



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2011 calendar year, or tax year beginning		JULY 01	2011, and ending	JUNE 30	, 20 12
B Check if applicable:		C Name of organization MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC.		D Employer identification number 62-1839548	
<input type="checkbox"/> Address change		Doing Business As		E Telephone number (423)495-2525	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address) 2525 DE SALES AVENUE		F City or town, state or country, and ZIP + 4 CHATTANOOGA, TN 37404	
<input type="checkbox"/> Initial return				G Gross receipts \$ 6,688,875	
<input type="checkbox"/> Terminated				H(a) Is this a group return or affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Amended return				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<input type="checkbox"/> Application pending		F Name and address of principal officer: JENNIFER NICELY 2525 DE SALES AVENUE, CHATTANOOGA, TN 37404		H(c) Group exemption number ► 0928	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ► WWW.MEMORIAL.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation: 2001 M State of legal domicile: TN	

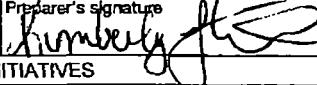
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC'S SOLE PURPOSE IS TO RAISE FUNDS AND AWARENESS FOR MEMORIAL HEALTH CARE SYSTEM. FUNDS RAISED ALLOW MEMORIAL TO EXTEND ITS MISSION FURTHER INTO THE COMMUNITY.	
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) 3 24	
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0	
Net Assets or Fund Balances	6 Total number of volunteers (estimate if necessary) 6 750	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 37	
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0	
	8 Contributions and grants (Part VIII, line 1h) 3,871,048 6,268,930	
	9 Program service revenue (Part VIII, line 2g) 0 0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 71,545 48,927	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 135,777 112,225	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,078,370 6,430,082	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,091,242 1,901,359	
	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) RECEIV 5921341 0 0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 603,449 723,557	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,694,691 2,624,916	
	19 Revenue less expenses. Subtract line 18 from line 12 383,679 3,805,166	
	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) 4,134,947 8,971,428	
	21 Total liabilities (Part X, line 26) 5,104,859 6,175,548	
	22 Net assets or fund balances. Subtract line 21 from line 20 -969,912 2,795,880	

Part II Signature Block

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

Sign Here	Signature of officer CHERYL SADRO, SR VP / CFO	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KIMBERLY STEENHOEK	Preparer's signature 	Date 3/21/13	Check <input type="checkbox"/> if self-employed	PTIN P01201968
	Firm's name ► CATHOLIC HEALTH INITIATIVES		Firm's EIN ► 47-0617373		
	Firm's address ► 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112		Phone no. (303)298-9100		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2011)

614

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

MEMORIAL HEALTH CARE SYSTEM FOUNDATION'S SOLE PURPOSE IS TO RAISE FUNDS AND AWARENESS FOR MEMORIAL
HEALTH CARE SYSTEM FUNDS RAISED ALLOW MEMORIAL TO EXTEND ITS MISSION FURTHER INTO THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,902,724 including grants of \$ 1,901,359) (Revenue \$ 0)
SEE SCHEDULE O

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 1,902,724

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

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

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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

12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14 a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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 United States? If "Yes," complete Schedule F, Parts II and IV

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 United States? If "Yes," complete Schedule F, Parts III and IV

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)

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

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

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	✓	
2	✓	
3		✓
4		✓
5		✓
6	✓	
7		✓
8	✓	
9		✓
10	✓	
11a		✓
11b	✓	
11c		✓
11d		✓
11e	✓	
11f	✓	
12a		✓
12b	✓	
13		✓
14a	✓	
14b		✓
15		✓
16		✓
17		✓
18	✓	
19		✓
20a		✓
20b		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	
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 ✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 ✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a ✓	
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 ✓	
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 ✓	
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 ✓	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 ✓	
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 ✓	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b ✓	
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 ✓	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 ✓	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 ✓	
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 ✓	
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 ✓	
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 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a ✓	
b 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		
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 ✓	
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 ✓	
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 ✓	

Form 990 (2011)

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
1b 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	
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? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
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	✓
b If "Yes," enter the name of the foreign country: <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
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	✓
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).	7a	
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?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9 Sponsoring organizations maintaining donor advised funds.	9b	
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10 Section 501(c)(7) organizations. Enter:	11a	
a Initiation fees and capital contributions included on Part VIII, line 12	11b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11 Section 501(c)(12) organizations. Enter:	12b	
a Gross income from members or shareholders	13a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	14b	
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
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	
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 line 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

1a Enter the number of voting members of the governing body at the end of the tax year. **1a** 24
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent. **1b** 20

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**

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**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5**

6 Did the organization have members or stockholders? **6**

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a**

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? **8a**

b Each committee with authority to act on behalf of the governing body? **8b**

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**

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

10a Did the organization have local chapters, branches, or affiliates? **10a**

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a**

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **11b**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13. **12a**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. **12c**

13 Did the organization have a written whistleblower policy? **13**

14 Did the organization have a written document retention and destruction policy? **14**

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**

b Other officers or key employees of the organization **15b**

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **15c**

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**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

Section C. Disclosure

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

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

Own website Another's website Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CHERYL SADRO, 2525 DE SALES AVENUE, CHATTANOOGA, TN 37377, (423)495-7878

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. 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Key employee	Director	Trustee	Other	Highest compensated person			
(1) ALEXIS BOGO VICE CHAIR	3	✓		✓				0	0	0
(2) HOLLY HARWELL SECRETARY	3	✓		✓				0	0	0
(3) JAMES HOBSON MHCS PRESIDENT CEO	1	✓		✓				0	558,774	78,004
(4) JENNIFER NICELY EX-OFFICIO/CHIEF DEVELOPMNT OFF	1	✓		✓				0	138,386	32,205
(5) SCOTT MATTICE CHAIR	3	✓		✓				0	0	0
(6) TONYA CAMMON TREASURER	3	✓		✓				0	0	0
(7) BETTYELYNNE SMITH BOARD MEMBER	1	✓						0	0	0
(8) BILL OELLERICH BOARD MEMBER	1	✓						0	0	0
(9) BILL STACY BOARD MEMBER	1	✓						0	0	0
(10) BOOFIE CRIMMINS BOARD MEMBER	1	✓						0	0	0
(11) CHRISTOPHER RAMSEY, SR. BOARD MEMBER	1	✓						0	0	0
(12) JEFF TARUMIANZ BOARD MEMBER	1	✓						0	0	0
(13) JIM KENNEDY BOARD MEMBER	1	✓						0	0	0
(14) JIM VICK BOARD MEMBER	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director or trustee	Individual trustee	Officer	Key employee	Highest compensated employee	Former officer, director, or trustee			
(15) KENNEDY FRIERSON BOARD MEMBER	1	✓						0	0	0
(16) MARK ANDERSON, MD BOARD MEMBER	1	✓						0	110,968	20,372
(17) MIKE WEBB BOARD MEMBER	1	✓						0	0	0
(18) MORGAN EVERETT BOARD MEMBER	1	✓						0	0	0
(19) PETER HUNT, M D BOARD MEMBER	1	✓						0	0	0
(20) SANFORD SHARP, M.D. BOARD MEMBER	1	✓						0	10,005	0
(21) SOPHIA BRIDGER BOARD MEMBER	1	✓						0	0	0
(22) TAHNIKA RODRIGUEZ BOARD MEMBER	1	✓						0	0	0
(23) TIM BALLARD BOARD MEMBER	1	✓						0	0	0
(24) WARD PETTY BOARD MEMBER	1	✓						0	0	0
(25) CHERYL A SADRO MHCS CFO	1			✓				0	72,623	1,712
1b Sub-total							►	0	890,756	132,293
c Total from continuation sheets to Part VII, Section A							►	0	631,760	72,271
d Total (add lines 1b and 1c)							►	0	1,522,516	204,564
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0										

	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 ✓	
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 ✓	
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 ✓	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0	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 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f ►	1a 1b 6,480 1c 405,474 1d 20,000 1e 64,500 1f 5,772,476 378,459 6,268,930			
Program Service Revenue	2a b c d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 0 0 0 0 0 0 0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ► 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ► 8a Gross income from fundraising events (not including \$ 405,474 of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ► 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ► 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory ► Miscellaneous Revenue 11a GIFT SHOP b c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions. ►	36,265 0 0 47,112 47,112 12,662 12,662 213,455 258,793 -45,338 0 0 0 110,451 0 0 110,451 6,430,082		37 0 0 47,112 12,662 -45,338 110,451 0 0 37 110,451 0	36,228 0 0 47,112 12,662 -45,338 110,451 0 0 37 161,115

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).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(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 United States. See Part IV, line 21	1,875,962	1,875,962		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	25,397	25,397		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	398,364	33,897	364,467	
12	Advertising and promotion	68,709			68,709
13	Office expenses	92,298		46,149	46,149
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	6,097		6,097	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,501		7,501	
20	Interest	0			
21	Payments to affiliates	11,940		11,940	
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DUES & SUBSCRIPTIONS	5,233		5,233	
b	MISCELLANEOUS	133,415	1,365	19,034	113,016
c		0			
d		0			
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	2,624,916	1,902,724	129,851	592,341
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	186,990	1	280,284
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,155,099	3	3,436,424
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	0	10c 0
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	2,736,768	12	5,019,721
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	56,090	15	234,999
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,134,947	16	8,971,428
Liabilities	17 Accounts payable and accrued expenses	2,828	17	3,020
	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	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	5,102,031		6,172,528
	26 Total liabilities. Add lines 17 through 25	5,104,859	26	6,175,548
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-4,270,628	27	-4,804,753
	28 Temporarily restricted net assets	2,350,551	28	6,560,090
	29 Permanently restricted net assets	950,165	29	1,040,543
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-969,912	33	2,795,880
	34 Total liabilities and net assets/fund balances	4,134,947	34	8,971,428

Part XI Reconciliation of Net AssetsCheck 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	6,430,082
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,624,916
3	Revenue less expenses. Subtract line 2 from line 1	3	3,805,166
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-969,912
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-39,374
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	2,795,880

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

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?
2b Were the organization's financial statements audited by an independent accountant?
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 separate 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?
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

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC

Employer identification number

62-1839548

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

(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 supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,504,250	1,092,109	1,921,852	3,871,048	2,318,184	10,707,443
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	1,504,250	1,092,109	1,921,852	3,871,048	2,318,184	10,707,443
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)						1,108,064
6 Public support. Subtract line 5 from line 4.						9,599,379

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,504,250	1,092,109	1,921,852	3,871,048	2,318,184	10,707,443
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	47,398	79,177	72,363	66,489	83,340	348,767
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	0	449,048	316,964	301,870	323,906	1,391,788
11 Total support. Add lines 7 through 10						12,447,998
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	77.12 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	90.7 %
16a 33$\frac{1}{3}$% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33$\frac{1}{3}$% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. 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 ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. 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 ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC

Employer identification number

62-1839548

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

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		1
2 Aggregate contributions to (during year)		20,730
3 Aggregate grants from (during year)		3,298
4 Aggregate value at end of year		67,826

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ 178,909

(ii) Assets included in Form 990, Part X ► \$ 234,999

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

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

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other _____
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
1c	
1d	
1e	
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	937,988	829,466	696,586	648,893	
b Contributions	146,240	133,874	136,426	132,155	
c Net investment earnings, gains, and losses	-21,173	55,404	46,634	-84,462	
d Grants or scholarships					
e Other expenditures for facilities and programs	64,689	80,756	50,180		
f Administrative expenses					
g End of year balance	998,366	937,988	829,466	696,586	

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

a Board designated or quasi-endowment ► 100 %
 b Permanent endowment ► %
 c Temporarily restricted endowment ► %

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

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

(i) unrelated organizations
 (ii) related organizations

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

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

	Yes	No
3a(i)	✓	
3a(ii)	✓	
3b		

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0
b Buildings	0
c Leasehold improvements	0
d Equipment	0
e Other	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	0

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) CHI OIP - EQUITY SECURITIES	686,396	END OF YEAR MARKET VALUE
(B) CHI OIP - FIXED INCOME	941,180	END OF YEAR MARKET VALUE
(C) OTHER INVESTMENTS	3,392,145	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	5,019,721	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY PAYABLES	6,172,528
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	6,172,528

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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

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	
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

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

Part 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, line 2; 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.

SEE NEXT PAGE

SCHEDULE G
(Form 990 or 990-EZ)

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

2011

**Open to Public
Inspection**

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC.

Employer identification number

62-1839548

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

2b 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.

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?	(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
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total				0	0

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 PINK (event type)	(b) Event #2 GOLF (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	442,689	176,240		618,929
2 Less: Charitable contributions	283,510	121,964		405,474
3 Gross income (line 1 minus line 2)	159,179	54,276	0	213,455
4 Cash prizes				0
5 Noncash prizes				0
6 Rent/facility costs	100,170	56,782		156,952
7 Food and beverages				0
8 Entertainment	20,650			20,650
9 Other direct expenses	77,039	4,152		81,191
10 Direct expense summary. Add lines 4 through 9 in column (d) ►				(258,793)
11 Net income summary. Combine line 3, column (d), and line 10 ►				-45,338

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))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ►				()
8 Net gaming income summary. Combine line 1, column (d), and line 7 ►				

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:

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

**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.

MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC.

Employer identification number:

62-1839548

2011

Open to Public
Inspection

OMB No. 1545-0047.

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?
- 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) IRS 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
							GENERAL SUPPORT
(1) MEMORIAL HEALTH CARE SYSTEM 2525 DE SALES AVE, CHATTANOOGA, TN 37404	62-0532345	501(C)(3)	1,875,962	0	N/A		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Cat. No. 5055SP

Schedule I (Form 990) (2011)

1
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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	28	24,032	0	N/A	N/A
2 ASSISTANCE TO TORNADO VICTIM	1	1,000	0	N/A	N/A
3 ASSISTANCE PROVIDED TO ASSIST WITH COST OF HEALTHCARE	1	365	0	N/A	N/A
4					
5					
6					
7					

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

SEE NEXT PAGE

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
► Attach to Form 990. ► See separate Instructions.

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC

Employer Identification number

62-1839548

Part I Questions Regarding Compensation

1a Check the appropriate 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.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

	Yes	No

1b

2

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4a

4b

4c

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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations 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?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

5a

5b

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?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

6a

6b

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CAROL NEWTON	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1 DEBRA MOORE	\$269,817	\$35,176	\$42,974	\$27,578	\$6,829	\$382,374	\$0
2 JAMES HOBSON	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3 JENNIFER NICELY	\$454,524	\$80,918	\$23,332	\$60,316	\$17,688	\$636,778	\$0
4	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5	\$119,734	\$18,580	\$72	\$13,061	\$19,144	\$170,591	\$0
6	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12	\$0	\$0	\$0	\$0	\$0	\$0	\$0
13	\$0	\$0	\$0	\$0	\$0	\$0	\$0
14	\$0	\$0	\$0	\$0	\$0	\$0	\$0
15	\$0	\$0	\$0	\$0	\$0	\$0	\$0
16	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Schedule J (Form 990) 2011

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2011

Open To Public
Inspection

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC

Employer identification number

62-1839548

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	✓	255	178,909	OPINIONS OF EXPERTS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	1	199,550	SELLING COST
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....)				
26 Other ► (.....)				
27 Other ► (.....)				
28 Other ► (.....)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		✓

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	✓
----	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		✓
-----	--	---

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Name of the Organization
MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC.

Employer Identification Number
62-1839548

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS	<p>MEMORIAL HEALTH CARE SYSTEM FOUNDATION COMMUNITY BENEFIT NARRATIVE FOR THE YEAR ENDED 6/30/12</p> <p>I MISSION MEMORIAL HEALTH CARE SYSTEM FOUNDATION WAS FOUNDED IN JANUARY 2001 TO RAISE AWARENESS AND FUNDS EXCLUSIVELY FOR MEMORIAL HEALTH CARE SYSTEM, A TAX EXEMPT HEALTH CARE SYSTEM. THE MISSION OF CATHOLIC HEALTH INITIATIVES AND MEMORIAL HEALTH CARE SYSTEM IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE 21ST CENTURY. CATHOLIC HEALTH INITIATIVES AND MEMORIAL ARE COMMITTED TO FIDELITY TO THE GOSPEL, WITH EMPHASIS ON HUMAN DIGNITY AND SOCIAL JUSTICE IN THE CREATION OF HEALTHIER COMMUNITIES. THE FUNDS RAISED BY THE FOUNDATION ALLOW MEMORIAL TO EXTEND ITS MISSION OF MEDICAL EXCELLENCE FURTHER INTO THE COMMUNITY. THE FOUNDATION HAS A GOVERNING BOARD COMPRISED OF COMMUNITY REPRESENTATIVES THAT REPRESENT THE DIVERSE POPULATIONS WITHIN THE CHATTANOOGA AREA</p> <p>II COMMUNITY BENEFIT IN FY 2012, THE FOUNDATION RAISED FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING, MAJOR GIFTS, PLANNED GIVING, CORPORATE/FOUNDATION GRANTS AND CAPITAL CAMPAIGNS TO FUND CAPITAL EQUIPMENT, PROVIDE MEDICAL SERVICES TO UNDER SERVED POPULATIONS, SUPPORT COMMUNITY OUTREACH PROGRAMS, SCHOLARSHIPS TO STUDENTS PURSUING HEALTH CARE CAREERS, AND AN ENDOWMENT FUND. IN FY 2012, THE FOUNDATION RAISED 6.5 MILLION FOR THESE PURPOSES AND DISBURSED OVER 1.8 MILLION TO SUPPORT MEMORIAL HEALTH CARE SYSTEM NONPROFIT HEALTH CARE SERVICES. SINCE ITS INCEPTION, THE FOUNDATION HAS RAISED 23.8 MILLION AND DISBURSED 15.8 MILLION TO SUPPORT MEMORIAL HEALTH CARE SYSTEM'S MISSION</p> <p>COMMUNITY SERVICES HAVE ALWAYS BEEN A SIGNIFICANT PART OF MEMORIAL HEALTH CARE SYSTEM. EACH YEAR, SERVICES AND PROGRAMS OFFERED TO THE COMMUNITY ARE EVALUATED AND EXPANDED TO PROMOTE BOTH INCREASED ACCESS TO HEALTHCARE AND HEALTHIER COMMUNITIES TO ENHANCE THE HEALTH STATUS OF CHATTANOOGANS. MEMORIAL FOCUSES ON THE WHOLE PERSON INCLUDING THE PERSON'S SPIRITUAL, EMOTIONAL, AND PHYSICAL WELL-BEING. HIGHLIGHTED BELOW ARE SOME OF THE PROGRAMS OR CAPITAL EXPENDITURES THAT HAVE BEEN MADE POSSIBLE THROUGH FUNDING FROM THE FOUNDATION.</p> <p>WESTSIDE CLINIC AN ANONYMOUS DONOR WANTED TO MAKE A DIFFERENCE IN THE LIVES OF OUR PATIENTS WHO SEEK THEIR HEALTHCARE SERVICES FROM WESTSIDE CLINIC. SHE GAVE \$150,000 IN FY 2011 TO THE FOUNDATION AND ALLOWED THE CLINIC STAFF TO DETERMINE HOW THE FUNDS COULD BEST BE USED TO HELP THEIR PATIENTS. ONCE THESE FUNDS WERE EXHAUSTED, SHE GAVE ANOTHER \$40,000 IN FY 2012 TO HELP FUND A NURSE PRACTITIONER THAT FOCUSES ON PATIENTS DIAGNOSED WITH DIABETES</p> <p>WESTSIDE CLINIC IS LOCATED IN THE "HOMELESS-CHATTANOOGA HPSA ID # 1479994782" AND SERVES THE COLLEGE HILL COURTS, A 500 UNIT INTERCITY HOUSING DEVELOPMENT AND BOYNTON TOWERS, A 250 UNIT LOW INCOME HOUSING FOR SENIORS. THE CURRENT PERCENTAGE OF RESIDENTS 65+ IS 21.9% COMPARED TO THE NATIONAL AVERAGE OF 12.7%. MEDIAN HOUSEHOLD INCOME IS \$11,259 COMPARED TO THE NATIONAL AVERAGE OF \$50,152 AND TENNESSEE INCOME OF \$42,144. WESTSIDE CLINIC CONTINUES TO SEE SIGNIFICANT GROWTH IN THE NUMBER OF PATIENTS IT SEES. IT HAS GROWN FROM 1,367 PATIENTS VISITS IN 2008 TO 4060 PATIENTS IN 2011. THE CLINIC ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY</p> <p>MARY ELLEN LOCHER BREAST CENTER THE FOUNDATION ASSISTS THE HOSPITAL IN OBTAINING GRANTS TO FUND BREAST SERVICES AND EDUCATION TO UNDER SERVED WOMEN. IN 2012 THE CHATTANOOGA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. AWARDED SEVERAL GRANTS TO MEMORIAL HOSPITAL. ONE GRANT PROVIDES UNDER SERVED WOMEN WITH ACCESS TO MAMMOGRAMS. MEMORIAL HOSPITAL HOSTED BREAST HEALTH PROGRAMS AND PARTICIPATED IN HEALTH FAIRS, TO DISTRIBUTE EDUCATIONAL MATERIAL, PROVIDE PRESENTATIONS AND INDIVIDUAL EDUCATION TO DIVERSE GROUPS OF WOMEN, INCLUDING HOMELESS WOMEN IN SHELTERS AND PUBLIC HOUSING FACILITIES. ALL WOMEN WHO PARTICIPATED IN THE ACCESS TO MAMMOGRAMS PROGRAM RECEIVED A CLINICAL BREAST EXAM, MAMMOGRAM AND MANY ATTENDED EDUCATIONAL SESSIONS. IN FY 2012 OF THE 4,334 WOMEN PARTICIPATING IN THE OUTREACH BREAST CANCER SCREENING PROGRAMS, 135 RECEIVED ABNORMAL MAMMOGRAM RESULTS AND 31 OF THESE WOMEN WERE DIAGNOSED WITH BREAST CANCER.</p> <p>AVON FOUNDATION BREAST CARE FUND HAS AWARDED A GRANT TO MEMORIAL HOSPITAL TO FUND OUTREACH EFFORTS TO WOMEN AGE 40 AND OVER WHO ARE NOT INVOLVED IN A BREAST HEALTH CARE PLAN. A PART OF THIS PROGRAM INCLUDES 'SHOPPING FOR BREAST</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

2011

► 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.

Employer identification number
62-1839548

OMB No. 1545-0047.

Open to Public
Inspection

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
(1) MEMORIAL HOSPITAL AUXILIARY (62-1839548) 2525 DE SALES AVENUE, CHATTANOOGA, TN 37404	SUPPORT MHCSF	TN	164,098	220,579	MHCSFOUND
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) ALEGENT HEALTH - BERGAN MERCY HEALTH SYS (47-0484764) 7500 MERCY ROAD, OMAHA, NE 68124	HEALTHCARE	NE	501(C)(3)		CHI	✓
(2) ALEGENT HEALTH - MERCY HOSPITAL, CORNING, IOWA (42-0782518) P.O. BOX 368, CORNING, IA 50841	HEALTHCARE	IA	501(C)(3)		AHBMHS	✓
(3) ALVERNA APARTMENTS (41-1351177) 300 SE 8TH AVENUE, LITTLE FALLS, MN 56345	TERM CARE	MN	501(C)(3)		CHI	✓
(4) APPLETREE COURT (41-1850500) 601 OAK STREET, BRECKENRIDGE, MN 56520	SENIOR HOMES	MN	501(C)(3)		SFH	✓
(5) BISHOP DRUMM RETIREMENT CENTER (42-0725196) 1111 6TH AVENUE, DES MOINES, IA 50314	TERM CARE	IA	501(C)(3)		CHI-A CORP	✓
(6) BORNEMANN HEALTHCARE CORPORATION (23-2187242) 2500 BERNVILLE RD, PO BOX 316, READING, PA 19603	HEALTHCARE	PA	501(C)(3)	11 - TYPE I	CHI	✓
(7) CARRINGTON HEALTH CENTER (45-0227311) 800 NORTH 4TH STREET, CARRINGTON, ND 58421	HEALTHCARE	ND	501(C)(3)		CHI	✓

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

Cat. No. 50135Y

Schedule R (Form 990) 2011

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1) ALTERNATIVE INSURANCE MANAGEMENT SERVICE (84-1112049) 3900 OLYMPIC BOULEVARD, SUITE 400, ERLANGER, KY 41018	MANAGEMENT SERVICES CO	CHI	C CORPORATION	0	3,267,441	100	
(2) AMERICAN NURSING CARE (31-1085414) 1700 EDISON DRIVE, MILFORD, OH 45150	HOME HEALTH	OH	C CORPORATION	4,648,726	44,654,199	100	
(3) AMERIMED, INC. (31-1158699) 1700 EDISON DRIVE, MILFORD, OH 45150	HOME HEALTH	OH	ANC	662,062	11,666,874	100	
(4) BC HOLDING COMPANY, INC. (31-1542851) 1850 BLUEGRASS AVE, LOUISVILLE, KY 40215	FITNESS CLUB	KY	JH		0	0	
(5) CADUCEUS MEDICAL ASSOCIATES, INC (62-1570736) 5600 BRAINERD ROAD, SUITE 500, CHATTANOOGA, TN 37411	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	100
(6) CAPTIVE MANAGEMENT INITIATIVES (98-0663022) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	100
(7) CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH (27-2289511) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	RESEARCH	CO	CIRI	TRUST	-2,864,605	2,809,707	100

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule.

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

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Sale of assets to related organization(s)
- g Purchase of assets from related organization(s)
- h Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s)
- l Performance of services or membership or fundraising solicitations by related organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n Sharing of paid employees with related organization(s)
- o Reimbursement paid to related organization(s) for expenses
- p Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- r Other transfer of cash or property from related organization(s)

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

Schedule R (Form 990) 2011

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-USI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership	
										Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

Schedule R (Form 990) 2011

Part II Identification of Related Tax-Exempt Organizations (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(8) CATHOLIC HEALTH INITIATIVES (47-0617373) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	9	N/A	✓	
(9) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION (84-0902211) 6385 CORPORATE DRIVE, COLORADO SPRINGS, CO 80919	FUNDRAISING	CO	501(C)(3)	7	CHIC	✓	
(10) CATHOLIC HEALTH INITIATIVES INSTITUTE FOR RESEARCH AND INNOVATION (27-1050365) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11 - TYPE I	CHI	✓	
(11) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION (27-0930004) 6385 CORPORATE DRIVE, COLORADO SPRINGS, CO 80919	FUNDRAISING	CO	501(C)(3)	9	CHI	✓	
(12) CATHOLIC HEALTH INITIATIVES-COLORADO (84-0405257) 188 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	3	CHI	✓	
(13) CENTENNIAL MEDICAL GROUP, INC. (26-3946191) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	PHYSICIANS	OR	501(C)(3)	9	MMC	✓	
(14) CENTRAL KANSAS MEDICAL CENTER (48-0543724) 3515 BROADWAY, GREAT BEND, KS 67530	SURGERY CNTR	KS	501(C)(3)	3	CHI	✓	
(15) CHI HEALTH CONNECT AT HOME - FARGO (27-1966847) 4816 AMBER VALLEY PARKWAY, FARGO, ND 58104	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(16) CHI KENTUCKY, INC. (20-2741651) 3900 OLYMPIC BLVD., SUITE 400, ERLANGER, KY 41018	HEALTHCARE	KY	501(C)(3)	11 - TYPE I	CHI	✓	
(17) CHI NATIONAL HOME CARE (45-1261716) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11 - TYPE I	CHI NHC	✓	
(18) CHI NATIONAL SERVICES (45-2532084) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	9	CHI	✓	
(19) CHI NEBRASKA (36-3233121) 6940 O STREET, SUITE 200, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	11 - TYPE I	CHI	✓	
(20) CONTINUING CARE HOSPITAL (61-1400619) 150 NORTH EAGLE CREEK DRIVE,LEXINGTON, KY 40509	LTACH	KY	501(C)(3)	3	SJHS	✓	
(21) COVENANT HOME CARE (23-2018429) 1223 POTTSVILLE PIKE, SHOEMAKERSVILLE, PA 19555	HOME HEALTH	PA	501(C)(3)	11 - TYPE II	N/A	✓	
(22) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION (91-0715805) 1450 BATTERSBY AVENUE, ENUMCLAW, WA 98022	HEALTHCARE	WA	501(C)(3)	3	FHS	✓	
(23) FLAGET HEALTHCARE, DB/A FLAGET MEMORIAL HOSPITAL (61-1345363) 4305 NEW SHEPHERDSVILLE ROAD, BARDSTOWN, KY 40004	HEALTHCARE	KY	501(C)(3)	3	KOH	✓	
(24) FLAGET MEMORIAL HOSPITAL FOUNDATION, INC. (56-2251341) 4305 NEW SHEPHERDSVILLE ROAD, BARDSTOWN, KY 40004	FUNDRAISING	KY	501(C)(3)	11 - TYPE I	FH	✓	
(25) FRANCISCAN FOUNDATION (91-1145582) 1717 SOUTH J STREET, TACOMA, WA 98405	FUNDRAISING	WA	501(C)(3)	9	FHS	✓	
(26) FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN HEALTH SYSTEM WEST (91-0564491) 1717 SOUTH J STREET, TACOMA, WA 98405	HEALTHCARE	WA	501(C)(3)	3	CHI	✓	
(27) FRANCISCAN MEDICAL GROUP (91-1939739) 1708 SOUTH YAKIMA AVENUE, TACOMA, WA 98405	HEALTHCARE	WA	501(C)(3)	9	FHS	✓	
(28) FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC (39-1098829) 3601 SOUTH CHICAGO AVENUE, SOUTH MILWAUKEE, WI 53172	HEALTHCARE	WI	501(C)(3)	9	CHI	✓	
(29) GETTYSBURG MEDICAL CENTER (46-0234354)	HEALTHCARE	SD	501(C)(3)	3	SMHC	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
606 EAST GARFIELD AVENUE, GETTYSBURG, SD 57442						
(30) GLOBAL HEALTH INITIATIVES (20-1536108) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112						
(31) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE (31-1778403) 375 DIXMYTH AVE, CINCINNATI, OH 45220	MINISTRIES	CO	501(C)(3)	11 - TYPE I	CHI	✓
(32) GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC (31-1206047) 619 OAK STREET, ACCOUNTING-3 W, CINCINNATI, OH 45206	EDUCATION	OH	501(C)(3)	2	GSH	✓
(33) GOOD SAMARITAN HOSPITAL (47-0379755) P.O. BOX 1990, KEARNEY, NE 68848	FUNDRAISING	OH	501(C)(3)	11 - TYPE I	GSH	✓
(34) GOOD SAMARITAN HOSPITAL FOUNDATION (47-0659443) 111 W 31ST STREET, KEARNEY, NE 68847	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓
(35) HEALTH S E T. (84-1102943) 4200 WEST CONEJO'S PLACE, #436, DENVER, CO 80204	LOW INC.CARE	CO	501(C)(3)	7	CHIC	✓
(36) HEALTHCARE AND WELLNESS FOUNDATION (76-0761782) 2400 ST. FRANCIS DRIVE, BRECKENRIDGE, MN 56520	FUNDRAISING	MN	501(C)(3)	11 - TYPE I	SFMC	✓
(37) HOSPITAL ASSOCIATION FOR ST. JOSEPH HOSPITAL (52-6050777) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	9	SJMC	✓
(38) HOUSE OF MERCY (42-1323808) 1111 6TH AVENUE, DES MOINES, IA 50314	SHELTER	IA	501(C)(3)	7	CHI-JA CORP	✓
(39) JEWISH HOSPITAL AND ST. MARY'S HEALTHCARE (61-1029768) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	3	KOH	✓
(40) JEWISH PHYSICIAN GROUP, INC (61-1352729) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40215	HEALTHCARE	KY	501(C)(3)	9	JHSMH	✓
(41) KENTUCKYONE HEALTH, INC FKA JH PROPERTIES, INC (61-1029769) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	9	CHI	✓
(42) LAKWOOD HEALTH CENTER (41-0758434) 600 MAIN AVENUE SOUTH, BAUDETTE, MN 56623	HEALTHCARE	MN	501(C)(3)	3	CHI	✓
(43) LINUS OAKES, INC (93-0821381) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	SENIOR LIVING	OR	501(C)(3)	9	MMC	✓
(44) LISBON AREA HEALTH SERVICES (82-0558836) 905 MAIN STREET, LISBON, ND 58054	HEALTHCARE	ND	501(C)(3)	3	CHI	✓
(45) MEMORIAL HEALTH CARE SYSTEM FOUNDATION (62-1839548) 2525 DE SALES AVENUE, CHATTANOOGA, TN 37404	FUNDRAISING	TN	501(C)(3)	7	MHCS	✓
(46) MEMORIAL HEALTH CARE SYSTEM, INC. (62-0532345) 2525 DE SALES AVENUE, CHATTANOOGA, TN 37404	HEALTHCARE	TN	501(C)(3)	3	CHI	✓
(47) MEMORIAL HEALTH PARTNERS FOUNDATION, INC (03-0417049) 6028 SHALLOWFORD ROAD, CHATTANOOGA, TN 37421	HEALTHCARE	TN	501(C)(3)	9	MHCS	✓
(48) MERCY AUXILIARY OF CENTRAL IOWA (42-6076069) 1111 6TH AVENUE, DES MOINES, IA 50314	AUXILIARY	IA	501(C)(3)	11 - TYPE I	CHI-JA CORP	✓
(49) MERCY CLINICS, INC. (42-1193699) 1111 6TH AVENUE, DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-JA CORP	✓
(50) MERCY COLLEGE OF HEALTH SCIENCES (42-1511682) 1111 6TH AVENUE, DES MOINES, IA 50314	EDUCATION	IA	501(C)(3)	2	CHI-JA CORP	✓
(51) MERCY FOUNDATION OF DES MOINES, IA (23-73568794) 1111 6TH AVENUE, DES MOINES, IA 50314	FUNDRAISING	IA	501(C)(3)	7	CHI-JA CORP	✓
(52) MERCY FOUNDATION, INC. (93-6088946) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	FUNDRAISING	OR	501(C)(3)	7	MMC	✓
(53) MERCY HEALTH CARE FOUNDATION (42-1461064) P.O. BOX 368, CORNING, IA 50841	FUNDRAISING	NE	501(C)(3)	11 - TYPE I	AHMH	✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(54) MERCY HEALTHCARE FOUNDATION (45-0226553) 570 CHAUTAUQUA BOULEVARD, VALLEY CITY, ND 58072	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	MHVC	✓
(55) MERCY HOSPITAL FOUNDATION, COUNCIL BLUFFS (42-1178204) 800 MERCY DRIVE, COUNCIL BLUFFS, IA 51503	FUNDRAISING	IA	501(C)(3)	11 - TYPE I	AHBMHS	✓
(56) MERCY HOSPITAL OF DEVILS LAKE (45-0227012) 1031 SEVENTH STREET NE, DEVILS LAKE, ND 58301	HEALTHCARE	ND	501(C)(3)	3	CHI	✓
(57) MERCY HOSPITAL OF VALLEY CITY (45-0226553) 570 CHAUTAUQUA BOULEVARD, VALLEY CITY, ND 58072	HEALTHCARE	ND	501(C)(3)	3	CHI	✓
(58) MERCY MEDICAL CENTER (93-0386368) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	HEALTHCARE	OR	501(C)(3)	3	CHI	✓
(59) MERCY MEDICAL CENTER (45-0231183) 1301 15TH AVENUE WEST, WILLISTON, ND 58801	HEALTHCARE	ND	501(C)(3)	3	CHI	✓
(60) CATHOLIC HEALTH INITIATIVES-OWA CORP. DBA MERCY MEDICAL CENTER-DES MOINES (42-0580448) 1111 6TH AVENUE, DES MOINES, IA 50314	HEALTHCARE	IA	501(C)(3)	3	CHI	✓
(61) MERCY MEDICAL FOUNDATION (45-0381803) 1301 15TH AVENUE WEST, WILLISTON, ND 58801	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	MMC	✓
(62) MERCY PROFESSIONAL PRACTICE ASSOCIATES, INC. (42-1470935) 1111 6TH AVENUE, DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-A CORP	✓
(63) MILECARES (43-1305163) 2727 MCCLELLAND BLVD., JOPLIN, MO 64804	PROPERTY MGMT	MO	501(C)(3)	11 - TYPE I	SJRCMC	✓
(64) MNMCH, INC. (48-1216238) 220 NORTH PENNSYLVANIA, COLUMBUS, KS 66725	HEALTHCARE	KS	501(C)(3)	3	SJRCMC	✓
(65) MT. ST. JOSEPH, INC. (93-0386870) 3060 SE STARK STREET, PORTLAND, OR 97214	NURSING CARE	OR	501(C)(3)	9	CHI	✓
(66) NEBRASKA HEART HOSPITAL (39-2031968) 7500 SOUTH 91ST STREET, LINCOLN, NE 68526	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓
(67) OAKES COMMUNITY HOSPITAL (45-0231675) 314 SOUTH 8TH STREET, OAKES, ND 58474	FUNDRAISING	ND	501(C)(3)	3	CHI	✓
(68) OAKES COMMUNITY HOSPITAL FOUNDATION (71-0366606) 1200 N. 7TH STREET, OAKES, ND 58474	COMMUNITY	CO	501(C)(3)	7	CHIC	✓
(69) PUEBLO STEPUP (84-1234295) 1925 EAST ORMAN AVE, SUITE G32, PUEBLO, CO 81004	TERM CARE	CO	501(C)(3)	7	CHIC	✓
(70) S.E.T. OF COLORADO SPRINGS, INC. (84-1183335) 825 E. PIKES PEAK AVENUE, BLDG 29, COLORADO SPRINGS, CO 80903	FUNDRAISING	NJ	501(C)(3)	7	SCHS	✓
(71) SAINT CLARE'S COMMUNITY CARE (22-2876896) 25 POCONO ROAD, DENVILLE, NJ 07834	MANAGEMENT	NJ	501(C)(3)	7	CHI	✓
(72) SAINT CLARE'S FOUNDATION, INC. (22-2502997) 25 POCONO ROAD, DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	3	SCHS	✓
(73) SAINT CLARE'S HEALTH SERVICES, INC. (22-3639733) 25 POCONO ROAD, DENVILLE, NJ 07834	FUNDRAISING	NE	501(C)(3)	7	SERMC	✓
(74) SAINT CLARE'S HOSPITAL (22-3319861) 555 SOUTH 70TH STREET, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	SERMC	✓
(75) SAINT ELIZABETH REGIONAL MEDICAL CENTER (47-0379836) 555 SOUTH 70TH STREET, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓
(76) SAINT FRANCIS MEDICAL CENTER (47-0376601)	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
2620 WEST FAIDLEY, GRAND ISLAND, NE 68803						
(79) SAINT FRANCIS MEDICAL CENTER FOUNDATION (47-0630267) P.O. BOX 9804, GRAND ISLAND, NE 68802	FUNDRAISING	NE	501(C)(3)	7	SFMC	✓
(80) SAINT JOSEPH BEREAL HOSPITAL FOUNDATION, INC. (26-0152877) 305 ESTILL STREET, BEREAL, KY 40403	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓
(81) SAINT JOSEPH HEALTH SYSTEM, INC. (61-1334601) 424 LEWIS HARGETT CIRCLE, #160, LEXINGTON, KY 40509	HEALTHCARE	KY	501(C)(3)	3	CHI	✓
(82) SAINT JOSEPH LONDON FOUNDATION, INC. (26-0438748) 310 EAST NINTH STREET, LONDON, KY 40741	FUNDRAISING	KY	501(C)(3)	11 - TYPE I	SJHS	✓
(83) SAINT JOSEPH MEDICAL FOUNDATION, INC. (31-1538059) ONE ST. JOSEPH DRIVE, LEXINGTON, KY 40504	PHY PRACTICES	KY	501(C)(3)	3	SJHS	✓
(84) SAINT JOSEPH MOUNT STERLING FOUNDATION, INC. (27-2884584) 50 STERLING AVENUE, MOUNT STERLING, KY 40353	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓
(85) SAINT JOSEPH'S HOSPITAL FOUNDATION (36-3418207) 30 WEST 7TH STREET, DICKINSON, ND 58601	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	SJHHC	✓
(86) SAMARITAN BEHAVIORAL HEALTH (02-0633634) 601 S. EDWIN C MOSES BLVD., DAYTON, OH 45408	HEALTHCARE	OH	501(C)(3)	3	SHP	✓
(87) SAMARITAN HEALTH FOUNDATION (23-7296923) 2222 PHILADELPHIA DRIVE, DAYTON, OH 45406	FUNDRAISING	OH	501(C)(3)	7	SHP	✓
(88) SAMARITAN HEALTH PARTNERS (31-1107411) 2222 PHILADELPHIA DRIVE, DAYTON, OH 45406	HEALTHCARE	OH	501(C)(3)	11 - TYPE I	CHI	✓
(89) SJM GROUP (43-1882377) 2727 MCCLELLAND BLVD., JOPLIN, MO 64804	PHYS PRACTICE	MO	501(C)(3)	9	SJRCMC	✓
(90) SJRMC, JOPLIN MISSOURI (44-054809) 2727 MCCLELLAND BLVD., JOPLIN, MO 64804	HEALTHCARE	MO	501(C)(3)	3	CHI	✓
(91) ST. JOSEPH HEALTH MINISTRIES (23-2342997) 1929 LINCOLN HWY E, STE 150, LANCASTER, PA 17602	HEALTH	PA	501(C)(3)	11 - TYPE I	CHI	✓
(92) ST. ANTHONY HOSPITAL (93-0391614) 1601 S.E COURT AVENUE, PENDLETON, OR 97801	HEALTHCARE	OR	501(C)(3)	3	CHI	✓
(93) ST. ANTHONY HOSPITAL FOUNDATION (93-0992727) 1601 S.E COURT AVENUE, PENDLETON, OR 97801	FUNDRAISING	OR	501(C)(3)	11 - TYPE I	SA HOSPITAL	✓
(94) ST. ANTHONY'S HOSPITAL ASSOCIATION (71-0245507) FOUR HOSPITAL DRIVE, MORRILTON, AR 72110	HEALTHCARE	AR	501(C)(3)	3	SVIMC	✓
(95) ST. CATHERINE HOSPITAL (48-0543721) 401 EAST SPRUCE STREET, GARDEN CITY, KS 67846	HEALTHCARE	KS	501(C)(3)	3	CHI	✓
(96) ST. CATHERINE HOSPITAL DEVELOPMENT FOUNDATION (20-0598702) 351 S.W. 9TH STREET, OREGON, OR 971914	FUNDRAISING	KS	501(C)(3)	11 - TYPE I	SCH	✓
(98) ST. FRANCIS HOME (41-0729978) 2400 ST. FRANCIS DRIVE, BRECKENRIDGE, MN 56520	LTERM CARE	MN	501(C)(3)	9	CHI	✓
(99) ST. FRANCIS LIFE CARE CORPORATION (22-2536017) 19 POCONO ROAD, DENVILLE, NJ 07834	ELDERLY CARE	NJ	501(C)(3)	9	SCHS	✓
(100) ST. FRANCIS MEDICAL CENTER (41-0695598) 2400 ST. FRANCIS DRIVE, BRECKENRIDGE, MN 56520	HEALTHCARE	MN	501(C)(3)	3	CHI	✓
(101) ST. FRANCIS OF BAKER CITY (93-0412495) 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	HEALTHCARE	OR	501(C)(3)	3	CHI	✓
(102) ST. JOHN'S MERCY REGIONAL FOUNDATION (43-1308084) 2727 MCCLELLAND BLVD., JOPLIN, MO 64804	FUNDRAISING	MO	501(C)(3)	7	SJRCMC	✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(103) ST. JOSEPH COMMUNITY HEALTH (71-0897107) 300 CENTRAL AVE SW SUITE 3000, ALBUQUERQUE, NM 87102	COMMUNITY	NM	501(C)(3)	11 - TYPE I	CHI	✓
(104) ST. JOSEPH HOSPITAL FOUNDATION, INC. (61-1159849) 305 ESTILL STREET, LEXINGTON, KY 40504	FUNDRAISING	KY	501(C)(3)	11 - TYPE I	SJHS	✓
(105) ST. JOSEPH MEDICAL CENTER FOUNDATION (23-2649362) 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	FUNDRAISING	PA	501(C)(3)	11 - TYPE I	SJRHIN	✓
(106) ST. JOSEPH MEDICAL CENTER FOUNDATION, INC. (52-1681044) 7601 OSLER DRIVE, TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	7	SJMC	✓
(107) ST. JOSEPH MEDICAL CENTER, INC. (52-0591461) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	3	CHI	✓
(108) ST. JOSEPH MEDICAL GROUP (20-8544021) 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	HEALTHCARE	PA	501(C)(3)	9	BHC	✓
(109) ST. JOSEPH PHYSICIAN ENTERPRISES (52-1311775) 7601 OSLER DRIVE, TOWSON, MD 21204	PHYSICIANS	MD	501(C)(3)	11 - TYPE I	SJMC	✓
(110) ST. JOSEPH REGIONAL HEALTH NETWORK (23-1352211) 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	HEALTHCARE	PA	501(C)(3)	3	CHI	✓
(111) ST. JOSEPH'S AREA HEALTH SERVICES (41-0695603) 600 PLEASANT AVENUE, PARK RAPIDS, MN 56470	HEALTHCARE	MN	501(C)(3)	3	CHI	✓
(112) ST. JOSEPH'S HOSPITAL AND HEALTH CENTER (45-0226429) 30 WEST 7TH STREET, DICKINSON, ND 58861	HEALTHCARE	ND	501(C)(3)	3	CHI	✓
(113) MERCY MEDICAL CENTER - CENTERVILLE (42-0680308) ONE ST. JOSEPH'S DRIVE, CENTERVILLE, IA 52544	HEALTHCARE	IA	501(C)(3)	3	CHI-IA CORP	✓
(114) ST. MARY'S COMMUNITY HOSPITAL (47-0443636) 1314 3RD AVENUE, NEBRASKA CITY, NE 68410	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓
(115) ST. MARY'S HEALTHCARE CENTER (46-0230199) 801 EAST SIOUX AVENUE, PIERRE, SD 57501	HEALTHCARE	SD	501(C)(3)	3	CHI	✓
(116) ST. MARY'S HOSPITAL FOUNDATION (47-0707604) 1314 3RD AVENUE, NEBRASKA CITY, NE 68410	FUNDRAISING	NE	501(C)(3)	7	SMH	✓
(117) ST. VINCENT FOUNDATION (51-0169537) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	FUNDRAISING	AR	501(C)(3)	11 - TYPE I	SVIMC	✓
(118) ST. VINCENT INFIRMARY MEDICAL CENTER (71-0236917) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	3	CHI	✓
(119) ST. VINCENT MEDICAL GROUP (71-0830696) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	9	SVIMC	✓
(120) THE COMMUNITY LIMITED CARE DALYSIS CENTER (23-719853) 619 OAK STREET, ACCOUNTING-3 W, CINCINNATI, OH 45206	DIALYSIS	OH	501(C)(2)		GSH	✓
(121) THE GOOD SAMARITAN ACCOUNTING-3 W, CINCINNATI, OH 45206 619 OAK STREET, ACCOUNTING-3 W, CINCINNATI, OH 45206	HEALTHCARE	OH	501(C)(3)	3	CHI	✓
(122) THE MERCY HOSPITAL OF DEVILS LAKE FDN (35-2367360) 1031 SEVENTH STREET NE, DEVILS LAKE, ND 58301	FUNDRAISING	ND	501(C)(3)	7	MHDL	✓
(123) THE PHYSICIAN NETWORK (47-0780857) 2000 Q STREET, SUITE 500, LINCOLN, NE 68503	PHYS PRACTICE	NE	501(C)(3)	11 - TYPE I	CHI NEBRASKA	✓
(124) TOTAL HEALTHCARE (84-0927232) 188 INVERNESS DRIVE WEST, SUITE 500, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	3	CHIC	✓
(125) UNITY FAMILY HEALTHCARE (41-021642) 815 2ND STREET SE, LITTLE FALLS, MN 56345	HEALTHCARE	MN	501(C)(3)	3	CHI	✓
(126) VILLA NAZARETH, INC. (45-0226714) 801 PAGE DRIVE, FARGO, ND 58103	LT CARE	ND	501(C)(3)	9	CHI	✓
(127) VISITING NURSE ASSOCIATION OF SAINT CLARE'S (22-1768334) 191 WOODPORT ROAD, SPARTA, NJ 07871	HOME HEALTH	NJ	501(C)(3)	9	SCHS	✓

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income, related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation adjustments?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(k) Percentage ownership
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
(1) AUDUBON LAND COMPANY LLC (84-1513085)	REAL ESTATE	CO	CHIC	RELATED	34,991	-694,032	✓	✓	50.1	
(2) AVANTAS, LLC (39-2045033)	HEALTHCARE	NE	AHBMHS	RELATED	-2,862,040	-2,537,888	✓	✓	95	
(3) BERYWOOD OFFICE PROPERTIES, LLC (62-1875199)	PHYS OFFICE	TN	MHCS	RELATED	57,545	1,013,237	✓	✓	63	
(4) BLUEGRASS REGIONAL IMAGING CENTER (61-1386736)	DIAGNOSTIC	KY	SJS	RELATED		✓	✓	✓	65	
(5) CENTRAL NEBRASKA HOME CARE SERVICES (47-0692112)	HEALTHCARE SRVC	NE	N/A	RELATED	-92,336	745,068	✓	✓	100	
(6) CENTRAL NEBRASKA REHAB SERVICE (81-0653461)	PHYSICAL THERAPY	NE	SFMC	RELATED	1,835,812	2,199,571	✓	✓	51	
(7) CHI OPERATING INVESTMENT PROGRAM, LP (47-0727942)	INVESTMENTS	CO	CHI	UNRELATED	397,241,271	6,272,650,880	✓	✓	100	
(8) HEALTHCARE SUPPORT SERVICES (72-1546196)	LAUNDRY	NE	N/A	RELATED	-11,179	3,069,835	✓	✓	100	
(9) MIRAT ST. JOSEPH MEDICAL CENTER, LLC (52-1988002)	MEDICAL IMAGING	MD	SJM/C	RELATED	423,167	2,174,155	✓	✓	51	
(10) NORTH RIVER SURGERY CENTER, LLC (71-079971)	AMBUL SURG CTR	AR	SVIMC	RELATED	81,071	1,077,536	✓	✓	57.44	
(11) ODEA MEDICAL ARTS LIMITED PARTNERSHIP (52-1662964)	REAL ESTATE	MD	TOWSON MANAGEM ENT, INC	RELATED	111,933	5,418,117	✓	✓	65.1215	
(12) ORTHOCOLORADO, LLC (37-1577105)	ORTHO HOSPITAL	CO	CHIC	RELATED	-3,249,434	-2,760,206	✓	✓	60	
(13) PENINSULA RADIATION ONCOLOGY (71-079971)	HEALTHCARE SRVC	WA	FHS	RELATED	135,014	85,985	✓	✓	60	
(14) PENRAD IMAGING (84-1072619)	MEDICAL IMAGING	CO	CHIC	RELATED	715,094	2,397,488	✓	✓	70	
(15) RUXTON SURGICENTER, LLC (52-2095835)	SURGERY CENTER	MD	SJM/C	RELATED	-69,345	2,802,932	✓	✓	51	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation allocation	(i) General or managing partner?	(k) Percentage ownership	
									Yes	No
MD 21204										
(16) SAINT JOSEPH - SCA HOLDINGS, LLC (45-3801157) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	OP SURGERY	DE	SIHS	RELATED					✓	✓
(17) SCA PREMIER SURGERY CENTER OF LOUISVILLE, LLC (72-1388640) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	SURGERY CENTER	KY	JH	RELATED	68,676	446,063	✓	✓		51
(18) ST FRANCIS LAND COMPANY (26-3134100) 5390 N ACADEMY BLVD SUITE 300, COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	CHIC	RELATED	-130,967	408,090	✓	✓		51
(19) ST. FRANCIS MEDICAL CENTER ASSOCIATES (91-1392698) 1717 SOUTH J STREET, TACOMA, WA 98405	MED. OFFICE	WA	FHS	RELATED	110,986	1,672,098	✓	✓		54.21
(20) ST. JOSEPH-PAHL, LLC (45-2116736) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	MGMT SVCS	KY	SIHS	RELATED			✓	✓		62.5
(21) SUPERIOR MEDICAL IMAGING, LLC (26-288455) 5000 NORTH 26TH STREET, LINCOLN, NE 68521	OP DIAGNOSTICS	NE	SERMC	RELATED	-254,775	796,941	✓	0	✓	51
(22) SURGERY CENTER OF LEXINGTON, LLC (62-1179539) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	SURGERY CENTER	DE	SIHS	RELATED	393,519	2,214,599	✓	✓		51
(23) SURGERY CENTER OF LOUISVILLE, LLC (62-1179537) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	SURGERY CENTER	KY	JH	RELATED	-3,676	395,845	✓	✓		51

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(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
(6) CGH REALTY COMPANY, INC. (23-2326801) 215 N. 12TH ST., READING, PA 19603	REAL ESTATE	PA	SJHM	C CORPORATION			100
(8) COMCARE SERVICES (84-0904813) 4231 W. 16TH AVENUE, DENVER, CO 80204	INACTIVE	CO	CHIC	C CORPORATION	0	0	100
(10) CONSOLIDATED HEALTH SERVICES (31-1378212) 1700 EDISON DRIVE, MILFORD, OH 45150	HOME HEALTH	OH	CHI	C CORPORATION	-1,525,246	65,844,862	100
(11) DAVID DEYLE CHARITABLE REMAINDER UNITRUST (47-6192395) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			100
(12) DES MOINES MEDICAL CENTER INC (42-0837382) 1111 6TH AVENUE, DES MOINES, IA 50314	REAL ESTATE	IA	CHI-IA CORP	C CORPORATION	71,497	1,221,667	92.98
(13) FIRST INITIATIVES INSURANCE, LTD (98-0203038) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, C.J	INSURANCE	CJ	CHI	C CORPORATION	0	0	100
(14) FRANCISCAN SERVICES, INC. (23-2487967) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	CHI	C CORPORATION	-5,719	5,837,142	100
(15) GOOD SAMARITAN OUTREACH SERVICES (47-0659440) PO BOX 1990, KEARNEY, NE 68848	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-165,666	355,110	100
(16) HAROLD W. RASE 1995 CHARITABLE UNITRUST (45-6090420) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,240	22,148	100
(17) HAROLD W. RASE 1996 CHARITABLE UNITRUST (20-6037112) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,057	15,462	100
(18) HAROLD W. RASE 1997 CHARITABLE UNITRUST (20-6037104) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	0	20,520	100
(19) HAROLD W. RASE 1999 CHARITABLE UNITRUST (20-6037099) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	0	25,036	100
(20) HEALTH SYSTEMS ENTERPRISES, INC (47-0664558) PO BOX 1990, KEARNEY, NE 68848	MANAGEMENT	NE	GSH	C CORPORATION	102,136	1,443,049	100
(21) HEALTHCARE MGMT. SERVICES ORG, INC (91-1865474) 1149 MARKET ST., TACOMA, WA 98402	HEALTH ORG.	WA	FHS	C CORPORATION	0	0	100
(22) JAMES & HENRIETTA NISLTER UNITRUST (20-6021899) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	692	39,075	100
(23) JEANNE DEYLE CHARITABLE REMAINDER UNITRUST (47-6192398) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			100
(24) JOSEPH A. SCHUSTER ANNUITY TRUST #1 (42-1195122) 400 UNIVERSITY AVENUE, DES MOINES, IA 50314	INVESTMENTS	IA	MFDM	TRUST	7,834	416,349	100
(25) LODESCA MILLER CHARITABLE REMAINDER UNITRUST (47-6186983) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			100
(26) MEDQUEST (45-0392137) 1301 15TH AVENUE WEST, WILLISTON, ND 58801	SALE OF DME	ND	MMC WILLISTON	C CORPORATION	151,498	962,554	100
(27) MERCY PARK APARTMENTS, LTD (42-1202422) 1111 6TH AVENUE, DES MOINES, IA 50314	HOUSING	IA	CHI-IA CORP	C CORPORATION	369,905	1,937,220	100
(28) MERCY SERVICES CORP (93-0824308) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	RETAIL SALES	OR	MMC	C CORPORATION	0	956,003	100
(29) MHSERVICES CORPORATION (43-1457881) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	DME	MO	SJRCMC	C CORPORATION	-4,061	0	100
(30) MOUNTAIN MANAGEMENT SERVICES INC (62-1570739)	MGMT SVC	TN	MHCS	C	-33,152	4,679,435	100

⑧ 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
5600 BRAINERD ROAD, SUITE 500, CHATTANOOGA, TN 37411	ORG			CORPORATION			
(31) NAZARETH ASSURANCE COMPANY (03-0304831) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ	INSURANCE	CJ	CHI	C CORPORATION	0	0	100
(32) PATIENT TRANSPORT SERVICES, INC. (31-1100798) 1700 EDISON DRIVE, MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORPORATION	479,940		100
(33) PHYSICIAN HEALTH SYSTEM NETWORK (91-1746721) 1149 MARKET ST., TACOMA, WA 98402	HEALTH ORG.	WA	FHS	C CORPORATION	0	0	100
(34) RAY & SHIRLEY DAVID 1999 UNITRUST (20-6037077) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	0	26,110	100
(35) ROBERT & WANDA CHARITABLE REMAINDER UNITRUST (26-6191916) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			100
(36) SAINT CLARE'S PRIMARY CARE, INC. (22-2441202) 66 FORD ROAD, DENVILLE, NJ 07834	BILLING SERVICES	NJ	SCCC	C CORPORATION	-469,962	1,772,016	100
(37) SAMARITAN FAMILY CARE, INC. (31-1299450) 40 W FOURTH ST. #1700, DAYTON, OH 45402	HEALTHCARE	OH	SHP	C CORPORATION			100
(38) SJH SERVICES CORPORATION (23-2307408) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	FSI	C CORPORATION	-192,777	2,973,858	100
(39) SJL PHYSICIAN MANAGEMENT SERVICES, INC. (27-0164198) 424 LEWIS HARGETT CR #160, LEXINGTON, KY 40503	MANAGEMENT	KY	SJHS	C CORPORATION	0	0	100
(40) ST ANTHONY DEVELOPMENT COMPANY (93-1216943) 1415 SOUTHGATE, PENDLETON, OR 97801	ATHLETIC CLUB	OR	SAH	C CORPORATION	92,139	3,007,550	100
(41) ST VINCENT COMMUNITY HEALTH SERVICES, INC. (71-0710785) TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	SVIMC	C CORPORATION	2,804,485	14,049,374	100
(42) ST. JOSEPH DEVELOPMENT COMPANY, INC. (91-1480569) 1717 SOUTH J STREET, TACOMA, WA 98405	RENTAL	WA	FSI	C CORPORATION	63,164	11,845,439	100
(43) ST. JOSEPH OFFICE PARK ASSOCIATION (61-1079899) 1401 HARRODSBURG ROAD, BLDG B70, LEXINGTON, KY 40504.	MANAGEMENT	KY	SJHS	C CORPORATION		882,139	85
(44) TOM DEYLE CHARITABLE REMAINDER UNITRUST (47-6192393) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			100
(45) TOWSON MANAGEMENT, INC. (52-1170750) 7601 OSLER DRIVE, TOWSON, MD 21204	MANAGEMENT SERVICES	MD	FSI	C CORPORATION	(325,476)	266,960	100

Return Reference	Identifier	Explanation
		<p>HEALTH' WHICH PROVIDES HEALTH ORIENTED PRODUCTS AND EDUCATIONAL MATERIALS TO WOMEN. THE GRANT ALSO PROVIDES FUNDING FOR A FULL TIME OUTREACH COORDINATOR AND ONE PART TIME ASSISTANT AND INCENTIVES TO ENCOURAGE WOMEN TO ATTEND THE EDUCATIONAL/SCREENING PROGRAM. THE OUTREACH STAFF PARTNER WITH OTHER ORGANIZATIONS, INCLUDING CHURCHES, PUBLIC HOUSING, PRIMARY CARE PROVIDERS, HEALTH DEPARTMENTS AND EMPLOYERS IN THE REGION TO SCHEDULE AND PROVIDE MOBILE MAMMOGRAM SERVICES AND BREAST HEALTH OUTREACH PROGRAMS, FOCUSING ON DIVERSE GROUPS AND MEDICALLY UNDERSERVED WOMEN</p> <p>A MOBILE MAMMOGRAPHY COACH WAS PURCHASED THROUGH FUNDING FROM THE TENNESSEE WOMEN'S HEALTH INITIATIVE AND DONATIONS FROM SUNTRUST AND CHATTEM, INC. THIS HAS ENABLED US TO REACH WOMEN IN OUTLYING COMMUNITIES SINCE MARCH OF 2005 SINCE THAT TIME, OVER 20,000 MAMMOGRAMS HAVE BEEN GIVEN ON THE MOBILE MAMMOGRAPHY COACH, MANY OF WHICH HAVE BEEN FUNDED THROUGH THE KOMEN GRANT AND THE TN BREAST AND CERVICAL CARE PROGRAM. IN 2009, UPGRADES TO OUR MOBILE COACH WERE ALSO FUNDED THROUGH FOUNDATION DONATIONS. THIS PROGRAM HAS BEEN SO SUCCESSFUL THAT THE FOUNDATION RAISED \$725,000 IN FY 2011 TO FUND A SECOND MOBILE COACH SINCE THE CURRENT COACH COULD NOT MEET THE DEMAND FOR ITS SERVICES. THE SECOND COACH ALSO OFFERS DIGITAL MAMMOGRAPHY AND EXPANDS SERVICES TO INCLUDE CLINICAL BREAST AND PELVIC EXAMS</p> <p>BREAST SERVICES ALSO OFFERS CANCER RISK COUNSELING TO HELP PEOPLE BETTER UNDERSTAND HOW THEIR FAMILY HISTORY OF CANCER MIGHT AFFECT THEIR INDIVIDUAL RISK OF DEVELOPING CANCER. ACCURATE EDUCATIONAL INFORMATION AND INDIVIDUAL COUNSELING IS PROVIDED AT NO CHARGE TO THE PATIENT, WHICH WAS MADE POSSIBLE THROUGH GRANTS AND DONATIONS FROM THE FOUNDATION</p> <p>ALL WOMEN ARE PROVIDED BREAST SCREENING SERVICES REGARDLESS OF THEIR ABILITY TO PAY THROUGH MEMORIAL HEALTH CARE SYSTEM. THE GRANTS WE DISCUSSED ABOVE ONLY COVER A PORTION OF THE COSTS INCURRED BY THE HOSPITAL TO PROVIDE BREAST RELATED SERVICES. THE REST OF THE COST IS COVERED THROUGH HOSPITAL FUNDS AS A COMMUNITY BENEFIT. THE FOUNDATION'S SUPPORT OF THE HOSPITAL ALLOWS THE HOSPITAL TO PROVIDE MORE COMMUNITY BENEFIT PROGRAMS THAN THEY WOULD OTHERWISE BE ABLE TO PROVIDE</p> <p>ONCE DIAGNOSED WITH CANCER AND IN TREATMENT, WE CONTINUE OFFERING SUPPORT, AT NO COST, TO OUR UNINSURED AND UNDERSERVED LADIES BY PROVIDING POST EDUCATION AND NAVIGATION THROUGH TREATMENT, MASTECTOMY PRODUCTS AND ACCESSORIES TO LOOK YOUR BEST WHEN EXPERIENCING THE SIDE EFFECTS OF TREATMENT. HAND-MADE HATS AND HEART SHAPED PILLOWS ARE DONATED FROM COMMUNITY ORGANIZATIONS AND LADIES GROUPS. WE ACCEPT GENTLY USED MASTECTOMY PRODUCTS, CLEAN THEM AND OFFER THEM TO LADIES WHO OTHERWISE DON'T HAVE ACCESS</p>
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	<p>CANCER RESOURCE CENTER</p> <p>MEMORIAL HOSPITAL HAS DEVELOPED A PROGRAM TO HELP CANCER PATIENTS AND THEIR FAMILIES COPE, OFFERING THEM THE LATEST INFORMATION ABOUT CANCER CARE. WHETHER YOU HAVE JUST BEEN DIAGNOSED OR HAVE A FAMILY MEMBER WITH CANCER, THE ONCOLOGY PROFESSIONALS AT THE CANCER RESOURCE CENTER CAN ANSWER YOUR QUESTIONS OR HELP YOU UNDERSTAND YOUR OPTIONS REGARDLESS OF WHERE YOU GO FOR TREATMENT. YOU CAN LEARN ABOUT FINANCIAL RESOURCES, SCREENING OPPORTUNITIES, THE MOST CURRENT CLINICAL TRIALS, AND SUPPORT GROUPS AND SEMINARS OFFERED TO PATIENTS, FAMILY, AND FRIENDS. THE CANCER RESOURCE CENTER ALSO OFFERS PROFESSIONALLY LED SUPPORT GROUPS, CHILDREN'S PROGRAM, CLIMB (CHILDREN LIVING IN MOMENTS OF BRAVERY), AND WE CARE WEEK-END, A FAMILY RETREAT FOR CANCER SURVIVORS. NONE OF THE SERVICES ARE BILLED TO THE PATIENT AND FEW QUALIFY FOR INSURANCE REIMBURSEMENT. IN FY 2012 THE COST OF THIS PROGRAM WAS \$395,000. DONATIONS FOR CANCER RESOURCE CENTER HELP TO OFFSET THESE COSTS</p> <p>CANCER INSTITUTE</p> <p>IN FY 2010, A COMPLIMENTARY WEEKLY PROGRAM FOR RECENTLY DIAGNOSED CANCER PATIENTS BEGAN. LIVING WELL WITH CANCER IS AN INTRODUCTION AND TOUR OF SUPPORT AND TREATMENT SERVICES AVAILABLE TO MHCS PATIENTS. LOGISTICS, SUCH AS PARKING, APPROPRIATE ENTRANCE FOR SERVICES, FOOD SERVICE, AND LOCATION OF THE CHAPEL AND OUTPATIENT PHARMACY ARE ADDRESSED. EACH PARTICIPANT DETERMINES THEIR STRESS LEVEL AND THEN MEETS A SOCIAL WORKER TO DISCUSS STRESS. THEY ALSO MEET ONCOLOGY NUTRITIONISTS, NURSE EDUCATORS AND THE ONCOLOGY CHAPLAIN. PATIENTS PARTICIPATE IN A STRESS MANAGEMENT EXERCISE, AND ARE ENCOURAGED BY LONG-TERM MHCS AUXILIARY VOLUNTEERS, WHO ARE CANCER SURVIVORS. WE CARE WEEKEND, AN ANNUAL RETREAT FOR RECENTLY DIAGNOSED PATIENTS AND FAMILIES, IS PROMOTED AND A SAVE THE DATE CARD IS GIVEN TO THE PATIENTS. PATIENTS AND THEIR SUPPORT PARTNERS LEARN HOW MEMORIAL'S CANCER INSTITUTE OFFERS COMPLIMENTARY, HOLISTIC HEALTH SERVICES TO LIVE WELL WITH CANCER.</p> <p>SIMULATION LEARNING CENTER</p> <p>THE FOUNDATION FUNDED A NEW SIMULATION LEARNING CENTER THAT IS USED TO TRAIN NEW NURSES AND NURSING ASSISTANTS TO EXPOSE THEM TO REALISTIC CLINICAL CHALLENGES THROUGH THE USE OF LIFE-LIKE MANNEQUINS, VIRTUAL REALITY, TASK TRAINERS, ETC. TO ALLOW THE NURSES TO EXPERIENCE REAL TIME CONSEQUENCES FOR THEIR DECISIONS AND ACTIONS. THIS SIMULATED STATE OF THE ART APPROACH TO TRAINING PROMOTES CLINICAL EXCELLENCE, PATIENT SAFETY, AND HONES CRITICAL THINKING SKILLS. USING THIS APPROACH WILL AID THE HOSPITAL'S GOAL OF BECOMING RECOGNIZED AS A HOSPITAL WITH MAGNET STATUS IN NURSING EXCELLENCE.</p> <p>CAPITAL PROJECTS FUNDING</p>

Return Reference	Identifier	Explanation
		<p>THE FOUNDATION WAS ABLE TO FUND SEVERAL CAPITAL PROJECTS IN FY 2012 THAT WOULD NOT HAVE BEEN POSSIBLE, DUE TO CAPITAL RESTRICTIONS, WITHOUT FOUNDATION DONATIONS. FUNDING WAS PROVIDED FOR THE SECOND MOBILE COACH AND A NEW INFUSION CENTER, NEITHER OF WHICH WOULD HAVE BEEN POSSIBLE WITHOUT THE FOUNDATION FUNDING</p> <p>CONTRIBUTIONS</p> <p>MEMORIAL HEALTH CARE SYSTEM FOUNDATION HELPS SUPPORT ALL THE PROGRAMS HIGHLIGHTED ABOVE FROM DONATIONS THEY RECEIVE. MEMORIAL HOSPITAL IS ABLE TO FUND RESEARCH AND EDUCATION, CAPITAL EXPANSION, NEW EQUIPMENT AND RENOVATION, INDIGENT CARE, AND OPERATING COST FOR PROGRAMS THAT WOULD OTHERWISE NOT BE POSSIBLE BASED ON THE SUPPORT IT RECEIVES FROM THE FOUNDATION. THE VALUE OF THIS COMMUNITY SUPPORT IS RETURNED TO THE COMMUNITY THROUGH LOWER COSTS IN PATIENT CARE PROGRAMS AND COMMUNITY SERVICES DESCRIBED THROUGHOUT THIS DOCUMENT.</p>
FORM 990, PART VI, LINE 1A	EXECUTIVE COMMITTEE COMPOSITION AND AUTHORITY	<p>PURSUANT TO SECTION 8.5 OF THE BYLAWS OF MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC ("MHCSF"), THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND CEO, AND THE CHAIR OF THE EXECUTIVE COMMITTEE, EACH OF WHOM SERVES AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE, WITH ONE OR TWO OTHER DIRECTORS</p> <p>PURSUANT TO SECTION 8.1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION</p> <p>FURTHER, PURSUANT TO SECTION 8.5 OF THE CORPORATION'S BYLAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS.</p>
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	ACCORDING TO THE BYLAWS, THE ENTITY'S SOLE CORPORATE MEMBER IS MEMORIAL HEALTH CARE SYSTEM, INC ("MHCS"), A KENTUCKY NON-PROFIT CORPORATION
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	IN ACCORDANCE WITH THE ORGANIZATION'S CORPORATE BYLAWS, THE SOLE CORPORATE MEMBER, MEMORIAL HEALTH CARE SYSTEM, INC ("MHCS"), MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE ORGANIZATION'S BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC'S ("MHCSF") SOLE CORPORATE MEMBER IS MEMORIAL HEALTH CARE SYSTEM, INC ("MHCS"). PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, BOTH MHCS AND CATHOLIC HEALTH INITIATIVES ("CHI") (MHCS'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE CHI GOVERNANCE MATRIX</p> <p>PURSUANT TO THE GOVERNANCE MATRIX, THE FOLLOWING RIGHTS ARE HELD BY THE MHCS BOARD</p> <ul style="list-style-type: none"> (1) APPROVE MEMBERS OF THE MHCSF BOARD, (2) AMENDMENT OF THE CORPORATE DOCUMENTS OF MHCSF, (3) APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BOARD OF MHCSF, AND (4) ADOPTION OF LONG-RANGE AND STRATEGIC PLANS FOR MHCSF. <p>THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER</p> <ul style="list-style-type: none"> (1) SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF MHCSF, (2) REMOVAL OF A MEMBER OF THE BOARD OF DIRECTORS OF MHCSF, (3) APPROVAL OF ISSUANCE OF DEBT BY MHCSF, (4) APPROVAL OF PARTICIPATION OF MHCSF IN A JOINT VENTURE, (5) APPROVAL OF A MERGER INVOLVING MHCSF, (6) APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF MHCSF, AND (7) TO REQUIRE THE TRANSFER OF ASSETS BY MHCSF TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI'S DEBTS. <p>PURSUANT TO SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, MHCS OR CHI MAY, IN EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE</p>
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	FOR FY 2012, THE FORM 990 WILL UNDERGO THE FOLLOWING REVIEW PROCESS. THE MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. (THE FOUNDATION) FORM 990 IS REVIEWED BY THE VP/CHIEF DEVELOPMENT OFFICER OF THE FOUNDATION AND THE CFO OF MEMORIAL HEALTH CARE SYSTEM. THEN THE FORM 990 IS PRESENTED TO THE FOUNDATION BOARD PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE. AFTER PRESENTATION TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC ("MHCSF") HAD IN EFFECT FOR FY 2012, A CONFLICT OF INTEREST POLICY COVERING ALL DIRECTORS AND OFFICERS HOLDING THE TITLE OF VICE PRESIDENT OR ABOVE. THE POLICY PLACES ON EACH DIRECTOR A GENERAL OBLIGATION TO DISCLOSE TO THE CHAIR OF THE BOARD OF DIRECTORS ANY SITUATION THAT

Return Reference	Identifier	Explanation				
		MAY CREATE A CONFLICT AS SOON AS THEY BECOME AWARE OF SUCH SITUATION. COVERED OFFICERS MUST MAKE SUCH DISCLOSURES TO THE PRESIDENT AND CEO OF MHCSF WHO HAS A DUTY TO REPORT SUCH SITUATION TO THE BOARD CHAIR. IF ANY DOUBT EXISTS, DIRECTORS AND COVERED OFFICERS ARE REQUIRED TO MAKE A FULL DISCLOSURE TO PERMIT AN IMPARTIAL AND OBJECTIVE DETERMINATION. THE POLICY REQUIRES WRITTEN RECORD OF ALL DISCLOSURES. ADDITIONALLY, ALL DIRECTORS AND COVERED OFFICERS ARE REQUIRED TO AT LEAST ANNUALLY COMPLETE, SIGN AND SUBMIT A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE PRESIDENT AND CEO REVIEW THESE STATEMENTS WITH THE BOARD CHAIR. THE BOARD CHAIR OR A DESIGNEE CONDUCTS FURTHER INVESTIGATION OF CONFLICTS OF INTEREST DISCLOSURES AT THEIR DISCRETION. BASED UPON THE REVIEW AND EVALUATION OF THE RELEVANT FACTS AND CIRCUMSTANCES, THE BOARD CHAIR MAKES AN INITIAL DETERMINATION AS TO WHETHER A CONFLICT EXISTS AND WHETHER REVIEW AND APPROVAL OR OTHER ACTION BY THE BOARD IS REQUIRED. A WRITTEN RECORD OF THE BOARD CHAIR'S DETERMINATION IS KEPT. THE BOARD CHAIR THEN MAKES A REPORT TO THE EXECUTIVE COMMITTEE OF THE BOARD. DIFFERENCES OF OPINION BETWEEN THE BOARD CHAIR AND ANOTHER OFFICER OR DIRECTOR AS TO WHETHER THE FACTS AND CIRCUMSTANCES OF A GIVEN SITUATION CONSTITUTE A CONFLICT OF INTEREST OR WHETHER BOARD OF DIRECTORS' REVIEW AND APPROVAL OR OTHER ACTION IS REQUIRED ARE SUBMITTED TO THE EXECUTIVE COMMITTEE TO MAKE A FINAL DETERMINATION AS TO THE MATTER. THE COMMITTEE MINUTES ARE TO REFLECT THE DETERMINATION INCLUDING ALL RELEVANT FACTS AND CIRCUMSTANCES AND THEN REPORTED TO THE BOARD OF DIRECTORS. A DIRECTOR OR OFFICER IS PROHIBITED FROM VOTING OR USING HIS OR HER PERSONAL INFLUENCE ON THE MATTER UNDER CONSIDERATION FURTHER, THEY ARE TO BE EXCUSED FROM THE MEETING DURING THE DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST.				
FORM 990, PART VI, LINE 15	COMPENSATION	DURING THE TAX YEAR ENDED 6/30/12, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION. ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY ANSWERED AS "N/A" BUT HAVE BEEN ANSWERED "NO" IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS.				
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	MHCSF'S ORGANIZING AND GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.CATHOLICHEALTHINIT.ORG OR AT WWW.DACBOND.ORG				
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B)	ESTIMATE OF HOURS DEVOTED TO RELATED ORGANIZATIONS	COMPENSATION REPORTED ON FORM 990, PART VII AS PAID BY RELATED ORGANIZATIONS WAS PAID TO THESE INDIVIDUALS FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES				
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <tr> <td style="text-align: center;">(a) Description</td> <td style="text-align: center;">(b) Amount</td> </tr> <tr> <td>NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS</td> <td style="text-align: right;">- 39,374</td> </tr> </table>	(a) Description	(b) Amount	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	- 39,374
(a) Description	(b) Amount					
NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	- 39,374					

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.

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 3	ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL OF MEMORIAL HEALTH CARE SYSTEM FOUNDATION WAS ESTABLISHED AND PAID BY MEMORIAL HEALTH CARE SYSTEM ("MHCS"), A RELATED ORGANIZATION. MHCS USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT; (3) WRITTEN EMPLOYMENT CONTRACT; (4) COMPENSATION SURVEY OR STUDY; AND (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SCHEDULE J, PART I, LINE 4A	POST- TERMINATION PAYMENTS	POST-TERMINATION PAYMENTS ARE ADDRESSED IN THE EXECUTIVE AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES'S ("CHI") MBO CEOS. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABleness IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. NO INTERESTED PERSONS RECEIVED A SEVERANCE PAYMENT DURING THE YEAR
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DURING THE 2011 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: JAMES HOBSON DURING 2011 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN JAMES HOBSON \$40,088

Part IV

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

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	ALL GRANTS PAID TO MEMORIAL HEALTH CARE SYSTEM, A RELATED ORGANIZATION, ARE DONE SO IN THE FORM OF TRANSFERS TO AFFILIATES. THE DONATIONS RECEIVED ARE TRACKED BASED ON RESTRICTIONS OF USE, AND AS THE RESTRICTIONS ARE MET, THE PROCEEDS ARE TRANSFERRED IN THE FORM OF GRANTS TO SUPPORT THE MISSION OF PROVIDING HEALTH SERVICES TO THE COMMUNITY.

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, line 2; 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.

Return Reference	Identifier	Explanation
SCHEDULE D, PART III, LINE 4	COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	MEMORIAL HAS A PERMANENT ART COLLECTION THAT IS INTENDED TO LIFT THE SPIRITS OF PATIENTS, VISITORS, AND STAFF. THE ARTWORK ALLOWS THE PATIENT AN OPPORTUNITY TO FOCUS ON THE ARTWORK RATHER THAN THEIR HEALTH ISSUES. THE ARTWORK MAKES THE HOSPITAL A MORE INVITING, PATIENT FRIENDLY ATMOSPHERE
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	THE MEMORIAL HEALTH CARE SYSTEM FOUNDATION ENDOWMENT WILL SECURE LONG-TERM ADVANCEMENT AND EXCELLENCE FOR MEMORIAL'S MINISTRY OF HEALING AS WE MOVE OUR MISSION FORWARD. CURRENTLY, THE FOUNDATION BOARD HAS MADE THE DECISION TO ALLOW THE ENDOWMENT TO CONTINUE TO GROW FOR THE FORESEEABLE FUTURE UNTIL IT REACHES A SIZE WHERE INVESTMENT INCOME WILL MAKE A SIGNIFICANT DIFFERENCE IN FUNDING FOR NEEDS AT MEMORIAL
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	MHCSF'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2012 READS AS FOLLOWS: "CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX. MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS."

Part IV

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).

Return Reference	Identifier	Explanation						
		Description	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
SCHEDULE A, PART II, LINE 10	OTHER INCOME	MISCELLANEOUS INCOME	0	1,315	0	0	0	1,315
		GROSS INCOME FROM FUNDRAISING EVENTS	0	333,470	224,474	182,645	213,455	954,044
		GIFT SHOP	0	114,263	92,490	119,225	110,451	436,429

(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	Administrative trustee	Other	Key employee	Independent contractor	Former			
(26) CAROL NEWTON FORMER OFFICER	0						✓	0	347,967	34,407
(27) DEBRA MOORE FORMER OFFICER	0						✓	0	283,793	37,864

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 62-1839548
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 2525 DE SALES AVENUE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHATTANOOGA, TN 37404	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► CHERYL SADRO
Telephone No. ► (423)495-7878 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

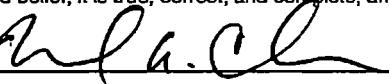
- I request an additional 3-month extension of time until May 15, 20 13 .
- For calendar year _____, or other tax year beginning July 01, 20 11 , and ending June 30, 20 12 .
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►



Title ► TAX Supervisor

Date ► 2/6/13

Form 8868 (Rev. 1-2012)

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. MEMORIAL HEALTH CARE SYSTEM FOUNDATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 62-1839548
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 2525 DE SALES AVENUE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHATTANOOGA, TN 37404	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► CHERYL SADRO

Telephone No. ► (423)495-7878 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20 or

► tax year beginning July 01, 20 11, and ending June 30, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Cat No 27916D

Form 8868 (Rev. 1-2012)