTER AND CANCER SERVICES

ST. DOMINIC'S CANCER SERVICES ARE A LEADER IN COMMUNITY OUTREACH AND CANCER EDUCATION. THE COMPREHENSIVE PROGRAM WAS RECOGNIZED IN 2018, FOR THE THIRD TIME, WITH AN OUTSTANDING ACHIEVEMENT AWARD BY THE COMMISSION ON CANCER (COC) OF THE AMERICAN COLLEGE OF SURGEONS. ST. DOMINIC'S IS THE ONLY HOSPITAL IN THE STATE OF MISSISSIPPI TO HAVE RECEIVED THIS AWARD THREE TIMES. ST. DOMINIC'S

Name of the organization

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ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

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ATTACHMENT 1 (CONT'D)

IS ONE OF A SELECT GROUP OF 24 ACCREDITED CANCER PROGRAMS IN THE UNITED STATES TO RECEIVE THIS NATIONAL HONOR FOR CANCER SURVEYS PERFORMED IN 2018. ST. DOMINIC'S ALSO RECEIVED THE THREE-YEAR ACCREDITATION FOR THE 2009 AND 2014 SURVEYS.

TO EARN THIS VOLUNTARY ACCREDITATION, ST. DOMINIC'S CANCER SERVICES IS REQUIRED TO MEET OR EXCEED QUALITY CARE STANDARDS AS OUTLINED BY THE COC, BE EVALUATED EVERY THREE YEARS THROUGH A SURVEY PROCESS AND MAINTAIN LEVELS OF EXCELLENCE IN THE DELIVERY OF COMPREHENSIVE PATIENT-CENTERED CARE.

AN INTEGRAL PART OF ST. DOMINIC'S CANCER SERVICES IS THE FREESTANDING CANCER CENTER, WHICH PROVIDES EASY ACCESS TO A LARGE VARIETY OF SERVICES AS WELL AS CONVENIENT PARKING. TREATMENTS AT THE CENTER INCLUDE MEDICAL CANCER THERAPY, RADIATION THERAPY AND LYMPHEDEMA TREATMENTS. IN JANUARY - JUNE 2019 ALONE, 14,220 RADIATION THERAPY PROCEDURES AND 8,750 OUTPATIENT INFUSIONS WERE CONDUCTED IN JANUARY - JUNE 2019.

ST. DOMINIC'S ALSO ACQUIRED THE DIGNICAP SCALP COOLING SYSTEM IN APRIL 2019 TO MINIMIZE HAIR LOSS FROM CHEMOTHERAPY. POSITIVE RESULTS FROM THE MULTI-CENTER FDA CLINICAL TRIAL, PUBLISHED IN FEBRUARY 2017 BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (JAMA), INDICATE THAT SEVEN OUT OF TEN PATIENTS USING THE DIGNICAP® SYSTEM KEPT AT LEAST 50 PERCENT OF THEIR HAIR.

Name of the organization

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ATTACHMENT 1 (CONT'D)

FDA-CLEARED SINCE 2015, THE DIGNICAP® SCALP COOLING SYSTEM
MINIMIZES HAIR LOSS FROM CERTAIN CHEMOTHERAPY TREATMENTS FOR WOMEN
AND MEN WITH SOLID TUMOR CANCERS SUCH AS THOSE ASSOCIATED WITH
BREAST, OVARIAN, UTERINE, PROSTATE AND OTHER TISSUES.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THE HOSPITAL IS AN ACTIVE, CARING MEMBER OF THE COMMUNITY IT
SERVES. IN CARRYING OUT ITS HEALING MINISTRY, THE BOARD OF
DIRECTORS HAS ESTABLISHED A POLICY UNDER WHICH THE HOSPITAL
PROVIDES CARE TO THE NEEDY MEMBERS OF ITS COMMUNITY. FOLLOWING
THAT POLICY, THE HOSPITAL MAINTAINS RECORDS TO IDENTIFY AND
MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THESE RECORDS
INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES
FURNISHED UNDER ITS CHARITY CARE POLICIES. THE DIRECT AND INDIRECT
COSTS ASSOCIATED WITH THESE SERVICES CANNOT BE IDENTIFIED TO
SPECIFIC CHARITY CARE PATIENTS. THEREFORE, MANAGEMENT ESTIMATED
THE COSTS OF THESE SERVICES BY CALCULATING A COST TO GROSS CHARGE
RATIO AND MULTIPLYING IT BY THE CHARGES ASSOCIATED WITH SERVICES
PROVIDED TO PATIENTS MEETING THE HOSPITAL'S CHARITY CARE
GUIDELINES. THE ESTIMATED COST OF CHARGES FOREGONE, BASED ON THE
COST TO CHARGE RATIO, WAS APPROXIMATELY \$6,139,000. THE FOREGONE
CHARGES ARE NETTED AGAINST PATIENT SERVICE REVENUE TO ARRIVE AT
NET PATIENT SERVICE REVENUE AS REFLECTED AS PROGRAM SERVICE

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

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ATTACHMENT 2 (CONT'D)

REVENUE ON PART VIII OF FORM 990 IN ORDER TO BE CONSISTENT WITH FINANCIAL STATEMENT REPORTING AND ARE NOT REPORTED AS FUNCTIONAL EXPENSES ON THE FORM 990. THE HOSPITAL ALSO PROVIDES HEALTH CARE SERVICES TO A SIGNIFICANT PORTION OF THE UNINSURED POPULATION IN THE SURROUNDING COMMUNITY. WHILE A PORTION OF THESE PATIENTS MAY ULTIMATELY QUALIFY FOR COVERAGE UNDER THE MEDICAID PROGRAM OR THE CHARITY CARE POLICY DISCUSSED ABOVE, THE HOSPITAL IS UNABLE TO COLLECT A SIGNIFICANT PORTION OF THESE ACCOUNTS. CHARGES DEEMED UNCOLLECTIBLE DURING JANUARY - JUNE 2019 WERE APPROXIMATELY \$18,934,000.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE HOSPITAL SERVES THE COMMUNITY IN NUMEROUS WAYS. SOME EXAMPLES INCLUDE ASSISTING IN EDUCATING THE COMMUNITY REGARDING HEALTH-RELATED ISSUES. THE HOSPITAL PARTICIPATES IN NUMEROUS HEALTH FAIRS AND GIVES PRESENTATIONS TO VARIOUS SCHOOLS AND INDUSTRIES REGARDING SUCH ISSUES AS DRUG ABUSE AND SAFETY IN THE WORKPLACE. THE HOSPITAL HAS SPONSORED ANNUAL CHOLESTEROL AND CANCER SCREENINGS UPON WHICH THE TESTS ARE MADE AVAILABLE TO THE PUBLIC FOR A NOMINAL FEE AND THE MAJORITY OF THE COSTS INCURRED ARE ABSORBED BY THE HOSPITAL. THE HOSPITAL ALSO ORGANIZES EMPLOYEE PARTICIPATION IN FUNDRAISING FOR ORGANIZATIONS, SUCH AS THE UNITED WAY, STEWPOT MINISTRIES AND JUNIOR ACHIEVEMENT, AMONG OTHERS. IN ADDITION, THE HOSPITAL GAVE NEARLY \$246,000 DURING

Name of the organization

ST. DOMINIC - JACKSON MEMORIAL HOSPITAL

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ATTACHMENT 3 (CONT'D)

JANUARY- JUNE 2019 IN CHARITABLE CORPORATE DONATIONS TO VARIOUS AREA COMMUNITY SERVICE ORGANIZATIONS. ALTHOUGH THE HOSPITAL HAS ESTIMATED THE COST OF EACH OF THESE EFFORTS TO SERVE THE JACKSON, MISSISSIPPI METROPOLITAN AREA, MANAGEMENT AND THE BOARD OF DIRECTORS BELIEVE THAT SUCH COSTS REPRESENT ONLY ONE FACET OF THE MANY WAYS THE HOSPITAL SERVES THE GREATER JACKSON COMMUNITY. THE ABOVE EXAMPLES RELATE ONLY TO CERTAIN MEASUREABLE BENEFITS THAT THE HOSPITAL PROVIDES TO ITS SERVICE AREA AND IS NOT INTENDED TO MEASURE ALL SUCH COMMUNITY BENEFITS, MANY OF WHICH ARE INTANGIBLE IN NATURE OR OTHERWISE NOT QUANTIFIABLE.

**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

2018

Open to Public
Inspection

Name of the organization

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ST. DOMINIC MEDICAL ASSOCIATES 26-1969846 969 LAKELAND DRIVE JACKSON, MS 39216	HEALTHCARE	MS	21,437,275.	6,680,290.	SDJMH
(2) ST. DOMINIC HOSPITAL MEDICINE, LLC 81-4908606 969 LAKELAND DRIVE JACKSON, MS 39216	HEALTHCARE	MS	4,423,750.	2,024,940.	SDJMH
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) ST. DOMINIC HEALTH SERVICES FOUNDATION 43-1992975 969 LAKELAND DRIVE JACKSON, MS 39216	FUNDRAISING	MS	501 (C) (3)	7	SDHS	X
(2) ST. DOMINIC HEALTH SERVICES, INC 64-0714999 969 LAKELAND DRIVE JACKSON, MS 39216	HOLDING CO.	MS	501 (C) (3)	12-I	N/A	X
(3) ST. CATHERINE'S VILLAGE, INC 64-0714997 969 LAKELAND DRIVE JACKSON, MS 39216	RET HOME	MS	501 (C) (3)	10	SDHS	X
(4) COMMUNITY HEALTH SERVICES - ST. DOMINIC 64-0884870 969 LAKELAND DRIVE JACKSON, MS 39216	HLTH PROGRAM	MS	501 (C) (3)	10	SDHS	X
(5) CONGREGATION OF THE DOMINICAN SISTERS 37-0968955 1237 WEST MONROE ST SPRINGFIELD, IL 62704	CONGREGATION	IL	501 (C) (3)	1	N/A	X
(6)						
(7)						

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

Schedule R (Form 990) 2018

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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) ST. DOMINIC AMBULATORY SURGERY 971 LAKELAND DRIVE, SUITE 200 P O BOX 55769 JACKSON, MS 392	HEALTHCARE	MS	N/A					X			X	
(2) HIGHLAND MEDICAL ARTS, LLC 74-	MEDICAL BLDG	MS	N/A					X			X	
(3)												
(4)												
(5)												
(6)												
(7)												

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?
(1) ST. DOMINIC MADISON HEALTH SERVICES, INC 969 LAKELAND DRIVE JACKSON, MS 39216-4699	HEALTHCARE	MS	SDHS	C CORP				X
(2) FIRST INTERMED CORPORATION 308 CORPORATE DRIVE RIDGELAND, MS 39157	MEDICAL SERVICES	MS	SDHS	C CORP				X
(3) ST. DOMINIC INTEGRATED SERVICES, INC 969 LAKELAND DRIVE JACKSON, MS 39216-4699	INVESTMENTS	MS	SDJMH	C CORP	113,441	5,230,403	100.0000	X
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
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(16)													

Schedule R (Form 990) 2018

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.