

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

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

Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need. We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a spirit of healing - with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care. We are, with God's help, a healing and spiritual presence for each other and for the communities we are privileged to serve.

**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.

<b>4a</b>	(Code: ) (Expenses \$ 423,242,464 including grants of \$ ) (Revenue \$ 490,264,668 )
See Additional Data	

<b>4b</b>	(Code: ) (Expenses \$ 17,752,050 including grants of \$ ) (Revenue \$ )
See Additional Data	

<b>4c</b>	(Code: ) (Expenses \$ 2,275,686 including grants of \$ 2,275,686 ) (Revenue \$ )
See Additional Data	

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

<b>4e</b>	<b>Total program service expenses ▶</b>	443,270,200
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 	<b>4</b> Yes	
<b>5</b> 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 	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b>	No
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b> Yes	
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</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 . . . . .	<b>14b</b>	No
<b>15</b> 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 . . . . .	<b>15</b>	No
<b>16</b> 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 . . . . .	<b>16</b>	No
<b>17</b> 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) . . . . .	<b>17</b>	No
<b>18</b> 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 . . . . .	<b>18</b>	No
<b>19</b> 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 . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<b>21</b> 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 . . . . . 	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No	
<b>22</b>	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 . . . . .	<b>22</b>	Yes	
<b>23</b>	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 . . . . .	<b>23</b>	Yes	
<b>24a</b>	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 . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>		No
<b>b</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 . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>		No
<b>28</b>	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):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>		No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>		No
<b>33</b>	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 . . . . .	<b>33</b>	Yes	
<b>34</b>	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 . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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 . . . . .	<b>35b</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>		No
<b>37</b>	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 . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	258
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

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**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	11	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	Yes
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 SAM SCOTT 969 LAKE LAND DRIVE JACKSON, MS 392164699 (601) 200-6570

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	10,008,165	1,619,775	462,980

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 ▶ 237

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Allied Emergency Services PC, PO Box 2120 RIDGELAND, MS 39158	MEDICAL SERVICES	8,556,331
Flagstar Construction Company, 2006 Aspen Cv BRANDON, MS 39042	CONSTRUCTION SERVICE	7,208,662
Cerner Corporation, PO Box 959156 ST LOUIS, MO 63195	INFORMATION TECH	5,329,348
Physicians Anesthesia Group PA, 971 Lakeland Drive JACKSON, MS 39207	Anesthesia services	4,987,407
Jackson Heart Clinic PA, PO BOX 5169 JACKSON, MS 39296	Co-Management svcs	4,326,023

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 66</p>	
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Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	12,483,148			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	53,813			
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f		12,536,961			
Program Service Revenue	Business Code					
	2a PATIENT SERVICE REVENUE	621990	487,609,663	487,609,663		
	b CAFETERIA SALES	722514	3,016,202		3,016,202	
	c CHILD CARE INCOME	624410	1,212,569	647,311	565,258	
	d WEIGHT LOSS CENTER	812900	31,332	31,332		
	e MISCELLANEOUS INCOME	621990	2,623,673	2,623,673		
	f All other program service revenue.		877,879		877,879	
g Total. Add lines 2a-2f		495,371,318				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		300,440		300,440	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real	(ii) Personal			
		6a	4,541,326			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c	4,541,326	0	
	d Net rental income or (loss)		4,541,326		4,541,326	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	842,035	40,055		
		b Less: cost or other basis and sales expenses	7b	185,935	37,484	
		c Gain or (loss)	7c	656,100	2,571	
	d Net gain or (loss)		653,529		653,529	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	0			
		b Less: direct expenses	8b	0		
		c Net income or (loss) from fundraising events		0		
	9a Gross income from gaming activities. See Part IV, line 19	9a	0			
b Less: direct expenses		9b	0			
c Net income or (loss) from gaming activities		0				
10aGross sales of inventory, less returns and allowances	10a	0				
	b Less: cost of goods sold	10b	0			
	c Net income or (loss) from sales of inventory		0		0	
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See instructions		513,403,574	490,264,668	647,311	9,954,634	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,188,728	2,188,728		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	86,958	86,958		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0	0		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	198,719,893	166,175,506	32,544,387	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	36,243,441	30,307,847	5,935,594	
<b>10</b> Payroll taxes . . . . .	0			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	37,167,140	35,451,235	1,715,905	
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	24,037	24,037		
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,020,250	36,264,960	1,755,290	
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	5,422,865	4,468,705	954,160	
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	11,294,389	9,307,128	1,987,261	
<b>17</b> Travel . . . . .	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	721,800		721,800	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	16,744,907	140,581	16,604,326	
<b>23</b> Insurance . . . . .	4,822,538	4,032,750	789,788	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	116,073,699	95,650,390	20,423,309	
<b>b</b> REPAIRS & MAINTENANCE	22,446,344	21,410,058	1,036,286	
<b>c</b> PENSION RELATED CHANGES	45,156,624	37,761,317	7,395,307	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	535,133,613	443,270,200	91,863,413	0
<b>26</b> 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).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		1,314,699	<b>1</b>	124,277,290
	<b>2</b>	Savings and temporary cash investments . . . . .		32,204,122	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		61,030,908	<b>4</b>	67,331,301
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		12,030,462	<b>8</b>	14,016,194
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		6,033,734	<b>9</b>	8,025,660
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 222,200,303			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 15,117,634	187,861,251	<b>10c</b>	207,082,669
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	19,241,160
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	7,419,942
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		21,635,074	<b>15</b>	9,125,895
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		322,110,250	<b>16</b>	456,520,111	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		34,450,755	<b>17</b>	51,513,885
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	63,541,494
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		20,547,728	<b>23</b>	14,985,961
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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		20,792,417	<b>25</b>	103,686,471
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		75,790,900	<b>26</b>	233,727,811
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		246,319,350	<b>27</b>	222,792,300
	<b>28</b>	Net assets with donor restrictions . . . . .		0	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		246,319,350	<b>32</b>	222,792,300
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		322,110,250	<b>33</b>	456,520,111	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	513,403,574
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	535,133,613
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-21,730,039
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	246,319,350
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,391,000
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-406,011
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	222,792,300

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Software ID:**  
**Software Version:**  
**EIN:** 64-0303091  
**Name:** St Dominic - Jackson Memorial Hospital

Form 990 (2019)

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**Form 990, Part III, 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 fiscal year 2020, St. Dominic Hospital provided over \$1.4 billion (charges) in hospital services to patients throughout the central region of Mississippi, and employed over 3,300 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 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 fiscal year 2020 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. 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 2,213 screenings in fiscal year 2020. Healthy Heart staff also participated in 10 health fairs and events throughout the year and made contact with 470 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, 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 fiscal year 2020, 231 patients were screened. COMPREHENSIVE 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. 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 2020, St. Dominic's treated 1,600 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 fiscal year 2020, St. Dominic's women's services worked with families to deliver 1,730 babies. Of those only a small fraction were low birth weight, which can be partially attributed to prenatal care efforts. 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 continued to reach out to the community to assist individuals in identifying mental health issues and provide direction to receive the appropriate level of care needed. From July 1, 2019 - June 2020, Behavioral Health Services provided screening materials, including depression, anxiety, and related mental health issues to more than 1,400 people throughout multiple community events and in rural health center locations. COVID-19 and Mental Health related newsletters were distributed electronically to over 150 individuals in 2020. 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, with specific focus on depression and the impact of COVID-19. 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 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, 2014, and 2018 surveys. To ea

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**Form 990, Part III, 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 \$14,983,000. The foregone charges are netted against patient service revenue to arrive at net patient service revenue as reflected as program service revenue on part viii of form 990 in order to be consistent with financial statement reporting and are not reported as functional expenses on the form 990. The Hospital also provides health care services to a significant portion of the uninsured population in the surrounding community. While a portion of these patients may ultimately qualify for coverage under the Medicaid program or the charity care policy discussed above, the Hospital is unable to collect a significant portion of these accounts. Charges deemed uncollectible were approximately \$17,752,050.

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### **Form 990, Part III, 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 \$689,000 during fiscal year 2020 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.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN LANCON ..... PHYSICIAN	40.0 ..... 0.0					X		1,282,854	0	26,777
CLAUDE HARBARGER ..... FORMER PRESIDENT SDHS	0.0 ..... 0.0						X	0	1,134,014	16,085
PB KERR ..... PHYSICIAN	40.0 ..... 0.0					X		1,096,311	0	24,644
BRYAN A GASPARD ..... PHYSICIAN	40.0 ..... 0.0					X		990,863	0	24,644
D Paul Seago MD ..... CHIEF OF STAFF	40.0 ..... 0.0	X						925,400	0	16,168
ZACHARY K BALDWIN ..... PHYSICIAN	40.0 ..... 0.0					X		905,409	0	24,644
Ruth Fredericks MD ..... BOARD MEMBER	40.0 ..... 0.0	X						875,930	0	10,357
RONALD KENNEDY ..... PHYSICIAN	40.0 ..... 0.0					X		855,622	0	16,032
Lester Diamond ..... PRESIDENT SDHS	40.0 ..... 0.0	X		X				688,471	0	88,512
William Morgan ..... CHIEF OPERATING OFFICER	40.0 ..... 0.0				X			478,896	0	62,114



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Samuel Scott ..... SVP/CFO/TREASURER	0.75 ..... 40.0			X				0	485,761	34,724
Rebekah Moulder MD ..... BOARD MEMBER	40.0 ..... 0.0	X						509,967	0	221
Reginald Martin MD ..... BOARD MEMBER	40.0 ..... 0.0	X						423,140	0	24,507
KEITH VAN CAMP ..... VP INFORMATION TECHNOLOGY	40.0 ..... 0.0				X			388,641	0	22,244
David Sinclair ..... VP NETWORK ADMIN	40.0 ..... 0.0				X			327,951	0	35,623
David Henry ..... VP CLINICAL OPERATIONS	40.0 ..... 0.0				X			258,710	0	35,684
Jeff Fletcher ..... CHAIR	0.75 ..... 0.0	X		X				0	0	0
Johnny Donaldson ..... VICE CHAIR	0.75 ..... 0.0	X		X				0	0	0
Sister M Trinita Eddington OP ..... SECRETARY	0.75 ..... 40.0	X		X				0	0	0
William Brown ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sister Kathleen Gallagher OP ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Jimmy Jones MD ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Sister M Thecla Kuhnline OP ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Eddie Maloney ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Will McCraney MD ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Duane A O'Neill ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Sister Kristin Rever OP ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Sister Dorothea Sondgeroth OP ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Sister Kathleen Anne Tait Op ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Sister Karina Dickey OP ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sister Rose Miriam Schulte OP ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Ricky Guynes MD ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0
Monsignor Elvin Sands ..... BOARD MEMBER	0.75 ..... 0.0	X						0	0	0

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>		



Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions			Current Year
1			Amounts paid to supported organizations to accomplish exempt purposes
2			Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
3			Administrative expenses paid to accomplish exempt purposes of supported organizations
4			Amounts paid to acquire exempt-use assets
5			Qualified set-aside amounts (prior IRS approval required)
6			Other distributions (describe in Part VI). See instructions
7			Total annual distributions. Add lines 1 through 6.
8			Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions
9			Distributable amount for 2019 from Section C, line 6
10			Line 8 amount divided by Line 9 amount

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

Additional Data

Software ID:  
Software Version:  
EIN: 64-0303091  
Name: St Dominic - Jackson Memorial Hospital

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated group  
totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....**b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....**c** Total lobbying expenditures (add lines 1a and 1b) .....**d** Other exempt purpose expenditures .....**e** Total exempt purpose expenditures (add lines 1c and 1d) .....**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

**g** Grassroots nontaxable amount (enter 25% of line 1f) .....**h** Subtract line 1g from line 1a. If zero or less, enter -0- .....**i** Subtract line 1f from line 1c. If zero or less, enter -0- .....**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....☐ **Yes** ☐ **No****4-Year Averaging Period Under Section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....	Yes		24,037
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			24,037
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1i	ST. DOMINIC-JACKSON MEMORIAL HOSPITAL PAID DUES TO THE MISSISSIPPI HOSPITAL ASSOCIATION. THE MISSISSIPPI HOSPITAL ASSOCIATION REPORTS THAT 14.59% OF THE \$164,750 OF DUES PAID WERE RELATED TO LOBBYING ACTIVITIES.

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
St Dominic - Jackson Memorial Hospital

Employer identification number  
64-0303091

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

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

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

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 . . . . .	0	14,930,000		14,930,000
b Buildings . . . . .		167,416,917	6,336,285	161,080,632
c Leasehold improvements				
d Equipment . . . . .		39,714,505	8,765,815	30,948,690
e Other . . . . .		138,881	15,534	123,347
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				207,082,669

Schedule D (Form 990) 2019



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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) CAPITAL LEASES	527,048
(3) CURRENT PORTION OF LONG TERM DEBT	2,370,087
(4) SELF INSURANCE LIABILITY - LONG TERM	5,425,459
(5) RETIREMENT PAYABLE - LONG TERM	72,356,648
(6) DUE TO/FROM OLOL HOSPITAL	23,007,229
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	103,686,471

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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 64-0303091  
**Name:** St Dominic - Jackson Memorial Hospital

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	FMOLHS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. NO RESERVE FOR UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED.

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
St Dominic - Jackson Memorial Hospital

Employer identification number  
64-0303091

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.  <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:  <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: . . . . .  <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"? . . . . .	3a	Yes
		3b	Yes
		4	No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			14,982,633	5,159,754	9,822,879	1.840 %
b Medicaid (from Worksheet 3, column a) . . . . .			57,247,034	57,247,034		
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			81,155	61,176	19,979	0 %
d Total Financial Assistance and Means-Tested Government Programs . . . . .			72,310,822	62,467,964	9,842,858	1.840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			126,844		126,844	0.020 %
f Health professions education (from Worksheet 5) . . . . .			184,921		184,921	0.030 %
g Subsidized health services (from Worksheet 6) . . . . .			18,959,522	16,643,382	2,316,140	0.430 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			1,660,000		1,660,000	0.310 %
j Total. Other Benefits . . . . .			20,931,287	16,643,382	4,287,905	0.790 %
k Total. Add lines 7d and 7j . . . . .			93,242,109	79,111,346	14,130,763	2.630 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	17,752,050	
<b>3</b> 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.	<b>3</b>	7,810,902	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME)	<b>5</b>	141,760,478
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5	<b>6</b>	110,762,166
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall)	<b>7</b>	30,998,312
<b>8</b> 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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> St Dominic ASC	Outpatient surgery center	46.3 %		53.7 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

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

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ST DOMINIC-JACKSON MEMORIAL HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> 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):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . .	<b>6b</b>	No
<b>7</b> 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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		



**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	<b>13</b>	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> .% and FPG family income limit for eligibility for discounted care of <u>350</u> .%			
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</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			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b>	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V SECTION C</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V SECTION C</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V SECTION C</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <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			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

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

ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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>b</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) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST DOMINIC-JACKSON MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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.

[illegible]

**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)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	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 <a href="https://www.stdom.com/assets/documents/wp-2019/01/CHNA_2019-2021.pdf">HTTPS://WWW.STDOM.COM/ASSETS/DOCUMENTS/WP-2019/01/CHNA_2019-2021.PDF</a>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	ST. DOMINIC HOSPITAL USED A COST-TO-CHARGE RATIO BASED ON WORKSHEET 2 PROVIDED IN THE FORM 990, SCHEDULE H INSTRUCTIONS.
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 \$17,752,000.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7G	ST. DOMINIC HOSPITAL DID NOT INCLUDE LOSSES ON ITS OWNED PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES. IN ORDER TO MEET THE NEEDS OF THE COMMUNITY IT SERVES, ST. DOMINIC CONTINUES ITS MINISTRY IN VARIOUS SERVICE LINES THAT ARE NOT PROFITABLE TO THE ORGANIZATION. EXAMPLES OF THESE SERVICES 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.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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.

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE BAD DEBT FOOTNOTE IS ON PAGES 14-16 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.
PART III, LINE 8	THE SHORTFALL SHOULD NOT BE INCLUDED IN THE COMMUNITY BENEFIT TOTAL.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B	ST. DOMINIC HOSPITAL HAS A BOARD APPROVED COLLECTION POLICY AND HAS WRITTEN CONTRACTS IN PLACE WITH ITS COLLECTION AGENCIES SO THE APPROPRIATE COLLECTION ACTIVITIES ARE FOLLOWED. THE COLLECTION AGENCIES THAT ST. DOMINIC'S USES ARE FULLY INFORMED ABOUT THE 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 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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ST. DOMINIC HOSPITAL WORKS TO EDUCATE ITS PATIENTS AND COMMUNITY ON ASSISTANCE OPTIONS BY: 1-POSTING SIGNAGE IN THE EMERGENCY ROOM AND OTHER REGISTRATION AREAS INFORMING PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. 2-PROVIDING BROCHURES IN THE WAITING ROOMS AND AT THE REGISTRATION DESKS THAT EXPLAIN THE BILLING AND COLLECTION PROCESS AS WELL AS INFORMATION ABOUT THE 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, LINE 4	COMMUNITY INFORMATION ST. DOMINIC JACKSON MEMORIAL HOSPITAL SERVES THE HINDS, MADISON, AND RANKIN TRI-COUNTY AREA OF MISSISSIPPI. HINDS COUNTY INCLUDES 239,497 RESIDENTS, NEARLY HALF OF THE SERVICE AREA POPULATION. THE COUNTY'S RACIAL MAKEUP IS PREDOMINANTLY (71.7%)AFRICAN AMERICAN. IN ADDITION, RESIDENTS HAVE A MUCH LOWER MEDIAN HOUSEHOLD INCOME COMPARED TO MADISON AND RANKIN COUNTIES AND A HIGHER PERCENTAGE WHO INDICATE THAT THEY HAVE A POOR OR FAIR HEALTH STATUS. THESE TWO INDICATORS OFTEN CORRELATE WITH A HIGHER LEVEL OF COMMUNITY HEALTH NEEDS. MADISON COUNTY RESIDENTS TEND TO HAVE HIGHER HOUSEHOLD INCOME AND BETTER HEALTH STATUS COMPARED TO HINDS COUNTY. THE COUNTY IS RACIALLY DIVERSE, WITH NEARLY 40% OF ITS RESIDENTS BEING AFRICAN AMERICAN. RANKIN COUNTY IS THE LEAST RACIALLY DIVERSE COUNTY IN THE ST. DOMINIC'S SERVICE AREA, AS ONLY ONE OF FIVE RESIDENTS (19%) ARE AFRICAN AMERICAN. RANKIN AND MADISON COUNTIES HAVE FEWER PEOPLE LIVING IN POVERTY THAN HINDS COUNTY (6.4% AND 9.3% COMPARED TO HINDS' 25%).

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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, 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 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. ON JULY 1, 2019, ST. DOMINIC HEALTH SERVICES ENTERED INTO A SHARED MISSION AGREEMENT WITH FRANCISCAN MISSIONARIES OF OUR LADY HEALTH SYSTEM (FMOLHS) TO INTEGRATE THE TWO CATHOLIC MINISTRIES. AS CONSIDERATION FOR THE ACQUISITION, FMOLHS WILL CONTRIBUTE SUPPORT PAYMENTS OVER SEVEN YEARS FOR SDHS' ONGOING MINISTRIES.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT ST. DOMINIC HOSPITAL (CONSOLIDATED WITH ST. DOMINIC HEALTH SERVICES, INC.) PREPARES ANNUALLY A COMMUNITY BENEFIT REPORT WHICH IS DISTRIBUTED TO KEY MEMBERS OF THE LOCAL COMMUNITY AND STATE GOVERNMENT. HOWEVER, THERE ARE CURRENTLY NO REQUIREMENTS TO DO SO IN THE STATE OF MISSISSIPPI.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 64-0303091

**Name:** St Dominic - Jackson Memorial Hospital

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ST DOMINIC-JACKSON MEMORIAL HOSPITAL 969 LAKELAND DRIVE JACKSON, MS 392164699 HTTP://WWW.STDOM.COM/ 14-031	X	X					X			1

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	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.



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

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

Form and Line Reference	Explanation
PART V, SECTION A, LINES 7A & 10	<a href="https://www.stdom.com/assets/documents/wp-2019/01/chna_2019-2021.pdf">https://www.stdom.com/assets/documents/wp-2019/01/chna_2019-2021.pdf</a>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>ST. DOMINIC'S BUILT UPON WHAT IT LEARNED IN ITS PRECEDING CHNAS AND USED THAT INFORMATION TO CONDUCT A NEW AND MORE EXTENSIVE NEEDS ASSESSMENT. THE RESULTS OF THE NEW ASSESSMENT WE RE LATER PUBLISHED WITHIN THE 2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT AND CAN BE FOUND ONLINE AT: <a href="https://www.stdom.com/assets/documents/wp-2019/01/CHNA_2019-2021.pdf">HTTPS://WWW.STDOM.COM/ASSETS/DOCUMENTS/WP-2019/01/CHNA_2019-2021.PDF</a>. THE OVER ARCHING GOAL OF BOTH ASSESSMENTS WAS TO IDENTIFY AND RESPOND TO COMMUNITY HEALTH NEEDS, IM PROVE ACCESS AND IMPROVE HEALTH STATUS - ESPECIALLY FOR THE MOST VULNERABLE AND UNDERSERVE D IN THE COMMUNITY. IT IS INTEGRAL TO ST. DOMINIC'S FOCUS TO ESTABLISH COMMUNITY AND PROVI DE SERVICE, SETTING AN EXAMPLE TO OTHERS IN COMMUNITY SERVICE. ST. DOMINIC HOSPITAL'S OVER ALL APPROACH TO COMMUNITY BENEFIT IS TO TARGET THE INTERSECTION OF DOCUMENTED UNMET COMMUN ITY HEALTH NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION COMMITMENTS. SPECIFICALL Y, MEMBERS OF THE TASK FORCE THAT LED THE DEVELOPMENT OF THE ASSESSMENT IDENTIFIED PRIORIT Y HEALTH ISSUES IN ST. DOMINIC'S SERVICE AREA BASED ON ITS REVIEW OF DEMOGRAPHIC INFORMATI ON, FOCUS GROUP FEEDBACK AND THE RESULTS OF COMMUNITY SURVEYS. THOSE IDENTIFIED PRESSING I SSUES FOR 2019-2021 ARE: - ACCESS TO AFFORDABLE HEALTH CARE; - MENTAL HEALTH AND SUBSTANCE ABUSE; AND - LIFESTYLE RELATED CONDITIONS. IN 2020, AS IT DID IN PRIOR YEARS, ST. DOMINIC 'S INTEGRATED ITS COMMITMENT TO COMMUNITY SERVICE INTO ITS MANAGEMENT AND GOVERNANCE STRUC TURES AS WELL AS ITS STRATEGIC AND OPERATIONAL PLANS. IN 2019 AND 2020 THE HOSPITAL'S STRA TEGIC PLAN CONTAINED A GOAL AND STRATEGIES SPECIFICALLY DIRECTED AT ALLOCATING RESOURCES T O MEET THE NEEDS OF THE COMMUNITY IN RESPONSE TO THE IDENTIFIED FOCUS AREAS IN THE NEEDS A SSESSMENT." FOLLOWING ARE WAYS IN WHICH THAT STRATEGY WAS IMPLEMENTED AS WELL AS WAYS OTHE R IDENTIFIED NEEDS WERE MET IN 2019 AND 2020. ACCESS TO CARE - SERVED OVER 10,899 VULNERAB LE CHILDREN AND MATURE ADULTS THROUGHOUT THE STATE FROM JULY 2019 - JUNE 2020 THROUGH THE CARE-A-VAN PROGRAM. RECORDED 825 REFERRALS FOR FOLLOW UP CARE AND LOGGED 291 VOLUNTEER HOU RS. THE MOBILE SCREENING SERVICE HOSTED BY ST. DOMINIC'S TRAVELED TO SCHOOLS TO PROVIDE SC REENING AND EDUCATIONAL PROGRAMS. BEHAVIORAL OR MENTAL HEALTH - CONDUCTED SCREENING OR EDU CATION EVENTS IN COMMUNITIES THROUGHOUT THE STATE. THE NUMBER OF REFERRAL DEVELOPMENT CONT ACTS RECORDED FROM JULY 2019 - JUNE 2020 IS 5,148, OR AN AVERAGE OF 429 PER MONTH, EXCEEDI NG 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 TELEPSYCHIA TRY, PROMOTION BEGAN IN JUNE 2019 AND WAS REALIZED IN THE FIRST OUTPATIENT PSYCHIATRY APPO INTMENTS HELD IN OCTOBER. ST. DOMINIC'S BEHAVIORAL HEALTH PARTNERED WITH HEART SERVICES IN A SERIES OF PRESENTATIONS ON "TAKING MENTAL HEALTH TO HEART" TO MULTIPLE COMPANIES IN THE JACKSON METRO AREA AND PARTIC</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	IPATED 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, 231 LUNG CANCER SCREENINGS WERE PERFORMED JULY 2019 - JUNE 2020. IN THE FISCAL YEAR , 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.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 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.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16 A, B, C	THE FAP, FAP APPLICATION FORM, AND A PLAIN LANGUAGE SUMMARY OF THE FAP ARE AVAILABLE AT: <a href="https://www.stdom.com/patients-and-visitors/patient-guide/financial-assistance">HTTPS://WWW.STDOM.COM/PATIENTS-AND-VISITORS/PATIENT-GUIDE/FINANCIAL-ASSISTANCE</a>

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 HOSPITAL MEDICINE 971 LAKELAND DRIVE SUITE 1453 JACKSON, MS 39216	HOSPITALIST CLINIC
1 ST DOMINIC'S NEUROSURGERY ASSOCIATES 971 LAKELAND DRIVE SUITE 657 JACKSON, MS 39216	PHYSICIAN CLINIC
2 ST DOMINIC'S NEUROCARE 971 LAKELAND DRIVE SUITE 557 JACKSON, MS 39216	PHYSICIAN CLINIC
3 ST DOMINIC'S VASCULAR AND ENDOVASCULAR 971 LAKELAND DRIVE SUITE 1250 JACKSON, MS 39216	PHYSICIAN CLINIC
4 ST DOMINIC'S EAR NOSE & THROAT SURGICA 970 LAKELAND DRIVE SUITE 40 JACKSON, MS 39216	PHYSICIAN CLINIC
5 ST DOMINIC'S INTERNAL MEDICINE GROUP 971 LAKELAND DRIVE SUITE 250 JACKSON, MS 39216	PHYSICIAN CLINIC
6 STDOMINIC'S FAMILY MEDICINE OF MADISON 106 HIGHLAND WAY 103 MADISON, MS 39110	PHYSICIAN CLINIC
7 ST DOMINIC'S INTERNAL MEDICINE MADISON 106 HIGHLAND WAY 200 MADISON, MS 39110	PHYSICIAN CLINIC
8 ST DOMINIC'S CARDIOVASCULAR SURGERY 971 LAKELAND DRIVE SUITE 657 JACKSON, MS 39216	PHYSICIAN CLINIC
9 ST DOMINIC'S PAIN MANAGEMENT CENTER 971 LAKELAND DRIVE SUITE 1159 JACKSON, MS 39216	PHYSICIAN CLINIC
10 ST DOMINIC'S GYNECOLOGIC ONCOLOGY 971 LAKELAND DRIVE SUITE 750 JACKSON, MS 39216	PHYSICIAN CLINIC
11 ST DOMINIC'S UROLOGY 971 LAKELAND DRIVE SUITE 360 JACKSON, MS 39216	PHYSICIAN CLINIC
12 ST DOMINIC'S INFECTIOUS DISEASE 971 LAKELAND DRIVE SUITE 954 JACKSON, MS 39216	PHYSICIAN CLINIC
13 ST DOMINIC'S PSYCHIATRIC ASSOCIATES 890 LAKELAND DRIVE JACKSON, MS 39216	PHYSICIAN CLINIC
14 ST DOMINIC'S RHEUMATOLOGY 106 HIGHLAND WAY SUITE 200 MADISON, MS 39110	PHYSICIAN CLINIC

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)
<b>16</b> ST DOMINIC'S FAMILY MEDICINE OF BRANDON 1297 WEST GOVERNMENT STREET BRANDON, MS 39042	PHYSICIAN CLINIC
<b>1</b> ST DOMINIC'S FAMILY MEDICINE OF CLINTON 728 CLINTON PARKWAY SUITE B CLINTON, MS 39056	PHYSICIAN CLINIC
<b>2</b> ST DOMINIC'S FAMILY MEDICINE OF FLOWOOD 1050 RIVER OAKS DRIVE FLOWOOD, MS 39232	PHYSICIAN CLINIC
<b>3</b> ST DOMINIC'S FAMILY MEDICINE OF DOGWOOD 205A BELLE MEADE POINTE FLOWOOD, MS 39232	PHYSICIAN CLINIC
<b>4</b> ST DOMINIC'S FAMILY MEDICINE OF MAGEE 360 SIMPSON HWY 149 SUITE 220 MAGEE, MS 39111	PHYSICIAN CLINIC
<b>5</b> ST DOMINIC'S FAMILY MEDICINE OF JACKSON 890 LAKELAND DRIVE JACKSON, MS 39056	PHYSICIAN CLINIC
<b>6</b> ST DOMINIC'S MARTIN SURGICAL ASSOCIATES 971 LAKELAND DRIVE SUITE 211 JACKSON, MS 39216	PHYSICIAN CLINIC
<b>7</b> ST DOMINIC'S FAMILY MED OF PELAHATCHIE 610 2ND STREET PELAHATCHIE, MS 39145	PHYSICIAN CLINIC
<b>8</b> ST DOMINIC'S FAMILY MEDICINE OF RALEIGH 342 MAGNOLIA DRIVE RALEIGH, MS 39153	PHYSICIAN CLINIC
<b>9</b> ST DOMINIC'S FAMILY MEDICINE GLUCKSTADT 286 CALHOUN STATION PARKWAY MADISON, MS 39110	PHYSICIAN CLINIC
<b>10</b> ST DOMINIC'S COUMADIN CLINIC 890 LAKELAND DRIVE JACKSON, MS 39056	PHYSICIAN CLINIC
<b>11</b> ST DOMINIC'S CHRONIC CARE CLINIC 969 LAKELAND DRIVE JACKSON, MS 39216	PHYSICIAN CLINIC
<b>12</b> ST DOMINIC'S OUTREACH PROGRAM-TELEMEDIC 969 LAKELAND DRIVE JACKSON, MS 39216	PHYSICIAN CLINIC
<b>13</b> ST DOMINIC'S OUTREACH PROGRAM-MAGEE 360 SIMPSON HWY 149 SUITE 370 MAGEE, MS 39111	PHYSICIAN CLINIC
<b>14</b> ST DOMINIC'S OUTREACH PROGRAM-CLEVELAND 810 E SUNFLOWER ROAD CLEVELAND, MS 38732	PHYSICIAN CLINIC

**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)
<b>31</b> ST DOMINIC'S OUTREACH PROGRAM-KOSCIUSKO 332 HIGHWAY 12 WEST KOSCIUSKO, MS 39090	PHYSICIAN CLINIC
<b>1</b> ST DOMINIC'S OUTREACH PROGRAM-PELAHATCH 610 2ND STREET PELAHATCHIE, MS 39145	PHYSICIAN CLINIC
<b>2</b> ST DOMINIC'S OUTREACH PROGRAM-VICKSBURG 4204 CLAY STREET VICKSBURG, MS 39180	PHYSICIAN CLINIC
<b>3</b> ST DOMINIC'S OUTREACH PROGRAM-BROOKHAVE 427 HWY 51 N BROOKHAVEN, MS 39601	PHYSICIAN CLINIC
<b>4</b> ST DOMINIC'S INTERNAL MEDICINE CLINIC 112 SOUTH LAKE CIRCLE CANTON, MS 39046	PHYSICIAN CLINIC



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

Schedule I  
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
St Dominic - Jackson Memorial Hospital

Employer identification number

64-0303091

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 17

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP/TUITION REIMBURSEMENT	43	86,958			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE HOSPITAL 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.

Additional Data

Software ID:  
Software Version:  
EIN: 64-0303091  
Name: St Dominic - Jackson Memorial Hospital

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
100 Black Men of Jackson 5360 HIGHLAND DRIVE JACKSON, MS 39286	64-0817928	501 (C)(3)	30,000				GENERAL SUPPORT
Boy Scouts of America 855 RIVERSIDE DR JACKSON, MS 39202	64-0303071	501 (C)(3)	32,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities Inc 850 EAST RIVER PLACE JACKSON, MS 39201	64-0466850	501 (C)(3)	210,000				GENERAL SUPPORT
The Center for Violence Prevention PO BOX 6279 PEARL, MS 39288	58-1959108	501 (C)(3)	43,750				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Canopy Childrens Solutions 1465 LAKE LAND DRIVE JACKSON, MS 39216	64-0303085	501 (C)(3)	25,000				GENERAL SUPPORT
Community Health Services (St Dominic Care-A-Van) 970 LAKE LAND DR JACKSON, MS 39216	64-0884870	501 (C)(3)	75,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hospice Ministries 45 TOWNE CENTER BLVD RIDGELAND, MS 39157	64-0789919	501 (C)(3)	50,000				GENERAL SUPPORT
Lexington Medical Clinic 22741 HIGHWAY 12 LEXINGTON, MS 39095	20-0378262	501 (C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mission Mississippi PO BOX 22655 JACKSON, MS 39225	64-0824240	501 (C)(3)	43,750				GENERAL SUPPORT
Mississippi Housing Partnership PO BOX 22987 JACKSON, MS 39225	64-0816305	501 (C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mission First Inc (Neighborhood Christian Center) PO BOX 250 JACKSON, MS 39205	64-0797107	501 (C)(3)	20,000				GENERAL SUPPORT
Operation Shoestring 1711 BAILEY AVENUE JACKSON, MS 39283	64-0471554	501 (C)(3)	25,000				GENERAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sisters in Birth 5839 PEAR ORCHARD RD JACKSON, MS 39211	81-2072883	501 (C)(3)	15,000				GENERAL SUPPORT
Southern Christian Services 860 E RIVER PL STE 104 JACKSON, MS 39202	64-0758344	501 (C)(3)	18,750				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tutwiler Community Education Center Inc PO BOX 448 TUTWILER, MS 38963	58-1887449	501 (C)(3)	30,000				GENERAL SUPPORT
REAL CHRISTIAN FOUNDATION PO BOX 180059 RICHLAND, MS 39218	64-0885750	501 (C)(3)	40,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST DOMINIC HEALTH SERVICES INC 969 LAKE LAND DRIVE JACKSON, MS 39216	64-0714999	501 (C)(3)	1,500,000				GENERAL SUPPORT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
St Dominic - Jackson Memorial Hospital

Employer identification number  
64-0303091

Part I

Questions Regarding Compensation

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

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

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

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4B	EFFECTIVE FOR THE PLAN YEAR BEGINNING 1/1/2013, THE EXECUTIVE COMPENSATION COMMITTEE ADOPTED A NON-QUALIFIED RESTORATION PLAN THAT PROVIDES 5% OF PAY FOR SALARY IN EXCESS OF THE IRS LIMIT (CODE SECTION 401(A)(17)). PAYOUTS ARE INCLUDED IN FORM W-2 BOX 5 WAGES AND REFLECTED IN OTHER REPORTABLE COMPENSATION. IN THE CURRENT YEAR, PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUALS: LESTER DIAMOND - 26,100 DAVID W. SINCLAIR - 1,144 WILLIAM MORGAN - 8,308 SAMUEL SCOTT - 4,704 KEITH VAN CAMP - 4,242 CLAUDE HARBARGER - 542,800 SDHS MAINTAINS AN UNFUNDED DEFERRED COMPENSATION PLAN WHICH MEETS THE REQUIREMENTS OF IRC SECTION 457(F) AND IRC SECTION 409A. THE PLAN PROVIDES FOR COMPENSATION TO BE DEFERRED AND PAID UPON THE OCCURENCE OF CERTAIN EVENTS SUCH AS TERMINATION WITHOUT CAUSE, DISABILITY, DEATH OR ATTAINMENT OF A SPECIFIC PAYMENT DATE. PARTICIPATION IN THE PLAN IS LIMITED TO CERTAIN EXECUTIVES AND IS SUBJECT TO APPROVAL BY SDHS BOARD OF DIRECTORS OR A DESIGNATED COMMITTEE OF SUCH BOARD. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM THE PLAN IN THE CURRENT YEAR: CLAUDE HARBARGER - 475,445
PART I, LINE 3	THE ST. DOMINIC HEALTH SERVICES INC. BOARD OF DIRECTORS DESIGNATES A COMPENSATION COMMITTEE, MADE UP OF INDEPENDENT BOARD MEMBERS, TO REVIEW AND SET COMPENSATION ANNUALLY. THE COMPENSATION COMMITTEE OBTAINS AND RELIES UPON COMPARABLE DATA INCLUDING A COMPENSATION STUDY/SURVEY FROM AN INDEPENDENT COMPENSATION CONSULTANT. THE COMPENSATION COMMITTEE REIVEWS COMPENSATION PACKAGES AND APPRROPRIATE COMPENSATION IS DETERMINED AND APPROVED. THE BASIS FOR MAKING SUCH DETERMINATION IS DOCUMENTED BY THE COMPENSATION COMMITTEE.

Additional Data

Software ID:

Software Version:

EIN: 64-0303091

Name: St Dominic - Jackson Memorial Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Lester Diamond PRESIDENT SDHS	(i)	662,371		26,100	61,375	27,137	776,983	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
1Ruth Fredericks MD BOARD MEMBER	(i)	875,930				10,357	886,287	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
2Reginald Martin MD BOARD MEMBER	(i)	423,140				24,507	447,647	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
3Rebekah Moulder MD BOARD MEMBER	(i)	509,967				221	510,188	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
4Samuel Scott SVP/CFO/TREASURER	(i)							
	(ii)	481,057		4,704	21,583	13,141	520,485	
5D Paul Seago MD CHIEF OF STAFF	(i)	925,400				16,168	941,568	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
6William Morgan CHIEF OPERATING OFFICER	(i)	470,588		8,308	35,404	26,710	541,010	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
7David Sinclair VP NETWORK ADMIN	(i)	326,807		1,144	20,048	15,575	363,574	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
8David Henry VP CLINICAL OPERATIONS	(i)	258,710			16,530	19,154	294,394	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
9JOHN LANCON PHYSICIAN	(i)	1,282,854				26,777	1,309,631	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
10PB KERR PHYSICIAN	(i)	1,096,311				24,644	1,120,955	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
11BRYAN A GASPARD PHYSICIAN	(i)	990,863				24,644	1,015,507	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
12ZACHARY K BALDWIN PHYSICIAN	(i)	905,409				24,644	930,053	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
13RONALD KENNEDY PHYSICIAN	(i)	855,622				16,032	871,654	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
14KEITH VAN CAMP VP INFORMATION TECHNOLOGY	(i)	384,399		4,242	22,006	238	410,885	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
15CLAUDE HARBARGER FORMER PRESIDENT SDHS	(i)							
	(ii)	591,214	0	542,800	6,130	9,955	1,150,099	271,348

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization  
St Dominic - Jackson Memorial Hospital**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection****Employer identification number**

64-0303091

**990 Schedule O, Supplemental Information**

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



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF ST. DOMINIC- JACKSON MEMORIAL HOSPITAL'S SOLE MEMBER, ST. DOMINI C HEALTH SERVICES, INC., HAS THE AUTHORITY TO APPROVE THE ELECTION OF THE PRESIDENT/CEO, T HE CHAIR OF THE BOARD OF DIRECTORS AND THE VICE-CHAIR OF THE BOARD OF DIRECTORS OF THE HOS PITAL AND ALL OTHER DIRECTORS AND OFFICERS OF THE HOSPITAL.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE RESERVED POWER TO THE MEMBER, ST. DOMINIC HEALHT SERVICES, INC., ARE AS FOLLOWS: I. TO CHANGE PHILOSOPHY, OBJECTIVES AND PURPOSES OF CORPORATION. II. TO APPOINT OR REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES AND OFFICERS OF THE CORPORATION. III. TO AMEND, ALTER, MODIFY, OR REPEAL THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION. IV. TO AUTHORIZE MERGER, CONSOLIDATION, OR AFFILIATION, OR PARTICIPATE IN JOINT VENTURES. V. TO DISSOLVE AND TO DISTRIBUTE ASSETS OF THE CORPORATION. VI. TO APPOINT AND/OR TERMINATE WITH OR WITHOUT CAUSE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION. VII. TO ACQUIRE, PURCHASE, SELL, LEAASE, TRANSFER, OR ENCUMBER ANY IMMOVABLE PROPERTY ON BEHALF OF THE CORPORATION. VIII. TO ADD TO OR INCUR LONG-TERM DEBT IN EXCESS OF \$5 MILLION BY THE CORPORATION. IX. TO APPOINT THE FISCAL AUDITOR FOR THE CORPORATION. X. TO APPROVE ANY INCREMENT OR ADDITION TO THE CAPITAL DEBT OR EFFORTS TO RENEGOTIATE, MODIFY OR CHANGE THE EXISTING CAPITAL DEBT OBLIGATIONS OF THE CORPORATION. XI. TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION. XII. TO APPROVE A STRATEGIC BUSINESS PLAN OF THE CORPORATION.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	After preparation of the Form 990 by KPMG LLP, management reviewed the Form 990. A copy of the Form 990 was provided to the organization's governing board before it was filed with the IRS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT 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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	OUR BOARD OF DIRECTORS DESIGNATES AN EXECUTIVE COMMITTEE MADE UP OF INDEPENDENT BOARD MEMBERS TO REVIEW AND SET THE COMPENSATION ANNUALLY OF OUR OFFICERS AND KEY EMPLOYEES. THE EXECUTIVE COMMITTEE OBTAINS AND RELIES UPON COMPARABLE DATA INCLUDING INDUSTRY-WIDE COMPENSATION INFORMATION PROVIDED BY AN OUTSIDE CONSULTING FIRM. THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION PACKAGES AND APPROPRIATE COMPENSATION IS DETERMINED AND APPROVED. THE BASIS FOR DETERMINATION IS THEN DOCUMENTED BY THE EXECUTIVE COMMITTEE. THE COMPENSATION FOR THE CEO OF St. Dominic Jackson Memorial Hospital IS SET BY THE COMPENSATION COMMITTEE OF ST. DOMINIC HEALTH SERVICES (A RELATED TAX-EXEMPT ORGANIZATION) ACCORDING TO THEIR PAY PRACTICES WHICH ARE SIMILAR TO THOSE DESCRIBED ABOVE.

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	INTERCOMPANY TRANSACTIONS - \$(406,011)

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
SECTION 1.263(A)-3(N) - BOOK CONFORMITY ELECTION	ST. DOMINIC JACKSON MEMORIAL HOSPITAL IS MAKING THE ELECTION UNDER TREAS. REG. 1.263(A)-3(N) TO CAPITALIZE THE REPAIR AND MAINTENANCE COSTS THAT IT TREATS AS CAPITAL IMPROVEMENTS ON ITS BOOKS AND RECORDS FROM THE TAX YEAR ENDED JUNE 30, 2020.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR ELECTION	ST. DOMINIC JACKSON MEMORIAL HOSPITAL HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER SECTION 1.263(A)-1(F) OF THE TREASURY REGULATIONS, EFFECTIVE ONLY FOR THE TAX YEAR ENDED JUNE 30, 2020. TAXPAYER HAS AN APPLICABLE FINANCIAL STATEMENT FOR THE YEAR OF THE ELECTION. THIS ELECTION PERMITS THE TAXPAYER TO DEDUCT FOR TAX PURPOSES ANY ITEM DEDUCTED UNDER ITS BOOK POLICY THAT DOES NOT EXCEED \$5,000 PER INVOICE (OR PER ITEM, AS SUBSTANTIATED BY THE INVOICE) OR ITEMS HAVING AN ECONOMIC USEFUL LIFE OF TWELVE MONTHS OR LESS AS DESCRIBED IN SECTION 1.263(A)-1(F)(1)(I).

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
St Dominic - Jackson Memorial Hospital

Employer identification number  
64-0303091

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ST DOMINIC MEDICAL ASSOCIATES 969 LAKELAND DRIVE JACKSON, MS 39216 26-1969846	HEALTHCARE	MS	39,400,765	9,618,294	SDJMH
(2) ST DOMINIC HOSPITAL MEDICINE LLC 969 LAKELAND DRIVE JACKSON, MS 39216 81-4908606	HEALTHCARE	MS	8,161,760	1,737,596	SDJMH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)ST BERNARD HEALTH FUND 4200 ESSEN LANE  BATON ROUGE, LA 70809 20-4685614	HEALTHCARE	LA	501(C)(3)	11 TYPE 1	FMOL		No
(2)HEALTH CARE CENTERS IN SCHOOLS 4200 ESSEN LANE  BATON ROUGE, LA 70809 72-1443935	HEALTHCARE	LA	501(C)(3)	7	OLOL		No
(3)ST DOMINIC HEALTH SERVICES INC 969 LAKELAND DRIVE  JACKSON, MS 39216 64-0714999	HOLDING CO	MS	501(C)(3)	12 TYPE 3FI	FMOLHS		No
(4)COMMUNITY HEALTH SERVICES - ST DOMINIC 969 LAKELAND DRIVE  JACKSON, MS 39216 64-0884870	HEALTH PROGRA	MS	501(C)(3)	10	SDHS		No
(5)ST DOMINIC - HEALTH SERVICES FOUNDATION 969 LAKELAND DRIVE  JACKSON, MS 39216 43-1992975	FUNDRAISING	MS	501(C)(3)	7	SDHS		No
(6)ST CATHERINE'S VILLAGE INC 969 LAKELAND AND DRIVE  JACKSON, MS 39216 64-0714997	RET HOME	MS	501(C)(3)	10	SDHS		No

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

See Additional Data Table

(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	

**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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

No

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

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

Schedule R (Form 990) 2019

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

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 64-0303091  
Name: St Dominic - Jackson Memorial Hospital

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
HEART HOSPITAL OF ACADIANA LLC  4200 ESSEN LANE BATON ROUGE, LA 70809 30-0442368	HEALTHCARE	LA	LOURDES	N/A								
LOURDES IMAGING DEVELOPMENT LLC  4801 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 70508 20-8326287	REAL ESTATE	LA	LOURDES	N/A								
PARK PLACE SURGERY CENTER LLC  4811 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 70508 72-1404092	HEALTHCARE	LA	LOURDES	N/A								
BRPT LAKE REHABILITATION CENTERS LLC  175 S ENGLISH STATION RD STE 218 LOUISVILLE, KY 40245 72-1506100	HEALTHCARE	LA	OLOL	N/A								
CONVENIENT CARE LLC  10319 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 72-1439481	HEALTHCARE	LA	OLOL	N/A								
SURGICAL SPECIALTY CENTER OF BATON ROUGE  8080 BLUEBONNET BLVD BATON ROUGE, LA 70810 26-3120962	HEALTHCARE	LA	OLOL	N/A								
ST ELIZABETH-MARY BIRD PERKINS CANCER C  4950 ESSEN LANE BATON ROUGE, LA 70809 26-0628752	HEALTHCARE	LA	OLOL	N/A								
NORTHEAST LA CANCER INSTITUTE LLC  411 CALYPSO STREET MONROE, LA 71201 72-1329499	HEALTHCARE	LA	SFMC	N/A								
LHCG-XIII LLC dba Lourdes Home Health  901 S HUGH WALLIS ROAD LAFAYETTE, LA 70508 20-8068308	HEALTHCARE	LA	LOURDES	N/A								
LOURDES AFTER HOURS LLC  7777 HENNESSY BLVD SUITE 1004-202 BATON ROUGE, LA 70809 20-1367299	HEALTHCARE	LA	LOURDES	N/A								
LAKE URGENT CARE ASCENSION LLC  10319 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 35-2463092	HEALTHCARE	LA	OLOL	N/A								
OLOLUSP SURGERY CENTER LLC  15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 35-2457810	HEALTHCARE	TX	OLOL	N/A								
ST FRANCIS URGENT CARE LLC  10319 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 47-4013731	HEALTHCARE	LA	SFMC	N/A								
GAMMA KNIFE OF LOUISIANA LLC  4950 ESSEN LANE BATON ROUGE, LA 70809 81-1827194	HEALTHCARE	LA	OLOL	N/A								
LHCG LXVII LLC  901 S HUGH WALLIS ROAD LAFAYETTE, LA 70508 47-4283509	HEALTHCARE	LA	LOURDES	N/A								

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(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	
PREMIER HEALTH HOLDINGS LLC  10319 JEFFERSON HIGHWAY BATON ROUGE, LA 70809 47-2665226	HEALTHCARE	LA	OLOL	N/A								
PINNACLE CARE HOLDINGS LLC  5627 S SHERWOOD FOREST BLVD BATON ROUGE, LA 70816 82-1637627	HEALTHCARE	LA	OLOL	N/A								
LAFAYETTE SURGERY CENTER LIMITED PARTNER  C/O C T CORPORATION SYSTEM 3867 PL BATON ROUGE, LA 70816	HEALTHCARE	LA	LOURDES	N/A								
HIGHLAND MEDICAL ARTS LLC  PO BOX 55769 JACKSON, MS 39296 74-3073171	MED BUILDING	MS	SDHS	N/A								
D1 SPORTS TRAINING OF MISSISSIPPI LLC  7715 SOUTH SPRINGS DRIVE FRANKLIN, TN 37067 27-5277568	ATHLETIC CENTER	MS	SDMHS	N/A								
MEA PRIMARY CARE PLUS LLC  308 CORPORATE DRIVE RIDGELAND, MS 39157	HEALTHCARE	MS	FIC	N/A								
FREMAUX OFFICE MM LLC  3500 NORTH CAUSEWAY BOULEVARD STE METAIRIE, LA 70002	HEALTHCARE	LA	FMOLHS	N/A								
FREMAUX MOB LLC  3500 NORTH CAUSEWAY BOULEVARD STE METAIRIE, LA 70002	MED BLDG	LA	FMOLHS	N/A								
SHP Managing Member LLC  7015 HIGHWAY 190 E SERVICE ROAD ST COVINGTON, LA 70433 83-2168844	HEALTHCARE	LA	OLOL	N/A								



**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HOSPITAL ASSISTANCE SERVICES 4200 ESSEN LANE BATON ROUGE, LA 70809 72-1073486	HEALTHCARE	LA	LOURDES	C CORP					
LOUISE INSURANCE COMPANY	INSURANCE	CJ	FMOL	C CORP					
FRANCISCAN HEALTH & WELLNESS SERVICES I 4200 ESSEN LANE BATON ROUGE, LA 70809 45-5492379	HEALTHCARE	LA	FMOL	C CORP					
FMOL HEALTH SYSTEM HOLDINGS INC 4200 ESSEN LANE BATON ROUGE, LA 70809 45-4405024	INVESTMENT	LA	FMOL	C CORP					
ST DOMINIC MADISON HEALTH SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 39216 20-2870254	HEALTHCARE	MS	SDHS	C CORP					
FIRST INTERMED CORPORATION 308 CORPORATE DRIVE RIDGELAND, MS 39157 64-0824796	MEDICAL SERVICES	MS	SDHS	C CORP					
ST DOMINIC INTEGRATED SERVICES INC 969 LAKELAND DRIVE JACKSON, MS 39216 27-1493623	INVESTMENTS	MS	SDJMH	C CORP	339,639	5,452,990	100.000 %	Yes	
LAFAYETTE SURGICARE INC 3867 PLAZA TOWER DR BATON ROUGE, LA 70816 94-3419282	HEALTHCARE	LA	LOURDES	C CORP					