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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MEMORIAL HEALTH SYSTEMS FOUNDATION INC

Doing Business As
FLORIDA HOSPITAL MEMORIAL FOUNDATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
770 WEST GRANADA BLVD NO 302

City or town, state or country, and ZIP + 4
ORMOND BEACH, FL 32174

D Employer identification number
31-1771522

E Telephone number
(386) 615-4144

G Gross receipts $ 1,345,155

F Name and address of principal officer
DONALD PENDRY
770 WEST GRANADA BLVD NO 302
ORMOND BEACH, FL 32174

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW FLORIDAHOSPITALMEMORIAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 2000 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FUND RAISING FOR THE NEEDS OF MEMORIAL HEALTH SYSTEMS, INC

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	35
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,745,767	102,152
	9 Program service revenue (Part VIII, line 2g)	0	43,625
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	162,186	156,996
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-44,937	81,113
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,863,016	383,886
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,382,058	1,371,345
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	411,780	307,783
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,793,838	1,679,128
	19 Revenue less expenses Subtract line 18 from line 12	69,178	-1,295,242

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	6,764,081	6,710,889
	21 Total liabilities (Part X, line 26)	28,882	1,125,776
	22 Net assets or fund balances Subtract line 21 from line 20	6,735,199	5,585,113

Part II Signature Block

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

Sign Here

****** | 2011-11-11
Signature of officer | Date

DONALD PENDRY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

FUND RAISING AND VOLUNTEER ACTIVITY FOR SUPPORTED HOSPITAL

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,410,791 including grants of $ 1,371,345) (Revenue $ 43,625)

THE PRIMARY EXEMPT PURPOSE OF MEMORIAL HEALTH SYSTEMS FOUNDATION, INC (THE FOUNDATION) IS TO CONDUCT FUND-RAISING ON BEHALF OF MEMORIAL HEALTH SYSTEMS, INC (MHS), AN IRC SECTION 501(C)(3) ORGANIZATION

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 1,410,791

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	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* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DONALD PENDRY
770 W GRANADA BLVD
ORMOND BEACH, FL 32174
(386) 615-4147

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								0	2,196,519	244,824

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	15,123				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	87,029				
	g Noncash contributions included in lines 1a-1f $	2,000				
	h **Total.** Add lines 1a-1f . . . . . ▶		102,152			
Program Service Revenue		Business Code				
	2a SATISFACTION OF PROGRA	900099	43,625	43,625		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		43,625			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		141,716			141,716
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	948,159				
	b Less cost or other basis and sales expenses	932,879				
	c Gain or (loss)	15,280				
	d Net gain or (loss) . . . . . ▶		15,280			15,280
Other Revenue	8a Gross income from fundraising events (not including $ 15,123 of contributions reported on line 1c) See Part IV, line 18 . . . a	109,503				
	b Less direct expenses . . . b	28,390				
	c Net income or (loss) from fundraising events . . ▶		81,113			81,113
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		383,886	43,625	0	238,109

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,364,812	1,364,812		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	6,533	6,533		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
a Fees for services (non-employees) Management				
b Legal				
c Accounting	11,500		11,500	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	20,359		20,359	
g Other	175,282		175,282	
12 Advertising and promotion	1,093		1,093	
13 Office expenses	24,784		24,784	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	4,467		4,467	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	881	881		
23 Insurance	1,242		1,242	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MISSION TRIP	28,565	28,565		
b PURCHASED SERVICES	13,183		13,183	
c BAD DEBT EXPENSE	10,000	10,000		
d DUES & SUBSCRIPTIONS	7,874		7,874	
e GIFTS	2,549		2,549	
f All other expenses	6,004		6,004	
25 **Total functional expenses.** Add lines 1 through 24f	1,679,128	1,410,791	268,337	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		203,253	1	183,329
	2	Savings and temporary cash investments		116,167	2	4,666
	3	Pledges and grants receivable, net		183,874	3	193,702
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	11,306
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 15,200			
	b	Less accumulated depreciation	10b 12,393	1,688	10c	2,807
	11	Investments—publicly traded securities		5,260,118	11	3,725,722
	12	Investments—other securities See Part IV, line 11			12	582,102
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		998,981	15	2,007,255
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,764,081	16	6,710,889
Liabilities	17	Accounts payable and accrued expenses		20,612	17	13,423
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	12,353
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		8,270	25	1,100,000
	26	**Total liabilities.** Add lines 17 through 25		28,882	26	1,125,776
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,338,030	27	1,506,499
	28	Temporarily restricted net assets		487,954	28	169,399
	29	Permanently restricted net assets		3,909,215	29	3,909,215
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,735,199	33	5,585,113
	34	Total liabilities and net assets/fund balances		6,764,081	34	6,710,889

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	383,886
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,679,128
3	Revenue less expenses Subtract line 2 from line 1	3	-1,295,242
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	6,735,199
5	Other changes in net assets or fund balances (explain in Schedule O)	5	145,156
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,585,113

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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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.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEMS FOUNDATION INC

Employer identification number
31-1771522

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 11, 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)

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 organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,090,815	768,867	1,045,551	1,745,767	424,679	6,075,679
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,090,815	768,867	1,045,551	1,745,767	424,679	6,075,679
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,494,335
6 **Public Support.** Subtract line 5 from line 4						4,581,344

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,090,815	768,867	1,045,551	1,745,767	424,679	6,075,679
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	331,026	224,850	204,067	162,186	141,716	1,063,845
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						7,139,524

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	64 170 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	65 240 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEMS FOUNDATION INC

Employer identification number
31-1771522

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to 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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of a certified historic structure

2 Complete lines 2a–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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 XIV

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,200	12,393	2,807
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,807

Part VII Investments—Other Securities. 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) REAL ESTATE INVESTMENT TRUSTS	582,102	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	582,102	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CHARITABLE REMAINDER TRUST RECEIVABLE	9,090
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	1,051,818
(3) DUE FROM AFFILIATE	946,347
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,007,255

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
PLEDGE TO TAX-EXEMPT SUPPORTED HOSPITAL AFFILIATE	1,100,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,100,000

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	383,886
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,679,128
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,295,242
4	Net unrealized gains (losses) on investments	4	-24,243
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	487,954
9	Total adjustments (net) Add lines 4 - 8	9	463,711
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-831,531

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	867,689
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	628,788		
e	Add lines **2a** through **2d**			2e	628,788
3	Subtract line **2e** from line **1**			3	238,901
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	144,985		
c	Add lines **4a** and **4b**			4c	144,985
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	383,886

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,699,220
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	54,038		
e	Add lines **2a** through **2d**			2e	54,038
3	Subtract line **2e** from line **1**			3	1,645,182
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	33,946		
c	Add lines **4a** and **4b**			4c	33,946
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,679,128

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE FUNDS HELD FOR AGENCIES CONSIST OF AMOUNTS HELD ON BEHALF OF THE SUPPORTED HOSPITAL ORGANIZATION AND ITS EMPLOYEE ASSISTANCE FUND
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SEPARATE AUDITED FINANCIAL STATEMENTS OF THE FILING ORGANIZATION CONTAINED THE FOLLOWING FOOTNOTE REGARDING INCOME TAXES "THE FOUNDATION IS A NONPROFIT CORPORATION AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THESE FINANCIAL STATEMENTS CONTRIBUTIONS TO THE FOUNDATION ARE DEDUCTIBLE UNDER SECTION 170(B)(1)(A)(IV) OF THE CODE "
PART XI, LINE 8 - OTHER ADJUSTMENTS		SPECIAL EVENT REVENUE RECLASSED -124,626 NET ASSETS RELEASED FROM RESTRICTIONS 598,993 SPECIAL EVENT RECLASS 13,587
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET ASSETS RECLASSED FROM RESTRICTED PREVIOUSLY RECORDED FOR TAX 598,993 RECLASS EXPENSE FROM SPECIAL EVENTS 28,390 ELIMINATE IN-KIND CONTRIBUTIONS 25,648 RECLASS UNREALIZED GAINS/LOSSES -24,243
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASS SPECIAL EVENT REVENUE 124,626 MANAGEMENT INVESTMENT FEES 20,359
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RECLASS EXPENSE FROM SPECIAL EVENTS 28,390 ELIMINATE IN-KIND CONTRIBUTIONS 25,648
PART XIII, LINE 4B - OTHER ADJUSTMENTS		MANAGEMENT INVESTMENT FEES 20,359 SPECIAL EVENT RECLASS FROM FUND BALANCE 13,587

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEMS FOUNDATION INC

Employer identification number
31-1771522

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF (event type)	(b) Event #2 FASHION SHOW (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	97,900	25,423	1,303	124,626
	2 Less Charitable contributions	7,635	6,425	1,063	15,123
	3 Gross income (line 1 minus line 2)	90,265	18,998	240	109,503
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	7,656	679		8,335
	6 Rent/facility costs	4,488	2,100		6,588
	7 Food and beverages	2,674	6,993		9,667
	8 Entertainment				
	9 Other direct expenses	2,459	695	646	3,800
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				28,390
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				81,113

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEMS FOUNDATION INC

Employer identification number
31-1771522

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MEMORIAL HEALTH SYSTEMS INC301 MEMORIAL MEDICAL PKWY DAYTONA BEACH, FL 32117	59-0973502	501(C)(3)	264,812				GENERAL PURPOSE
(2) MEMORIAL HEALTH SYSTEMS INC301 MEMORIAL MEDICAL PKWY DAYTONA BEACH, FL 32117	59-0973502	501(C)(3)		1,100,000		PLEDGE FOR CANCER CARE	CANCER CARE

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) NURSING SCHOLARSHIPS	9	6,533			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS ARE GENERALLY MADE ONLY TO THE SUPPORTED HOSPITAL ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER 501(C)(3) OR TO OTHER 501(C)(3) ORGANIZATIONS THAT ARE A PART OF THE GROUP EXEMPTION RULING ISSUED TO THE GENERAL CONFERENCE OF SEVENTH-DAY ADVENTISTS ACCORDINGLY, THE FILING ORGANIZATION HAS NOT ESTABLISHED SPECIFIC PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES AS THE FILING ORGANIZATION DOES NOT HAVE A GRANT MAKING PROGRAM THAT WOULD NECESSITATE SUCH PROCEDURES

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEMS FOUNDATION INC

Employer identification number
31-1771522

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HEZI COHEN MD	(i)	0	0	0	0	0	0	0
	(ii)	241,007	75,850	327	13,343	3,941	334,468	0
(2) MARK LAROSE	(i)	0	0	0	0	0	0	0
	(ii)	362,624	87,500	34,178	66,821	16,070	567,193	0
(3) STEPHEN LEVINE MD	(i)	0	0	0	0	0	0	0
	(ii)	376,730	91,742	20,942	13,343	9,924	512,681	0
(4) DEBORA THOMAS	(i)	0	0	0	0	0	0	0
	(ii)	267,742	50,000	33,739	22,803	40,875	415,159	0
(5) CHRISTOPHER WINDHAM MD	(i)	0	0	0	0	0	0	0
	(ii)	284,796	97,623	196	13,343	18,622	414,580	0
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4B	THE CEO AND CFO (THROUGH JULY 2010) OF THE FILING ORGANIZATION'S SUPPORTED HOSPITAL SERVE ON THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION THESE INDIVIDUALS ARE COMPENSATED BY AND ON THE PAYROLL OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC), THE PARENT ORGANIZATION OF A HEALTHCARE SYSTEM KNOWN AS ADVENTIST HEALTH SYSTEM (AHS) IN RECOGNITION OF THE CONTRIBUTION THAT EACH EXECUTIVE MAKES TO THE SUCCESS OF AHS, AHS PROVIDES TO ELIGIBLE EXECUTIVES PARTICIPATION IN THE AHS EXECUTIVE FLEX BENEFIT PROGRAM (THE PLAN) THE PURPOSE OF THE PLAN IS TO OFFER ELIGIBLE EXECUTIVES AN OPPORTUNITY TO ELECT FROM AMONG A VARIETY OF SUPPLEMENTAL BENEFITS, INCLUDING DEFERRED COMPENSATION BENEFITS TAXABLE UNDER INTERNAL REVENUE CODE (IRC) SECTION 457(F), TO INDIVIDUALLY TAILOR A BENEFITS PROGRAM APPROPRIATE TO EACH EXECUTIVE'S NEEDS THE PLAN PROVIDES ELIGIBLE PARTICIPANTS A PRE-DETERMINED BENEFITS ALLOWANCE CREDIT THAT IS EQUAL TO A PERCENTAGE OF THE EXECUTIVE'S BASE PAY FROM WHICH IS DEDUCTED THE COST OF MANDATORY AND ELECTIVE EMPLOYEE BENEFITS THE PRE-DETERMINED BENEFITS ALLOWANCE CREDIT PERCENTAGE IS APPROVED BY THE AHS BOARD STRATEGY & COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS OF AHSSHC ANY FUNDS THAT REMAIN AFTER THE COST OF MANDATORY AND ELECTIVE BENEFITS ARE SUBTRACTED FROM THE PRE-DETERMINED BENEFITS ANNUAL AMOUNT ARE CONTRIBUTED, AT THE EMPLOYEE'S OPTION, TO EITHER AN IRC 457(F) DEFERRED COMPENSATION ACCOUNT OR TO AN IRC 457(B) ELIGIBLE DEFERRED COMPENSATION PLAN THE PLAN DOCUMENTS DEFINE AN EMPLOYEE WHO IS ELIGIBLE TO PARTICIPATE IN THE PLAN TO GENERALLY INCLUDE THE CHIEF EXECUTIVE OFFICERS OF AHS ENTITIES AND VICE PRESIDENTS OF ALL AHS ENTITIES WHOSE BASE SALARY IS AT LEAST $196,000 THE PLAN PROVIDES FOR A CLASS YEAR VESTING SCHEDULE (2 YEARS FOR EACH CLASS YEAR) WITH RESPECT TO AMOUNTS ACCUMULATED IN THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT DISTRIBUTIONS COULD ALSO BE MADE FROM THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT UPON ATTAINMENT OF AGE 65 OR UPON AN INVOLUNTARY SEPARATION THE ACCOUNT IS FORFEITED BY THE EXECUTIVE UPON A VOLUNTARY SEPARATION IN ADDITION TO THE PLAN, AHS HAS INSTITUTED A DEFINED BENEFIT, NON-TAX-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN EXECUTIVES WHO HAVE PROVIDED LENGTHY SERVICE TO AHS AND/OR TO OTHER SEVENTH-DAY ADVENTIST CHURCH HOSPITAL OR HEALTH CARE INSTITUTIONS PARTICIPATION IN THE PLAN IS OFFERED TO AHS EXECUTIVES ON A PRORATA SCHEDULE BEGINNING WITH 20 YEARS OF SERVICE AS AN EMPLOYEE OF AHS AND/OR ANOTHER HOSPITAL OR HEALTH CARE INSTITUTION CONTROLLED BY THE SEVENTH-DAY ADVENTIST CHURCH AND WHO SATISFY CERTAIN OTHER QUALIFYING CRITERIA THIS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WAS DESIGNED TO PROVIDE ELIGIBLE EXECUTIVES WITH THE ECONOMIC EQUIVALENT OF AN ANNUAL INCOME BEGINNING AT NORMAL RETIREMENT AGE EQUAL TO 60% OF THE AVERAGE OF THE PARTICIPANT'S THREE HIGHEST YEARS OF BASE SALARY FROM AHS ACTIVE EMPLOYMENT INCLUSIVE OF INCOME FROM ALL OTHER SEVENTH-DAY ADVENTIST CHURCH HEALTHCARE EMPLOYER-FINANCED RETIREMENT INCOME SOURCES AND INVESTMENT INCOME EARNED ON THOSE CONTRIBUTIONS THROUGH SOCIAL SECURITY NORMAL RETIREMENT AGE AS DEFINED IN THE PLAN 457(F) EMPLOYER SERP CONTRIBUTIONS CONTR /PYMT MARK LAROSE $53,478 $0 DEBORA THOMAS $18,979 $0
SUPPLEMENTAL INFORMATION	PART III	PART I, QUESTION 3 THE INDIVIDUAL WHO SERVED AS THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION DURING 2010 WAS COMPENSATED BY MEMORIAL HEALTH SYSTEMS, INC (MHS) FOR HIS ROLE IN SERVING AS EXECUTIVE DIRECTOR COMPENSATION AND BENEFITS PROVIDED TO THIS INDIVIDUAL WAS DETERMINED PURSUANT TO POLICIES, PROCEDURES, AND PROCESSES OF MHS THAT ARE DESIGNED TO ENSURE THAT ALL EMPLOYEES SERVING IN MANAGEMENT ROLES ARE PROVIDED WITH COMPENSATION REFLECTIVE OF FAIR MARKET VALUE GIVEN THEIR ROLES AND RESPONSIBILITIES MHS USED THE FOLLOWING TO ESTABLISH COMPENSATION OF THE EXECUTIVE DIRECTOR - COMPENSATION SURVEY OR STUDY

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEMS FOUNDATION INC

Employer identification number
31-1771522

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		JOHN GRAHAM AND JEFFERY PARKS, MD - BUSINESS RELATIONSHIP RICHARD BROWN AND LONNIE BROWN - BUSINESS RELATIONSHIP ANAND JOBALIA AND DAVID HOOD - BUSINESS RELATIONSHIP CARL LENTZ, IV AND JOHN ADAMS - BUSINESS RELATIONSHIP NANCY LOHMAN AND DAVID HOOD - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FILING ORGANIZATION'S CURRENT YEAR FORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION, PRIOR TO ITS FILING WITH THE IRS THE REVIEW CONDUCTED BY THE EXECUTIVE DIRECTOR DID NOT INCLUDE THE REVIEW OF ANY SUPPORTING WORKPAPERS THAT WERE USED IN PREPARATION OF THE CURRENT YEAR FORM 990, BUT DID INCLUDE A REVIEW OF THE ENTIRE FORM 990 AND ALL SUPPORTING SCHEDULES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FILING ORGANIZATION DOES NOT GENERALLY MAKES ITS GOVERNING DOCUMENTS, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -24,243 TEMPORARILY RESTRICTED GIFTS 213,024 TXFR OF NETS ASSETS NOT PREVIOUSLY RECORDED FOR TAX FROM RESTR FUND BAL -43,625 TOTAL TO FORM 990, PART XI, LINE 5 145,156

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEMS FOUNDATION INC

Employer identification number
31-1771522

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MEMORIAL HEALTH SYSTEMS INC	B	264,812	ACTUAL AMOUNT GIVEN
(2) MEMORIAL HEALTH SYSTEMS INC	B	1,100,000	ACTUAL AMOUNT PLEDGED
(3) ORMOND BEACH MEMORIAL HOSPITAL AUXILIARY INC	C	71,650	ACTUAL AMOUNT RECEIVED
(4) MEMORIAL HEALTH SYSTEMS INC	O	149,210	COST
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 31-1771522
Name: MEMORIAL HEALTH SYSTEMS FOUNDATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ADVENTIST BOLINGBROOK HOSPITAL 500 REMINGTON BLVD BOLINGBROOK, IL60440 65-1219504	OPERATION OF HOSPITAL & RELATED SERVICES	IL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
ADVENTIST CARE CENTERS - COURTLAND INC 730 COURTLAND STREET ORLANDO, FL32804 20-5774723	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	FL	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
ADVENTIST GLENOAKS HOSPITAL 701 WINTHROP AVENUE GLENDALE HEIGHTS, IL60139 36-3208390	OPERATION OF HOSPITAL & RELATED SERVICES	IL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
ADVENTIST HEALTH MID-AMERICA INC 9100 W 74TH STREET SHAWNEE MISSION, KS66204 52-1347407	HEALTHCARE RELATED SERVICES	KS	501(C)(3)	509(A)(3) TYPE I	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
ADVENTIST HEALTH PARTNERS INC 1000 REMINGTON BLVD STE 200 BOLINGBROOK, IL60440 36-4138353	OPERATE OUT-PATIENT PHYSICIAN CLINICS	IL	501(C)(3)	170(B)(1)(A)(III)	AHS MIDWEST MANAGEMENT INC		No
ADVENTIST HEALTH SYSTEM AFFILIATED BENEFIT TRUST 111 N ORLANDO AVENUE WINTER PARK, FL32789 26-6422966	PROMOTION OF HEALTHCARE	FL	501(C)(3)	509(A)(3) TYPE I	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION 111 N ORLANDO AVENUE WINTER PARK, FL32789 59-2170012	MANAGEMENT SERVICES	FL	501(C)(3)	509(A)(3) TYPE I	N/A		No
ADVENTIST HEALTH SYSTEMGEORGIA INC 1035 RED BUD ROAD CALHOUN, GA30701 58-1425000	OPERATION OF HOSPITAL & RELATED SERVICES	GA	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
ADVENTIST HEALTH SYSTEMSUNBELT INC 111 N ORLANDO AVENUE WINTER PARK, FL32789 59-1479658	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
ADVENTIST HEALTH SYSTEMTEXAS INC 602 COURTLAND STREET ORLANDO, FL32804 74-2578952	INACTIVE	TX	501(C)(3)	509(A)(2)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
ADVENTIST HINSDALE HOSPITAL 120 NORTH OAK STREET HINSDALE, IL60521 36-2276984	OPERATION OF HOSPITAL & RELATED SERVICES	IL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
AHS MIDWEST MANAGEMENT INC 1000 REMINGTON BLVD STE 200 BOLINGBROOK, IL60440 36-3354567	OPERATION OF OCCUPATIONAL HLTH CLINIC & PHYSICIAN PRACTICE MGMT	IL	501(C)(3)	509(A)(3) TYPE I	ADVENTIST HEALTH SYSTEMSUNBELT INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
AHSCENTRAL TEXAS INC 1301 WONDER WORLD DRIVE SAN MARCOS, TX78666 74-2621825	PROVIDE OFFICE SPACE - MEDICAL PROFESSIONALS	TX	501(C)(3)	509(A)(3) TYPE III-F	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
APOPKA HEALTH CARE PROPERTIES INC 305 E OAK STREET APOPKA, FL32703 51-0605694	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
BATTLE CREEK ADVENTIST HOSPITAL 1000 REMINGTON BLVD STE 200 BOLINGBROOK, IL60440 38-1359189	OPERATION OF HOSPITAL & RELATED SERVICES	MI	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
BERT FISH MEDICAL CENTER INC (10110-63011) 401 PALMETTO STREET NEW SMYRNA BEACH, FL32168 36-2276984	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
BOLINGBROOK HOSPITAL FOUNDATION 1000 REMINGTON BLVD N ENTRANCE 2ND BOLINGBROOK, IL60440 90-0494445	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	IL	501(C)(3)	170(B)(1)(A)(VI)	MIDWEST HEALTH FOUNDATION		No
BRADFORD HEIGHTS HEALTH & REHAB CENTER INC 950 HIGHPOINT DRIVE HOPKINSVILLE, KY42240 20-5782342	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	KY	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
BURLESON NURSING & REHAB CENTER INC 301 HUGULEY BLVD BURLESON, TX76028 20-5782243	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	TX	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
CALDWELL HEALTH CARE PROPERTIES INC 1333 WEST MAIN PRINCETON, KY42445 51-0605680	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
CENTRAL TEXAS MEDICAL CENTER FOUNDATION 1301 WONDER WORLD DRIVE SAN MARCOS, TX78666 74-2259907	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	TX	501(C)(3)	170(B)(1)(A)(VI)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
CHICKASAW HEALTH CARE PROPERTIES INC 250 S CHICKASAW TRAIL ORLANDO, FL32825 51-0605681	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
CHIPPEWA VALLEY HOSPITAL & OAKVIEW CARE CENTER INC 1220 THIRD AVENUE WEST DURAND, WI54736 39-1365168	OPERATION OF HOSPITAL & RELATED SERVICES	WI	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
COBB MEDICAL ASSOCIATES LLC 3949 SOUTH COBB DRIVE SE SMYRNA, GA300806342 58-2617089	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	GA	501(C)(3)	170(B)(1)(A)(III)	EMORY-ADVENTIST INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
COURTLAND HEALTH CARE PROPERTIES INC 730 COURTLAND STREET ORLANDO, FL32804 51-0605682	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
CREEKWOOD PLACE NURSING & REHAB CENTER INC 683 E THIRD STREET RUSSELLVILLE, KY42276 20-5782260	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	KY	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
DAIRY ROAD HEALTH CARE PROPERTIES INC 7350 DAIRY ROAD ZEPHYRHILLS, FL33540 51-0605684	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
EAST ORLANDO HEALTH & REHAB CENTER INC 250 S CHICKASAW TRAIL ORLANDO, FL32825 20-5774748	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	FL	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
EMORY-ADVENTIST INC 3949 SOUTH COBB DRIVE SMYRNA, GA30080 58-2171011	OPERATION OF HOSPITAL & RELATED SVCS	GA	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
FLETCHER HOSPITAL INC 100 HOSPITAL DRIVE HENDERSONVILLE, NC28792 56-0543246	OPERATION OF HOSPITAL & RELATED SVCS	NC	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
FLNC INC 3355 E SEMORAN BLVD APOPKA, FL32703 20-5774761	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	FL	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
FLORIDA HOSPITAL COLLEGE OF HEALTH SCIENCES INC (630 YEAR END) 671 LAKE WINYAH DRIVE ORLANDO, FL32803 59-3069793	EDUCATION/OPERATION OF SCHOOL	FL	501(C)(3)	170(B)(1)(A)(II)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
FLORIDA HOSPITAL DELAND AUXILIARY INC 701 WEST PLYMOUTH AVENUE DELAND, FL32720 59-3425543	VOLUNTEER SUPPORT SERVICES	FL	501(C)(3)	509(A)(3) TYPE III-F	MEMORIAL HOSPITAL WEST VOLUSIA INC		No
FLORIDA HOSPITAL WATERMAN INC 1000 WATERMAN WAY TAVARES, FL32778 59-3140669	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
FLORIDA HOSPITAL WESLEY CHAPEL INC 2528 BRUCE B DOWNS BLVD CR 581 S WESLEY CHAPEL, FL33543 20-3965753	INACTIVE	FL	501(C)(3)	509(A)(3) TYPE III-F	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
FLORIDA HOSPITAL ZEPHYRHILLS INC 7050 GALL BLVD ZEPHYRHILLS, FL33541 59-2108057	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
FLORIDA PHYSICIANS MEDICAL GROUP INC 900 WINDERLEY PLACE MAITLAND, FL32751 59-3214635	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
FOUNDATION FOR SHAWNEE MISSION MEDICAL CENTER INC 9100 W 74TH STREET SHAWNEE MISSION, KS66204 48-0868859	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	KS	501(C)(3)	509(A)(3) TYPE I	SHAWNEE MISSION MEDICAL CENTER INC		No
GLENOAKS HOSPITAL FOUNDATION 701 WINTHROP AVENUE GLENDALE HEIGHTS, IL60139 36-3926044	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	IL	501(C)(3)	170(B)(1)(A)(VI)	MIDWEST HEALTH FOUNDATION		No
HAYS MEMORIAL HOSPITAL ASSOCIATION OF SEVENTH-DAY ADVENTISTS 1301 WONDER WORLD DRIVE SAN MARCOS, TX78667 74-1362785	LEASE OF HOSPITAL PERSONNEL	TX	501(C)(3)	509(A)(3) TYPE II	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
HELEN ELLIS MEMORIAL HOSPITAL AUXILIARY INC (51-123110) 1395 S PINELLAS AVE TARPON SPRINGS, FL34689 59-2106043	FUND-RAISING FOR TAX-EXEMPT HOSPITAL/FOUNDATION	FL	501(C)(3)	509(A)(3) TYPE I	TARPON SPRINGS HOSPITAL FOUNDATION INC		No
HELEN ELLIS MEMORIAL HOSPITAL FOUNDATION INC (101-123110) 1395 S PINELLAS AVE TARPON SPRINGS, FL34689 59-3690149	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	FL	501(C)(3)	509(A)(3) TYPE I	TARPON SPRINGS HOSPITAL FOUNDATION INC		No
HINSDALE HOSPITAL FOUNDATION 7 SALT CREEK LANE SUITE 203 HINSDALE, IL60521 52-1466387	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	IL	501(C)(3)	170(B)(1)(A)(VI)	MIDWEST HEALTH FOUNDATION		No
IN-MOTION REHAB INC 602 COURTLAND STREET STE 200 ORLANDO, FL32804 20-8023411	THERAPY SERVICES TO TAX EXEMPT NURSING HOMES	KS	501(C)(3)	509(A)(3) TYPE II	SUNBELT HEALTH CARE CENTERS INC		No
JELLICO COMMUNITY HOSPITAL INC 188 HOSPITAL LANE JELLICO, TN37762 62-0924706	OPERATION OF HOSPITAL & RELATED SERVICES	TN	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
LA GRANGE MEMORIAL HOSPITAL FOUNDATION 5101 S WILLOW SPRINGS RD LA GRANGE, IL60525 30-0247776	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	IL	501(C)(3)	170(B)(1)(A)(VI)	MIDWEST HEALTH FOUNDATION		No
MEMORIAL HEALTH SYSTEMS FOUNDATION INC 770 WEST GRANADA BLVD ORMOND BEACH, FL32174 31-1771522	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	FL	501(C)(3)	170(B)(1)(A)(VI)	MEMORIAL HEALTH SYSTEMS INC		No
MEMORIAL HEALTH SYSTEMS INC 301 MEMORIAL MEDICAL PARKWAY DAYTONA BEACH, FL32117 59-0973502	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MEMORIAL HOSPITAL - FLAGLER INC 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL32164 59-2951990	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	MEMORIAL HEALTH SYSTEMS INC		No
MEMORIAL HOSPITAL - WEST VOLUSIA INC 701 WEST PLYMOUTH AVENUE DELAND, FL32720 59-3256803	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	MEMORIAL HEALTH SYSTEMS INC		No
MEMORIAL HOSPITAL INC 210 MARIE LANGDON DRIVE MANCHESTER, KY40962 61-0594620	OPERATION OF HOSPITAL & RELATED SERVICES	KY	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
MERRIAM HEALTH CARE PROPERTIES INC 9700 WEST 62ND STREET MERRIAM, KS66203 36-4595806	LEASE TO RELATED ORGANIZATION	KS	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
METROPLEX ADVENTIST HOSPITAL INC 2201 S CLEAR CREEK ROAD KILLEEN, TX76549 74-2225672	OPERATION OF HOSPITAL & RELATED SERVICES	TX	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
METROPLEX CLINIC PHYSICIANS INC 2201 S CLEAR CREEK ROAD KILLEEN, TX76549 11-3762050	PHYSICIAN HEALTHCARE SERVICES TO THE COMMUNITY	TX	501(C)(3)	170(B)(1)(A)(III)	METROPLEX ADVENTIST HOSPITAL INC		No
MIDWEST HEALTH FOUNDATION 120 NORTH OAK STREET HINSDALE, IL60521 35-2230515	SUPPORT OF SUBSIDIARY FOUNDATIONS	IL	501(C)(3)	509(A)(3) TYPE II	N/A		No
MILLS HEALTH & REHAB CENTER INC 500 BECK LANE MAYFIELD, KY42066 20-5782320	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	KY	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
MISSION STRATEGIES INC 602 COURTLAND STREET STE 200 ORLANDO, FL32804 20-5982365	PROVISION OF SUPPORT TO THE NURSING HOME DIVISION	KS	501(C)(3)	509(A)(3) TYPE II	SUNBELT HEALTH CARE CENTERS INC		No
MISSOURI ADVENTIST HEALTH INC 9100 W 74TH STREET SHAWNEE MISSION, KS66204 43-1224729	SUPPORT HEALTH CARE SERVICES	MO	501(C)(3)	509(A)(3) TYPE III-O	ADVENTIST HEALTH MID-AMERICA INC		No
NORTH REGIONAL EMS INC 188 HOSPITAL LANE JELLICO, TN37762 26-2653616	EMS SERVICES	TN	501(C)(3)	509(A)(2)	JELLICO COMMUNITY HOSPITAL INC		No
ORMOND BEACH MEMORIAL HOSPITAL AUXILIARY INC 301 MEMORIAL MEDICAL PARKWAY DAYTONA BEACH, FL32117 59-1721962	VOLUNTEER SUPPORT SERVICES	FL	501(C)(3)	509(A)(3) TYPE III-F	MEMORIAL HEALTH SYSTEMS INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
OVERLAND PARK NURSING & REHAB CENTER INC 6501 WEST 75TH STREET OVERLAND PARK, KS66204 20-5774821	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	KS	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
PARAGON HEALTH CARE PROPERTIES INC 950 HIGHPOINT DRIVE HOPKINSVILLE, KY42240 51-0605686	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
PORTERCARE ADVENTIST HEALTH SYSTEM (630 YEAR END) 2525 S DOWNING STREET DENVER, CO80210 84-0438224	OPERATION OF HOSPITAL & RELATED SERVICES	CO	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
PORTLAND NURSING & REHAB CENTER INC 215 HIGHLAND CIRCLE DRIVE PORTLAND, TN37148 20-5774842	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	TN	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
PRINCETON HEALTH & REHAB CENTER INC 1333 WEST MAIN PRINCETON, KY42445 20-5782272	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	KY	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
PRINCETON PROFESSIONAL SERVICES INC 601 E ROLLINS STREET ORLANDO, FL32803 59-1191045	PROVISION OF HEALTHCARE SERVICES	FL	501(C)(3)	509(A)(2)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
QUALITY CIRCLE FOR HEALTHCARE INC 111 N ORLANDO AVENUE WINTER PARK, FL32789 26-3789368	HEALTHCARE QUALITY SERVICES	FL	501(C)(3)	509(A)(3) TYPE III-F	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
RESOURCE PERSONNEL INC 602 COURTLAND STREET STE 200 ORLANDO, FL32804 20-8040875	PROVIDE ADMINISTRATIVE SUPPORT TO TAX EXEMPT NURSING HOMES	FL	501(C)(3)	509(A)(3) TYPE II	SUNBELT HEALTH CARE CENTERS INC		No
ROCKY MOUNTAIN ADVENTIST HEALTHCARE FOUNDATION (630 YEAR END) 2525 SOUTH DOWNING STREET DENVER, CO80210 84-0745018	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	CO	501(C)(3)	170(B)(1)(A)(VI)	PORTERCARE ADVENTIST HEALTH SYSTEM		No
ROLLINS BEDFORD CORPORATION 602 COURTLAND STREET STE 200 ORLANDO, FL32804 37-0908840	INACTIVE	FL	501(C)(3)	509(A)(3) TYPE II	SUNBELT HEALTH CARE CENTERS INC		No
RUSSELLVILLE HEALTH CARE PROPERTIES INC 683 EAST THIRD STREET RUSSELLVILLE, KY42276 51-0605691	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
SAN MARCOS HEALTH CARE PROPERTIES INC 1900 MEDICAL PARKWAY SAN MARCOS, TX78666 51-0605693	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
SAN MARCOS NURSING & REHAB CENTER INC 1900 MEDICAL PARKWAY SAN MARCOS, TX78666 20-5782224	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	TX	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
SHAWNEE MISSION HEALTH CARE INC 6501 WEST 75TH STREET OVERLAND PARK, KS66204 48-0952508	LEASE TO RELATED ORGANIZATION	KS	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
SHAWNEE MISSION MEDICAL CENTER INC 9100 W 74TH STREET SHAWNEE MISSION, KS66204 48-0637331	OPERATION OF HOSPITAL & RELATED SERVICES	KS	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH MID-AMERICA INC		No
SOUTH CENTRAL NURSING HOMES PROPERTIES INC 111 NORTH ORLANDO AVE WINTER PARK, FL32789 59-3686109	MANAGEMENT SUPPORT	GA	501(C)(3)	509(A)(3) TYPE III-O	SOUTH CENTRAL INC		No
SOUTH CENTRAL NURSING HOMES INC 602 COURTLAND STREET ORLANDO, FL32804 61-1242373	MANAGEMENT SUPPORT	KY	501(C)(3)	509(A)(3) TYPE III-O	SOUTH CENTRAL INC		No
SOUTH CENTRAL PROPERTIES III INC 111 NORTH ORLANDO AVE WINTER PARK, FL32789 59-3692860	REAL ESTATE	GA	501(C)(2)		SOUTH CENTRAL NURSING HOMES PROPERTIES INC		No
SOUTH CENTRAL PROPERTIES IV INC 111 NORTH ORLANDO AVE WINTER PARK, FL32789 59-3692862	REAL ESTATE	GA	501(C)(2)		SOUTH CENTRAL NURSING HOMES PROPERTIES INC		No
SOUTH CENTRAL PROPERTIES VI INC 111 NORTH ORLANDO AVE WINTER PARK, FL32789 59-3692857	REAL ESTATE	GA	501(C)(2)		SOUTH CENTRAL NURSING HOMES PROPERTIES INC		No
SOUTH CENTRAL PROPERTIES INC 111 NORTH ORLANDO AVE WINTER PARK, FL32789 59-3651692	REAL ESTATE	GA	501(C)(2)		SOUTH CENTRAL NURSING HOMES PROPERTIES INC		No
SOUTH CENTRAL INC 602 COURTLAND STREET ORLANDO, FL32804 59-3689740	MANAGEMENT SUPPORT	GA	501(C)(3)	509(A)(3) TYPE III-F	N/A		No
SOUTH PASCO HEALTH CARE PROPERTIES INC 38250 A AVENUE ZEPHYRHILLS, FL33542 51-0605679	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
SOUTHWEST VOLUSIA HEALTH SERVICES INC 1055 SAXON BLVD ORANGE CITY, FL327638468 59-3281591	MEDICAL OFFICE BUILDING FOR HOSPITAL	FL	501(C)(3)	509(A)(3) TYPE I	SOUTHWEST VOLUSIA HEALTHCARE CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
SOUTHWEST VOLUSIA HEALTHCARE CORPORATION 1055 SAXON BLVD ORANGE CITY, FL327638468 59-3149293	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
SPECIALTY PHYSICIANS OF CENTRAL TEXAS INC 1301 WONDER WORLD DRIVE SAN MARCOS, TX78666 20-8814408	PHYSICIAN HEALTHCARE SERVICES TO THE COMMUNITY	TX	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEMSUNBELT INC		No
SPRING VIEW HEALTH & REHAB CENTER INC 718 GOODWIN LANE LEITCHFIELD, KY42754 20-5782288	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	KY	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
SUNBELT HEALTH & REHAB CENTER - APOPKA INC 305 EAST OAK STREET APOPKA, FL32703 20-5774856	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	FL	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
SUNBELT HEALTH CARE CENTERS INC 602 COURTLAND STREET STE 200 ORLANDO, FL32804 58-1473135	MANAGEMENT SERVICES	TN	501(C)(3)	509(A)(3) TYPE II	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
SUNSYSTEM DEVELOPMENT CORPORATION 111 N ORLANDO AVENUE WINTER PARK, FL32789 59-2219301	FUND RAISING FOR AFFILIATED TAX-EXEMPT HOSPITALS	FL	501(C)(3)	170(B)(1)(A)(VI)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
TARPON SPRINGS HOSP FOUNDATION INC (101-123110) 1395 S PINELLAS AVE TARPON SPRINGS, FL34689 59-0898901	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	UNIVERSITY COMMUNITY HOSPITAL INC		No
TARRANT COUNTY HEALTH CARE PROPERTIES INC 301 HUGULEY BLVD BURLESON, TX76028 51-0605677	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
TAYLOR CREEK HEALTH CARE PROPERTIES INC 718 GOODWIN LANE LEITCHFIELD, KY42754 51-0605678	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
THE VOLUNTEER AUXILIARY OF FLORIDA HOSPITAL - FLAGLER INC 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL32164 59-2486582	VOLUNTEER SUPPORT SERVICES	FL	501(C)(3)	509(A)(3) TYPE III-F	MEMORIAL HOSPITAL FLAGLER INC		No
TRINITY NURSING & REHAB CENTER INC 9700 WEST 62ND STREET MERRIAM, KS66203 20-5774890	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	KS	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
UNIVERSITY COMMUNITY HOSPITAL AUXILIARY INC (101-123110) 3100 E FLETCHER AVE TAMPA, FL33613 23-7011345	VOLUNTEER SUPPORT SERVICES	FL	501(C)(3)	509(A)(3) TYPE III-F	UNIVERSITY COMMUNITY HOSPITAL INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC (101-123110) 3100 E FLETCHER AVE TAMPA, FL33613 59-2554889	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	FL	501(C)(3)	509(A)(3) TYPE I	UNIVERSITY COMMUNITY HOSPITAL INC		No
UNIVERSITY COMMUNITY HOSPITAL SPECIALTY CARE INC(101-123110) 3100 E FLETCHER AVE TAMPA, FL33613 59-3231322	INACTIVE	FL	501(C)(3)	509(A)(3)	UNIVERSITY COMMUNITY HOSPITAL INC		No
UNIVERSITY COMMUNITY HOSPITAL INC(101-123110) 3100 E FLETCHER AVE TAMPA, FL33613 59-1113901	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C)(3)	170(B)(1)(A)(III)	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION		No
WEST KENTUCKY HEALTH CARE PROPERTIES INC 500 BECK LANE MAYFIELD, KY42066 51-0605676	LEASE TO RELATED ORGANIZATION	GA	501(C)(3)	509(A)(3) TYPE III-F	SUNBELT HEALTH CARE CENTERS INC		No
ZEPHYR HAVEN HEALTH & REHAB CENTER INC 38250 A AVENUE ZEPHYRHILLS, FL33542 20-5774930	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	FL	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No
ZEPHYRHILLS HEALTH & REHAB CENTER INC 7350 DAIRY ROAD ZEPHYRHILLS, FL33540 20-5774967	OPERATION OF HOME FOR THE AGED/HEALTHCARE DELIVERY	FL	501(C)(3)	509(A)(2)	SUNBELT HEALTH CARE CENTERS INC		No

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 on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
APPALACHIAN THERAPY SERVICES LLC 100 HOSPITAL DRIVE HENDERSONVILLE, NC28792 20-2463851	THERAPY STAFFING	NC	N/A									
CLEAR CREEK MOB LTD 2201 S CLEAR CREEK RD KILLEEN, TX76549 74-2609195	REAL ESTATE	TX	N/A									
FLORIDA HOSPITAL DMERT LLC 2450 MAITLAND CENTER PKWY STE 200 MAITLAND, FL32751 20-2392253	MEDICAL EQUIPMENT	FL	N/A									
FLORIDA HOSPITAL HOME INFUSION 2450 MAITLAND CENTER PKWY STE 200 MAITLAND, FL32751 59-3142824	HOME INFUSION SERVICES	FL	N/A									
KCCCSMMC CANCER CENTER LLC 9100 W 74TH STREET SHAWNEE MISSION, KS66204 27-0909763	EQUIPMENT RENTAL	KS	N/A									
SAN MARCOS MRI LP 1330 WONDER WORLD DRIVE STE 202 SAN MARCOS, TX78666 77-0597972	IMAGING & TESTING	TX	N/A									
SHAWNEE MISSION OPEN MRI LLC 9100 W 74TH STREET BOX 2923 SHAWNEE MISSION, KS66201 27-0011796	IMAGING & TESTING	KS	N/A									
SHAWNEE MISSION PRAIRIE STAR SURGERY CENTER LLC 23401 PRAIRIE STAR PARKWAY LENEXA, KS66227 36-4634843	SURGICAL CENTER	KS	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 on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SHAWNEE MISSION SURGERY CENTER LLC PO BOX 2923 SHAWNEE MISSION, KS66201 48-1243914	SURGICAL SERVICES	KS	N/A									
SKYLAND MRI LLC 100 HOSPITAL DRIVE HENDERSONVILLE, NC28792 04-3646559	IMAGING & TESTING	NC	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
ADVENTIST HEALTH SYS SUNBELT HEALTHCARE CORP EMPLOYEE BENEFIT TRUST 111 N ORLANDO AVENUE WINTER PARK, FL32789 58-1318939	ADMINISTRATION OF SELF-INSURED BENEFIT PLANS	FL	N/A	T			
AHS SERVICES INC 11801 SOUTH FREEWAY FORT WORTH, TX76028 75-2049583	MEDICAL EQUIPMENT	TX	N/A	C			
ALTAMONTE MEDICAL PLAZA CONDOMINIUM ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL32803 59-2855792	CONDO ASSOCIATION	FL	N/A	C			
APOPKA MEDICAL PLAZA CONDOMINIUM ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL32803 59-3000857	CONDO ASSOCIATION	FL	N/A	C			
ARAPAHOE MEDICAL BUILDING I INC (630 YEAR END) 2525 S DOWNING STREET DENVER, CO80210 84-1574506	REAL ESTATE LEASING	CO	N/A	C			
ARAPAHOE MEDICAL BUILDING II INC (630 YEAR END) 2525 S DOWNING STREET DENVER, CO80210 84-1574507	REAL ESTATE LEASING	CO	N/A	C			
CC MOB INC 2201 S CLEAR CREEK ROAD KILLEEN, TX76549 74-2616875	REAL ESTATE RENTAL	TX	N/A	C			
CENTRAL TEXAS MEDICAL ASSOCIATES 1301 WONDER WORLD DRIVE SAN MARCOS, TX78666 74-2729873	PHYSICIAN CLINICS	TX	N/A	C			
CENTRAL TEXAS PROVIDER'S NETWORK 1301 WONDER WORLD DRIVE SAN MARCOS, TX78666 74-2827652	PHYSICIAN HOSPITAL ORG	TX	N/A	C			
FLORIDA HOSPITAL FLAGLER MEDICAL OFFICE ASSOCIATION INC 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL32164 26-2158309	CONDO ASSOCIATION	FL	N/A	C			
FLORIDA HOSPITAL HEALTHCARE SYSTEM INC 602 COURTLAND STREET ORLANDO, FL32804 59-3215680	PHO/TPA	FL	N/A	C			
FLORIDA MEDICAL PLAZA CONDO ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL32803 59-2855791	CONDO ASSOCIATION	FL	N/A	C			
FLORIDA MEMORIAL HEALTH NETWORK INC 770 W GRANADA BLVD STE 317 ORMOND BEACH, FL32174 59-3403558	PHYSICIAN HOSPITAL ORG	FL	N/A	C			
HARVARD PARK EAST INC (630 YEAR END) 2525 S DOWNING STREET DENVER, CO80210 84-1574365	REAL ESTATE LEASING	CO	N/A	C			
HELEN ELLIS MEMORIAL HOSPITAL REAL ESTATE CORP (101-123110) 1395 S PINELLAS AVE TARPON SPRINGS, FL34689 59-3375731	REAL ESTATE RENTAL	FL	N/A	C			
HUGULEY ALLIANCE FOUNDATION 11801 SOUTH FREEWAY FORT WORTH, TX76115 75-2642209	INACTIVE	TX	N/A	C			
HUGULEY MEDICAL ASSOCIATES INC 11801 SOUTH FREEWAY BURLESON, TX76028 75-2547668	PHYSICIAN CLINICS	TX	N/A	C			
KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION INC 201 HILDA STREET SUITE 30 KISSIMMEE, FL34741 59-3539564	CONDO ASSOCIATION	FL	N/A	C			
MIDWEST MANAGEMENT SERVICES INC 9100 WEST 74TH STREET SHAWNEE MISSION, KS66204 48-0901551	REAL ESTATE RENTAL	KS	N/A	C			
METROPLEX ADVENTIST HOSPITAL CRNA 2201 S CLEAR CREEK ROAD KILLEEN, TX76549 26-0760794	SUPPORT HOSPITAL THROUGH THE PROVISION OF ALLIED HEALTH PROFESSIONALS	TX	N/A	C			
NORTH AMERICAN HEALTH SERVICES INC & SUBS 111 N ORLANDO AVENUE WINTER PARK, FL32789 62-1041820	LESSOR/HOLDING CO	TN	N/A	C			
ORMOND PROFESSIONAL CONDO ASSOCIATION (430 YEAR END) 770 W GRANADA BLVD STE 101 ORMOND BEACH, FL32174 59-2694434	CONDO ASSOCIATION	FL	N/A	C			
PARK RIDGE PROPERTY OWNER'S ASSOCIATION INC 1 PARK PLACE NAPLES ROAD FLETCHER, NC28732 03-0380531	CONDO ASSOCIATION	NC	N/A	C			
PORTER AFFILIATED HLTH SERVICES INC DBA DIVERSIFIED AFFILIATED HLTH SVCS 2525 S DOWNING STREET DENVER, CO80210 84-0956175	HEALTHCARE SERVICES	CO	N/A	C			
PORTER MEDICAL PLAZA INC (630 YEAR END) 2525 S DOWNING STREET DENVER, CO80210 84-1574369	REAL ESTATE LEASING	CO	N/A	C			
REFLECTIONS COMMERCIAL CONDOMINIUM ASSOCIATION INC 875 STERTHAUS AVE ORMOND BEACH, FL32174 59-3519055	CONDO ASSOCIATION	FL	N/A	C			
SAN MARCOS REGIONAL MRI INC 1301 WONDER WORLD DRIVE SAN MARCOS, TX78666 77-0597968	HOLDING COMPANY	TX	N/A	C			
SOUTHEAST VOLUSIA MEDICAL SERVICES INC (10110-93011) 401 PALMETTO STREET NEW SMYRNA BEACH, FL32168 59-3287185	INACTIVE	FL	N/A	C			
THE GARDEN RETIREMENT COMMUNITY INC 602 COURTLAND STREET STE 200 ORLANDO, FL32804 59-3414055	REAL ESTATE RENTAL	FL	N/A	C			
UNIVERSITY COMMUNITY HEALTH INSURANCE COMPANY SPC LTD C/O AON INSURANCE MANAGERS PO BOX GRAND CAYMAN CJ	CAPTIVE INSURANCE	CJ	N/A	C			
UCH SERVICES INC (101-123110) 3100 EAST FLETCHER AVE TAMPA, FL33613 59-3508454	MANAGEMENT COMPANY	FL	N/A	C			
WEST COAST MEDICAL GROUP INC (101-123110) 1395 S PINELLAS AVE TARPON SPRINGS, FL34689 59-3537305	PHYSICIAN CLINICS	FL	N/A	C			

Additional Data

Software ID:
Software Version:
EIN: 31-1771522
Name: MEMORIAL HEALTH SYSTEMS FOUNDATION INC

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	(C) Position (check all that apply)						(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			
RICK BANKER CHAIRMAN	1 00	X						0	0	0
JOHN ADAMS DIRECTOR	1 00	X						0	0	0
JOHN ANTHONY DIRECTOR	1 00	X						0	0	0
BOB BARKER DIRECTOR (BEG 12/10)	1 00	X						0	0	0
LONNIE BROWN DIRECTOR	1 00	X						0	0	0
RICHARD BROWN DIRECTOR	1 00	X						0	0	0
HEZI COHEN MD DIRECTOR	1 00	X						0	317,184	17,284
TIM CURTIS DIRECTOR (BEG 09/10)	1 00	X						0	0	0
JOHN GRAHAM DIRECTOR	1 00	X						0	0	0
CHARLES DAVID HOOD DIRECTOR	1 00	X						0	0	0
JOHN HOSEY DIRECTOR (BEG 09/10)	1 00	X						0	0	0
ANAND JOBALIA DIRECTOR	1 00	X						0	0	0
DAVID JONES DIRECTOR (BEG 09/10)	1 00	X						0	0	0
MARK LAROSE DIRECTOR	1 00	X						0	484,302	82,891
JOE LECOMPTE DIRECTOR (BEG 09/10)	1 00	X						0	0	0
CARL LENTZ IV DIRECTOR (BEG 09/10)	1 00	X						0	0	0
STEPHEN LEVINE MD DIRECTOR (BEG 09/10)	1 00	X						0	489,414	23,267
NANCY LOHMAN DIRECTOR	1 00	X						0	0	0
JOHN OLIVARI DIRECTOR	1 00	X						0	0	0
ERICK PALACIOS DIRECTOR (BEG 11/10)	1 00	X						0	0	0
JEFF PARKS MD DIRECTOR (BEG 11/10)	1 00	X						0	0	0
KELLY PARSONS KWIATEK DIRECTOR	1 00	X						0	0	0
EDDIE SCHATZ DIRECTOR	1 00	X						0	0	0
GREG SMITH DIRECTOR (BEG 11/10)	1 00	X						0	0	0
TIM STOCKMAN DIRECTOR (BEG 09/10)	1 00	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	(C) Position (check all that apply)						(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			
DEBORA THOMAS DIRECTOR (END 07/10)	1 00	X						0	351,481	63,678
ROSE ANN TORNATORE DIRECTOR (BEG 09/10)	1 00	X						0	0	0
MARK WEBER DIRECTOR (BEG 11/10)	1 00	X						0	0	0
LINDA WHITE DIRECTOR (END 12/10)	1 00	X						0	0	0
CHRISTOPHER WINDHAM MD DIRECTOR	1 00	X						0	382,615	31,965
DANIELLE ZILI DIRECTOR (BEG 09/10)	1 00	X						0	74,327	5,075
JAMES WEITE EXECUTIVE DIR	40 00			X				0	97,196	20,664