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Part III

Statement of Program Service Accomplishments

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

☐ ☒

1

Briefly describe the organization's mission

THE ORGANIZATION'S MISSION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE 21ST CENTURY FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER COMMUNITIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 729,327 including grants of \$ 728,627) (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 \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 729,327

Part IV

Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | |
| 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  | Yes | |
| 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 | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | Yes | |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | Yes | |
| 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 | | No |
| 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  | Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | Yes | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | | | | |
|---|--|---|----|-----|-----|----|
| | | Yes | No | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 | | | |
| c | | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | | |
| 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 | 2b | | |
| b | | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | | | | |
| 3a | | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | No |
| b | | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | | 3b | | |
| 4a | | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | No |
| b | | If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a | | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | No |
| b | | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c | | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | No |
| b | | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| a | | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | Yes | |
| b | | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Yes | |
| c | | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | No |
| d | | If "Yes," indicate the number of Forms 8282 filed during the year. | | 7d | | |
| e | | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | No |
| f | | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | No |
| g | | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 | | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | 8 | | No |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | |
| a | | Did the organization make any taxable distributions under section 4966? | | 9a | | No |
| b | | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | No |
| 10 Section 501(c)(7) organizations. Enter | | | | | | |
| a | | Initiation fees and capital contributions included on Part VIII, line 12. | | 10a | | |
| b | | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | | |
| a | | Gross income from members or shareholders. | | 11a | | |
| b | | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | 11b | | |
| 12a | | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | |
| b | | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| a | | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | 13a | | |
| b | | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | | 13b | | |
| c | | Enter the amount of reserves on hand. | | 13c | | |
| 14a | | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | No |
| b | | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | 14b | | |

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

| | | | |
|--|---|-----|-----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 26 | |
| 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 | 22 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes |
| 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 | Yes |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | 8a | Yes |
| 8b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

Section B. Policies

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

| | | | |
|--|--|-----|-----|
| | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | 15a | No |
| 15b | Other officers or key employees of the organization | 15b | No |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| 16b | 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | |
| 20 | State the name, 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 (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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ALEXIS BOGO CHAIR | 3 00 0 | X | | X | | | | 0 | 0 | 0 |
| (2) BILL STACY SECRETARY | 3 00 0 | X | | X | | | | 0 | 0 | 0 |
| (3) HOLLY HARWELL VICE CHAIR | 3 00 0 | X | | X | | | | 0 | 0 | 0 |
| (4) JAMES HOBSON MHCS PRESIDENT CEO | 1 00 59 00 | X | | X | | | | 0 | 644,738 | 81,614 |
| (5) JENNIFER NICELY EX-OFFICIO/CHIEF DEVELPMT OFF | 50 00 0 | X | | X | | | | 0 | 131,003 | 31,653 |
| (6) MARK ANDERSON MD MEMBER AT LARGE | 3 00 37 00 | X | | X | | | | 0 | 110,535 | 21,172 |
| (7) WARD PETTY TREASURER | 3 00 0 | X | | X | | | | 0 | 0 | 0 |
| (8) BETTYELYNN SMITH BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (9) BOOFIE CRIMMINS BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (10) DAWN SHEA BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (11) DEBORAH EVERHART BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (12) JAMES WOOD BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (13) JIM KENNEDY BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (14) JIM VICK BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (15) KENNEDY FRIERSON BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (16) MARY STEWART LEWIS BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (17) MIKE WEBB BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |

Part VII

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MORGAN EVERETT BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (19) PETER HUNT MD BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (20) SANFORD SHARP MD BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 7,250 | 0 |
| (21) SCOTT MATTICE BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (22) SOPHIA BRIDGER BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (23) TAHNIKA RODRIGUEZ BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (24) TIM BALLARD BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (25) TONYA CAMMON BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| (26) WILLIAM OELLERICH BOARD MEMBER/PHYSICIAN | 1 00 54 00 | X | | | | | | 0 | 689,332 | 43,024 |
| (27) CHERYL A SADRO MHCS CFO | 1 00 52 00 | | | X | | | | 0 | 384,510 | 42,854 |
| (28) CAROL NEWTON Former Officer | 0 00 0 00 | | | | | | X | 0 | 126,181 | 18,995 |
| (29) DEBRA MOORE Former Officer | 0 00 50 00 | | | | | | X | 0 | 254,502 | 41,108 |
| | | | | | | | | | | |

| | | | | | |
|-----------|--|---|---|-----------|---------|
| 1b | Sub-Total | ▶ | | | |
| c | Total from continuation sheets to Part VII, Section A | ▶ | | | |
| d | Total (add lines 1b and 1c) | ▶ | 0 | 2,348,051 | 280,420 |

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

Section B. Independent Contractors

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

Part VIII

Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|----------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . . | 1a | | | | |
| | b | Membership dues | 1b | 525 | | | |
| | c | Fundraising events | 1c | 375,722 | | | |
| | d | Related organizations | 1d | 10,000 | | | |
| | e | Government grants (contributions) | 1e | 63,600 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 6,002,762 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | | 6,452,609 | | | |
| Program Service Revenue | 2a | | Business Code | 0 | | | |
| | b | | | 0 | | | |
| | c | | | 0 | | | |
| | d | | | 0 | | | |
| | e | | | 0 | | | |
| | f | All other program service revenue | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a-2f | | 0 | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 46,023 | | -8 |
| 4 | | Income from investment of tax-exempt bond proceeds . . | | 0 | | | |
| 5 | | Royalties | | 0 | | | |
| 6a | | Gross rents | (i) Real 41,376 | (ii) Personal | | | |
| b | | Less rental expenses | | | | | |
| c | | Rental income or (loss) | 41,376 | 0 | | | |
| d | | Net rental income or (loss) | | 41,376 | | | 41,376 |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities 55,879 | (ii) Other | | | |
| b | | Less cost or other basis and sales expenses | | | | | |
| c | | Gain or (loss) | 55,879 | 0 | | | |
| d | | Net gain or (loss) | | 55,879 | | | 55,879 |
| 8a | | Gross income from fundraising events (not including \$ 375,722 of contributions reported on line 1c) See Part IV, line 18 | a | 171,325 | | | |
| b | | Less direct expenses | b | 245,956 | | | |
| c | | Net income or (loss) from fundraising events . . | | -74,631 | | | -74,631 |
| 9a | | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| b | | Less direct expenses | b | | | | |
| c | | Net income or (loss) from gaming activities . . | | 0 | | | |
| 10a | | Gross sales of inventory, less returns and allowances | a | | | | |
| b | | Less cost of goods sold . . . | b | | | | |
| c | | Net income or (loss) from sales of inventory . . | | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | GIFT SHOP | 453220 | | 282,083 | | | 282,083 |
| b | | | | 0 | | | |
| c | | | | 0 | | | |
| d | All other revenue | | | 0 | 0 | 0 | 0 |
| e | Total. Add lines 11a-11d | | | 282,083 | | | |
| 12 | Total revenue. See Instructions | | | 6,803,339 | 0 | -8 | 350,738 |

Part IX

Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. | 675,627 | 675,627 | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22. | 53,000 | 53,000 | | |
| 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 | | | 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 | | 0 | 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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 364,093 | 0 | 33,793 | 330,300 |
| 12 | Advertising and promotion. | 103,797 | | | 103,797 |
| 13 | Office expenses. | 111,280 | | 55,640 | 55,640 |
| 14 | Information technology. | 0 | | | |
| 15 | Royalties. | 0 | | | |
| 16 | Occupancy. | 0 | | | |
| 17 | Travel. | 8,405 | | 8,405 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0 | | | |
| 19 | Conferences, conventions, and meetings. | 7,432 | | 7,432 | |
| 20 | Interest. | 0 | | | |
| 21 | Payments to affiliates. | 77,640 | | 77,640 | |
| 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 | AUXILIARY COST OF GOODS SOLD | 52,351 | | | 52,351 |
| b | DUES AND SUBSCRIPTIONS | 4,342 | | 4,342 | |
| c | | | | | |
| d | | | | | |
| e | All other expenses | 21,545 | 700 | 20,845 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e. | 1,479,512 | 729,327 | 208,097 | 542,088 |
| 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

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

| | | | | | (A) | | (B) |
|-----------------------------|--|---|-----|---|-------------------|-----|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 280,284 | 1 | 350,387 |
| | 2 | Savings and temporary cash investments | | | | 2 | 226,150 |
| | 3 | Pledges and grants receivable, net | | | 3,436,424 | 3 | 6,485,223 |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | | | 6 | 0 |
| | 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 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 5,019,721 | 12 | 7,537,739 |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 0 | 13 | 0 |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 234,999 | 15 | 234,999 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 8,971,428 | 16 | 14,834,498 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 3,020 | 17 | 16,520 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | 87,757 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | 22 | 0 |
| | 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 | | | 6,172,528 | 25 | 6,556,007 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 6,175,548 | 26 | 6,660,284 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | -4,804,753 | 27 | -5,275,829 |
| | 28 | Temporarily restricted net assets | | | 6,560,090 | 28 | 12,313,497 |
| | 29 | Permanently restricted net assets | | | 1,040,543 | 29 | 1,136,546 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 2,795,880 | 33 | 8,174,214 |
| | 34 | Total liabilities and net assets/fund balances | | | 8,971,428 | 34 | 14,834,498 |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|---|----|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,803,339 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,479,512 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 5,323,827 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,795,880 |
| 5 | Net unrealized gains (losses) on investments | 5 | 54,507 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 8,174,214 |

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 12000266

Software Version: v2012.1.0

EIN: 62-1839548

Name: MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ALEXIS BOGO CHAIR | 3 00 0 | X | | X | | | | 0 | 0 | 0 |
| BILL STACY SECRETARY | 3 00 0 | X | | X | | | | 0 | 0 | 0 |
| HOLLY HARWELL VICE CHAIR | 3 00 0 | X | | X | | | | 0 | 0 | 0 |
| JAMES HOBSON MHCS PRESIDENT CEO | 1 00 59 00 | X | | X | | | | 0 | 644,738 | 81,614 |
| JENNIFER NICELY EX-OFFICIO/CHIEF DEVELOPMT OFF | 50 00 0 | X | | X | | | | 0 | 131,003 | 31,653 |
| MARK ANDERSON MD MEMBER AT LARGE | 3 00 37 00 | X | | X | | | | 0 | 110,535 | 21,172 |
| WARD PETTY TREASURER | 3 00 0 | X | | X | | | | 0 | 0 | 0 |
| BETTYELYNN SMITH BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| BOOFIE CRIMMINS BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| DAWN SHEA BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| DEBORAH EVERHART BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| JAMES WOOD BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| JIM KENNEDY BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| JIM VICK BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| KENNEDY FRIERSON BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| MARY STEWART LEWIS BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| MIKE WEBB BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| MORGAN EVERETT BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| PETER HUNT MD BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| SANFORD SHARP MD BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 7,250 | 0 |
| SCOTT MATTICE BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| SOPHIA BRIDGER BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| TAHNIKA RODRIGUEZ BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| TIM BALLARD BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |
| TONYA CAMMON BOARD MEMBER | 1 00 0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| WILLIAM OELLERICH BOARD MEMBER/PHYSICIAN | 1 00 54 00 | X | | | | | | 0 | 689,332 | 43,024 |
| CHERYL A SADRO MHCS CFO | 1 00 52 00 | | | X | | | | 0 | 384,510 | 42,854 |
| CAROL NEWTON Former Officer | 0 00 0 00 | | | | | | X | 0 | 126,181 | 18,995 |
| DEBRA MOORE Former Officer | 0 00 50 00 | | | | | | X | 0 | 254,502 | 41,108 |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

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)

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A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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

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)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

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)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

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)

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

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

Type I Type II Type III - Functionally integrated Type III - Non-functionally integrated

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)

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

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?

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 monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II

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

| Section A. Public Support | | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 1,092,109 | 1,921,852 | 3,871,048 | 2,318,184 | 6,617,609 | 15,820,802 |
| 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 | 1,092,109 | 1,921,852 | 3,871,048 | 2,318,184 | 6,617,609 | 15,820,802 |
| 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) | | | | | | 2,799,246 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 13,021,556 |

| Section B. Total Support | | | | | | | |
|---|---|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ | | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 1,092,109 | 1,921,852 | 3,871,048 | 2,318,184 | 6,617,609 | 15,820,802 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 79,177 | 72,363 | 66,489 | 83,340 | 87,399 | 388,768 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 449,048 | 316,964 | 301,870 | 323,906 | 288,409 | 1,680,197 |
| 11 | Total support (Add lines 7 through 10.) | | | | | | 17,889,767 |
| 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 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|---|----|----------|
| 14 | Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 72 780 % |
| 15 | Public support percentage for 2011 Schedule A, Part II, line 14 | 15 | 77 120 % |
| 16a | 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b | 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 17a | 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | |
| b | 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | |

Part IIISupport 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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|----|--|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | |

| Section D. Computation of Investment Income Percentage | | |
|--|----|--|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ | | |

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
|------------------------------|
| |

| Explanation |
|---|
| OTHER INCOME, SCHEDULE A, PART II, LINE 10, DESCRIPTION - GROSS INCOME FROM FUNDRAISING EVENTS, COLUMN A - 333470, COLUMN B - 224474, COLUMN C - 182645, COLUMN D - 213455, COLUMN E - 171325, COLUMN F - 1125369, DESCRIPTION - GIFT SHOP, COLUMN A - 114263, COLUMN B - 92490, COLUMN C - 119225, COLUMN D - 110451, COLUMN E - 117084, COLUMN F - 553513, DESCRIPTION - MISCELLANEOUS INCOME, COLUMN A - 1315, COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F - 1315,, |
| |
| |
| |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC

Employer identification number
62-1839548

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) | 3,362 |
| 3 | Aggregate grants from (during year) | 71,188 |
| 4 | Aggregate value at end of year | 0 |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Year |
|---|--|
| 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ 0

(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

▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☒

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | | | | | |
|----|--|---------------|---------------------|---------------------|--------------------|
| | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
| 1a | Beginning of year balance | 998,366 | 937,988 | 829,466 | 696,586 |
| b | Contributions | 118,001 | 146,240 | 133,874 | 136,426 |
| c | Net investment earnings, gains, and losses | 28,949 | -21,173 | 55,404 | 46,634 |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | 50,947 | 64,689 | 80,756 | 50,180 |
| f | Administrative expenses | | | | |
| g | End of year balance | 1,094,369 | 998,366 | 937,988 | 829,466 |

2

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

a

Board designated or quasi-endowment

100 000 %

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

4

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

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 XI 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 XIII) | 2d | | |
| e | Add lines 2a through 2d | | | 2e |
| 3 | Subtract line 2e from line 1 | | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | | 4c |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | | 2e |
| 3 | Subtract line 2e from line 1 | | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | | 4c |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 5 |
| Part XIII Supplemental Information | | | | |

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|---|------------------------------|--|
| Collections of art - description of collections | Schedule D, Part III, Line 4 | MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC MAINTAINS A PERMANENT ART COLLECTION THAT IS INTENDED TO LIFT THE SPIRITS OF PATIENTS, VISITORS, AND STAFF OF MEMORIAL HEALTH CARE SYSTEM, INC. IT ALLOWS PATIENTS THE OPPORTUNITY TO FOCUS ON THE ARTWORK RATHER THAN THEIR HEALTH ISSUES AND GIVES THE HOSPITAL A MORE INVITING, PATIENT-FRIENDLY ATMOSPHERE. |
| Intended uses of endowment funds | Schedule D, Part V, Line 4 | THE MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC ENDOWMENT WILL SECURE LONG-TERM ADVANCEMENT AND EXCELLENCE FOR MEMORIAL HEALTH CARE SYSTEM, INC.'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 MHCS. |
| FIN 48 (ASC 740) footnote | Schedule D, Part X, Line 2 | MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC.'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, 2013, 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 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 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|----|--|-----------------------------|--------------------|-------------------------------|
| | | <u>GOLF</u> (event type) | <u>PINK</u> (event type) | (total number) | (add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 118,001 | 429,046 | 547,047 |
| | 2 | Less Contributions . . . | 78,960 | 296,762 | 375,722 |
| | 3 | Gross income (line 1 minus line 2) | 39,041 | 132,284 | 0171,325 |
| Direct Expenses | 4 | Cash prizes | | | 0 |
| | 5 | Noncash prizes | | | 0 |
| | 6 | Rent/facility costs . . . | 48,374 | 111,726 | 160,100 |
| | 7 | Food and beverages . . | | | 0 |
| | 8 | Entertainment | | 15,500 | 15,500 |
| | 9 | Other direct expenses . | 2,573 | 67,783 | 70,356 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Combine line 3, column (d), and line 10 ▶ | | | |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---|---|------------------|--|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses . . . | | | |
| Direct Expenses | 6 | Volunteer labor | | | |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | |
| | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | |

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity operated in

| | | |
|-------------------------------|-----|--|
| a The organization's facility | 13a | |
| b An outside facility | 13b | |

14 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 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).

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

**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

2012

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC

Employer identification number
62-1839548

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

[illegible]

- | | | |
|----------|---|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 2 |
| 3 | Enter total number of other organizations listed in the line 1 table | 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) KOMEN ACCESS TO MAMMOGRAMS | 375 | | 37,500 FMV | | MAMMOGRAM ACCESS |
| (2) SCHOLARSHIPS | 16 | 15,500 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| Identifier | Return Reference | Explanation |
|--|----------------------------|---|
| Procedures for monitoring use of grant funds | Schedule I, Part I, Line 2 | GRANTS PAID TO MEMORIAL HEALTH CARE SYSTEM, INC (MHCS), A RELATED ORGANIZATION, ARE DONE SO IN THE FORM OF TRANSFERS TO AFFILIATES THE DONATIONS RECEIVED ARE TRACKED BASED ON RESTRICTIONS OF USE 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 |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC

Employer identification number
62-1839548

Part I

Questions Regarding Compensation

| | Yes | No |
|--|-----|-----|
| <div>1a</div> <div>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</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div> | | |
| <div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div> | 1b | |
| <div>2</div> <div>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?</div> | 2 | |
| <div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div> | | |
| <div>4</div> <div>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</div> | | |
| <div>a</div> <div>Receive a severance payment or change-of-control payment?</div> | 4a | No |
| <div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div> | 4b | Yes |
| <div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div> | 4c | No |
| <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div> | | |
| <div>5</div> <div>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</div> | | |
| <div>a</div> <div>The organization?</div> | 5a | No |
| <div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III</div> | 5b | No |
| <div>6</div> <div>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</div> | | |
| <div>a</div> <div>The organization?</div> | 6a | No |
| <div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III</div> | 6b | No |
| <div>7</div> <div>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</div> | 7 | No |
| <div>8</div> <div>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</div> | 8 | No |
| <div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div> | 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 and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) CAROL NEWTON FORMER OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 125,960 | 0 | 221 | 12,237 | 6,758 | 145,176 | 0 |
| (2) CHERYL A SADRO MHCS CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 322,374 | 0 | 62,136 | 20,596 | 22,258 | 427,364 | 0 |
| (3) DEBRA MOORE FORMER OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 253,913 | 0 | 589 | 33,096 | 8,012 | 295,610 | 0 |
| (4) JAMES HOBSON MHCS PRESIDENT CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 490,524 | 92,562 | 61,652 | 64,593 | 17,021 | 726,352 | 38,320 |
| (5) JENNIFER NICELY EX-OFFICIO/CHIEF DEVELOPMT OFF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 130,884 | 0 | 119 | 11,980 | 19,673 | 162,656 | 0 |
| (6) WILLIAM OELLERICH BOARD MEMBER/PHYSICIAN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 589,082 | 99,179 | 1,071 | 20,952 | 22,072 | 732,356 | 0 |

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|--|-----------------------------|--|
| Arrangement used to establish the top management official's compensation | Schedule J, Part I, Line 3 | COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL OF MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. WAS ESTABLISHED AND PAID BY MEMORIAL HEALTH CARE SYSTEM, INC. (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. |
| POST-TERMINATION PAYMENTS | SCHEDULE J, PART I, LINE 4A | POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES (CHI) AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE 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 REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR. |
| Supplemental nonqualified retirement plan | Schedule J, Part I, Line 4b | DURING THE 2012 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 2012, THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN: JAMES HOBSON \$43,997. DURING 2012, THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN: JAMES HOBSON \$38,320. |

2012

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC

Employer identification number

62-1839548

| Identifier | Return Reference | Explanation |
|---------------------------------|-----------------------------|--|
| PROGRAM SERVICE ACCOMPLISHMENTS | FORM 990, PART III, LINE 4A | <p>MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. COMMUNITY BENEFIT NARRATIVE FOR THE YEAR ENDED 6/30/2013</p> <p>MISSION MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. (THE FOUNDATION) WAS F OUNDED IN JANUARY 2001 TO RAISE AWARENESS AND FUNDS EXCLUSIVELY FOR MEMORIAL HEALTH CARE S YSTEM, INC. (MHCS), A TAX EXEMPT HEALTH CARE SYSTEM. THE MISSION OF CATHOLIC HEALTH INITIA TIVES AND MEMORIAL HEALTH CARE SYSTEM, INC. IS TO NURTURE THE HEALING MINISTRY OF THE CHUR CH, BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE 21ST CENTURY. CATHOLIC HEALTH INITIA TIVES AND MHCS 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 FOUNDATI ON ALLOW MHCS 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 2013, THE FO UNDA TION RAISED FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING, MAJOR GIFTS, PLANNED GIVING, CORPORATE/FOUNDATION GRANTS, AND CAPITAL CAMPAIGNS TO FUND CAPITAL EQUIPMENT, PROVIDE MEDI CAL SERVICES TO UNDERSERVED POPULATIONS, SUPPORT COMMUNITY OUTREACH PROGRAMS, SCHOLARSHIPS TO STUDENTS PURSUING HEALTH CARE CAREERS, AND AN ENDOWMENT FUND. IN FY 2013, THE FOUNDATI ON RAISED 6.8 MILLION FOR THESE PURPOSES AND DISBURSED OVER \$700,000 TO SUPPORT MHCS'S NON PROFIT HEALTH CARE SERVICES. SIGNIFICANT PORTIONS OF FUNDS RAISED IN THE PAST FEW YEARS HA VE BEEN DESIGNATED FOR MASTER FACILITY PLAN PROJECTS THAT WILL BE COMPLETED IN FY 2014 AND FY 2015. ONCE THESE PROJECTS ARE FINISHED, THE DISBURSEMENTS TO THE HEALTH SYSTEM WILL GR OW. SINCE ITS INCEPTION, THE FOUNDATION HAS RAISED \$30.5 MILLION AND DISBURSED \$16.7 MILLI ON TO SUPPORT MEMORIAL HEALTH CARE SYSTEM, INC.'S MISSION. COMMUNITY SERVICES HAVE ALWAYS BEEN A SIGNIFICANT PART OF MHCS. EACH YEAR, SERVICES AND PROGRAMS OFFERED TO THE COMMUNITY ARE EVALUATED AND EXPANDED TO PROMOTE BOTH INCREASED ACCESS TO HEALTH CARE AND HEALTHIER COMMUNITIES TO ENHANCE THE HEALTH STATUS OF CHATTANOOGANS. MHCS FOCUSES ON THE WHOLE PERSON, INCLUDING THE PERSON'S SPIRITUAL, EMOTIONAL, AND PHYSICAL WELL-BEING. HIGHLIGHTED BELO W ARE SOME OF THE PROGRAMS OR CAPITAL EXPENDITURES THAT HAVE BEEN MADE POSSIBLE THROUGH FU N DING FROM THE FOUNDATION.</p> <p>LUNG CENTER THROUGH DONATIONS EXCEEDING \$1.4 MILLION, MHCS HAS CREATED A WORLD-CLASS LUNG CENTER THAT REVOLUTIONIZES CARE FOR OUR REGION. LUNG DISEASES, INCLUDING LUNG CANCER, ARE SOME OF THE MOST DEBILITATING AND FRIGHTENING OF ALL MEDICAL IS SUES. THE LUNG CENTER ALLOWS PATIENTS SUFFERING FROM EMPHYSEMA, ASTHMA, LUNG CANCER, PULMO NARY FIBROSIS, AND OTHER PULMONARY DISEASES TO SEEK CARE FROM PULMONARY MEDICINE EXPERTS I N AN ENVIRONMENT THAT DIMINISHES ANXIETY AND FEAR, ALLOWING THE PATIENT AND FAMILY TO BE E MBRACED BY A TEAM OF PEOPLE WHO ARE FOCUSED ON THEIR SPECIFIC NEEDS. THE LUNG CENTER AT MH CS ASPIRES TO BE THE ULTIMATE REGIONAL EPICENTER FOR LUNG HEALTH, PROVIDING THE MOST COMPR EHENSIVE CARE AVAILABLE. SMOKING REMAINS THE HIGHEST RISK FACTOR FOR LUNG DISEASE. WITHIN OUR REGION, SMOKING RATES RANGE FROM 20% IN HAMILTON COUNTY TO 30% IN CATOOSA COUNTY. ONE IN FOUR TENNESSEANS SMOKE, AND SMOKING IS RESPONSIBLE FOR 87% OF LUNG CANCERS. AS A RESULT , EVERY COUNTY IN OUR REGION EXCEEDS THE NATIONAL RATES FOR LUNG CANCER MORTALITY RATES. T HROUGH THE CREATION OF THE NEW LUNG CENTER, MHCS IS DETERMINED TO IMPROVE THESE BLEAK STAT ISTICS. THE LUNG CENTER AT MHCS TREATS THOSE WHO HAVE CURRENT HEALTH ISSUES RELATED TO LUN G DISEASE, AND ALSO PROACTIVELY EDUCATES AND SCREENS THE COMMUNITY, WITH THE OVERALL GOAL OF DRAMATICALLY CHANGING THESE NUMBERS.</p> <p>WESTSIDE CLINIC AN ANONYMOUS DONOR WANTED TO MAKE A DIFFERENCE IN THE LIVES OF OUR PATIENTS WHO SEEK THEIR HEALTH CARE SERVICES FROM WESTSID E CLINIC. SHE GAVE \$150,000 IN FY 2011 TO THE FOUNDATION AND ALLOWED THE CLINIC STAFF TO D ETERMINE HOW THE FUNDS COULD BEST BE USED TO HELP THEIR PATIENTS. ONCE THESE FUNDS WERE EX HAUSTED, SHE GAVE ANOTHER \$40,000 IN FY 2012 TO HELP FUND A NURSE PRACTITIONER WHO FOCUSES ON PATIENTS DIAGNOSED WITH DIABETES. WESTSIDE CLINIC IS LOCATED IN THE "HOMELESS-CHATTANO OGA" 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 P ERCENTAGE OF RESIDENTS 65+ IS 21.9% COMPARED TO THE NATIONAL AVERAGE OF 12.7%. MEDIAN HOUS EHOLD INCOME IS \$11,259 COMPARED TO THE NATIONAL AVERAGE OF \$50,152 AND TENNESSEE INCOME O F \$42,144. WESTSIDE CLINIC CONTINUES TO SEE SIGNIFICANT GROWTH IN THE NUMBER OF PATIENTS I T SEES. IT HAS GROWN FROM 1,367 PATIENT VISITS IN 2008 TO 4,368 PATIENT VISITS IN 2013. TH E CLINIC ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.</p> <p>MARY ELLEN LOCHER BREAST CEN TER THE FOUNDATION ASSISTS MHCS IN OBTAINING GRANTS TO FUND BREAST SERVICES AND EDUCATION TO UNDERSERVED WOMEN. IN 2012, THE CHATTANOOGA AFF</p> |

| Identifier | Return Reference | Explanation |
|---------------------------------|-----------------------------|---|
| PROGRAM SERVICE ACCOMPLISHMENTS | FORM 990, PART III, LINE 4A | <p>ILIATE OF THE SUSAN G KOMEN BREAST CANCER FOUNDATION, INC AWARDED SEVERAL GRANTS TO MHCS ONE GRANT FUNDS A PROGRAM TO PROVIDE UNDERSERVED WOMEN WITH ACCESS TO MAMMOGRAMS MHCS H OSTED BREAST HEALTH PROGRAMS AND PARTICIPATED IN HEALTH FAIRS TO DISTRIBUTE EDUCATIONAL MA TERIAL AND PROVIDE PRESENTATIONS AND INDIVIDUAL EDUCATION TO DIVERSE GROUPS OF WOMEN, INCL UDING 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 2013, OF THE 4,758 WOMEN PARTICIPATING IN THE OUTREA CH BREAST CANCER SCREENING PROGRAMS, 89 RECEIVED ABNORMAL MAMMOGRAM RESULTS AND 14 OF THES E WOMEN WERE DIAGNOSED WITH BREAST CANCER AVON FOUNDATION BREAST CARE FUND HAS AWARDED A GRANT TO THE FOUNDATION TO FUND OUTREACH EFFORTS TO WOMEN AGES 40 AND OVER WHO ARE NOT INV OLVED IN A BREAST HEALTH CARE PLAN A PART OF THIS PROGRAM INCLUDES 'SHOPPING FOR BREAST H EALTH' WHICH PROVIDES HEALTH ORIENTED PRODUCTS AND EDUCATIONAL MATERIALS TO WOMEN THE GRA NT 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 OUTREAC H STAFF PARTNER WITH OTHER ORGANIZATIONS, INCLUDING CHURCHES, PUBLIC HOUSING, PRIMARY CARE PROVIDERS, HEALTH DEPARTMENTS, AND EMPLOYERS, IN THE REGION TO SCHEDULE AND PROVIDE MOBIL E MAMMOGRAM SERVICES AND BREAST HEALTH OUTREACH PROGRAMS, FOCUSING ON DIVERSE GROUPS AND M EDICALLY UNDERSERVED WOMEN 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 HA VE BEEN FUNDED THROUGH THE KOMEN GRANT AND THE TN BREAST AND CERVICAL CARE PROGRAM IN 200 9, UPGRADES TO OUR MOBILE COACH WERE ALSO FUNDED THROUGH FOUNDATION DONATIONS DUE TO THE SUCCESS OF THE PROGRAM, THE FOUNDATION RAISED \$725,000 IN FY 2011 TO FUND A SECOND MOBILE COACH AS THE SINGLE COACH CANNOT MEET ALL THE DEMAND FOR ITS SERVICES THE SECOND COACH AL SO OFFERS DIGITAL MAMMOGRAPHY AND EXPANDS SERVICES TO INCLUDE CLINICAL BREAST AND PELVIC E XAMS BREAST SERVICES ALSO OFFERS CANCER RISK COUNSELING TO HELP PEOPLE UNDERSTAND BETTER 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 T HE PATIENTS, WHICH IS MADE POSSIBLE THROUGH GRANTS AND DONATIONS FROM THE FOUNDATION ALL W OMEN ARE PROVIDED BREAST SCREENING SERVICES, REGARDLESS OF THEIR ABILITY TO PAY, THROUGH M HCS THE GRANTS 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 FUND S 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 ONCE DIAGNOSED WITH CANCER AND IN TREATMENT, WE CONTINUE OFFERING SUPPORT TO OUR UNINSURED AND UNDERSERVED LADIES BY PROVIDING POST EDUCATION AND NAVIGATION THROUGH TREATMENT, MASTECTO MY PRODUCTS AND ACCESSORIES TO LOOK Y OUR BEST WHEN EXPERIENCING THE SIDE EFFECTS OF TREATM ENT WITH HAIR LOSS AT NO COST HAND-MADE HATS AND HEART SHAPED PILLOWS ARE DONATED FROM CO MMUNITY ORGANIZATIONS AND LADIES GROUPS WE ACCEPT GENTLY USED MASTECTOMY PRODUCTS, CLEAN THEM AND OFFER THEM TO LADIES WHO OTHERWISE DON'T HAVE ACCESS</p> |

| Identifier | Return Reference | Explanation |
|---|-----------------------------|---|
| PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED) | FORM 990, PART III, LINE 4A | <p>CANCER RESOURCE CENTER 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 2013 THE COST OF THIS PROGRAM WAS \$395,000. DONATIONS FOR CANCER RESOURCE CENTER HAVE HELP OFFSET THESE COSTS. CANCER INSTITUTE 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 HIS OR HER 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 THEMSELVES 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. SIMULATION LEARNING CENTER 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 AND 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. CAPITAL PROJECTS FUNDING THE FOUNDATION HAS RAISED \$15 MILLION TO FUND MASTER FACILITY PLAN PROJECTS. THESE PROJECTS WOULD HAVE NOT BEEN POSSIBLE AT THE SAME LEVEL. THEY HAVE BEEN DESIGNED WITHOUT THE ADDITIONAL FUNDING FROM THE FOUNDATION. THE LUNG CENTER, INFUSION CENTER, HEART CENTER, AND CHAPEL ALL WERE MADE POSSIBLE WITH GENEROUS COMMUNITY SUPPORT. CONTRIBUTIONS MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. HELPS SUPPORT ALL THE PROGRAMS HIGHLIGHTED ABOVE USING DONATIONS THEY RECEIVE. MHCS IS BETTER 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> |

| Identifier | Return Reference | Explanation |
|---|---------------------------------------|--|
| Delegate broad authority to a committee | Form 990, Part VI, Section A, Line 1a | 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. 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. 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 TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS. |

| Identifier | Return Reference | Explanation |
|------------------------------------|--------------------------------------|---|
| Classes of members or stockholders | Form 990, Part VI, Section A, Line 6 | PURSUANT TO SECTION 5 1 OF THE BYLAWS, THE ENTITY'S SOLE CORPORATE MEMBER IS MEMORIAL HEALTH CARE SYSTEM, INC (MHCS), A KENTUCKY NON-PROFIT CORPORATION |

| Identifier | Return Reference | Explanation |
|--|---------------------------------------|---|
| Members or stockholders electing members of governing body | Form 990, Part VI, Section A, Line 7a | 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 |

| Identifier | Return Reference | Explanation |
|---|---------------------------------------|---|
| Decisions requiring approval by members or stockholders | Form 990, Part VI, Section A, Line 7b | 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 PURSUANT TO THE GOVERNANCE MATRIX, THE FOLLOWING RIGHTS ARE HELD BY THE MHCS BOARD (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 THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER (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 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 |

| Identifier | Return Reference | Explanation |
|--------------------------------------|--|---|
| Review of form 990 by governing body | Form 990, Part VI, Section B, Line 11b | FOR FY 2013, 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, INC THE FORM 990 IS THEN PRESENTED TO THE FOUNDATION BOARD PRIOR TO FILING 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 |

| Identifier | Return Reference | Explanation |
|-----------------------------|--|---|
| Conflict of interest policy | Form 990, Part VI, Section B, Line 12c | <p>MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. HAD IN EFFECT FOR FY 2013, 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 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 MEMORIAL HEALTH CARE SYSTEM, INC., 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 REPORT 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.</p> |

| Identifier | Return Reference | Explanation |
|--------------|----------------------------------|---|
| COMPENSATION | FORM 990, PART VI, LINE 15 | DURING THE TAX YEAR ENDED 6/30/2013, 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. |

| Identifier | Return Reference | Explanation |
|---|---------------------------------------|--|
| Governing documents, conflict of interest policy and financial statements available to the public | Form 990, Part VI, Section C, Line 19 | 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. ORGANIZING AND GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC. |

| Identifier | Return Reference | Explanation |
|----------------|-----------------------------|---|
| Other Expenses | Form 990, Part IX, Line 11g | COMPENSATION PAID BY A RELATED ORGANIZATION - TOTAL EXPENSE 335591, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES 33793, FUNDRAISING EXPENSES 301798, FEES FOR OTHER PROFESSIONAL SERVICES - TOTAL EXPENSE 28502, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES , FUNDRAISING EXPENSES 28502, |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC

Employer identification number
62-1839548

| Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) | | | | | |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) MEMORIAL HOSPITAL AUXILIARY LLC 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-1839548 | SUPPORT MHCSF | TN | 158,603 | 223,375 | MHCSFOUND |
| | | | | | |
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| 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? | |
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | |
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| | | | | | | | |

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 |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| See Additional Data Table | | | | | | | | | | | | |
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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 | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| See Additional Data Table | | | | | | | | | |
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Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

| | | |
|----|-----|----|
| | Yes | No |
| 1a | | No |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | | No |
| 1l | Yes | |
| 1m | | No |
| 1n | Yes | |
| 1o | | No |
| 1p | Yes | |
| 1q | | No |
| 1r | Yes | |
| 1s | Yes | |

2

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

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|----------------------------------|------------------------|--|
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Schedule R (Form 990) 2012

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

[illegible]

Software ID: 12000266

Software Version: v2012.1.0

EIN: 62-1839548

Name: MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC

Part VII

Supplemental Information

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

| Identifier | | Return Reference | | Explanation | | | | | | | | |
|--|-------------------------|---|--|---|---------------------------------|--|--|----|---|--|----|--------------------------------|
| (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) Dispropportionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 | (j) General or Managing Partner? | | (k) Percentage ownership |
| | | | | | | | Yes | No | | Yes | No | |
| AUDUBON LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 84-1513085 | REAL ESTATE | CO | CHIC | RELATED | 34,991 | 8,665,388 | | No | 0 | | No | 50 1 % |
| AVANTAS LLC 11128 JOHN GALT BLVD SUITE 400 OMAHA, NE 68137 39-2045003 | STAFFING OF NURSES | NE | AHBMHS | RELATED | -210,405 | 4,806,071 | | No | -439,536 | | No | 95 % |
| BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199 | PHYS OFFICE | TN | MHCS | RELATED | 57,545 | 1,013,237 | | No | 0 | Yes | | 63 % |
| BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY SUITE 310 LEXINGTON, KY 40504 61-1386736 | DIAGNOSTIC | KY | SJHS | RELATED | 308,428 | 3,317,191 | | No | 0 | | No | 65 % |
| CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146-4510 SECOND AVENUE KEARNEY, NE 68848 47-0692112 | HEALTHCARE SRVC | NE | NA | RELATED | 228,435 | 675,251 | | No | 0 | Yes | | 100 % |
| CENTRAL NEBRASKA REHAB SERVICES 3004 W FAIDLEY AVE GRAND ISLAND, NE 68802 81-0653461 | PHYSICAL THERAPY | NE | SFMC | RELATED | 1,710,199 | 2,712,656 | | No | 0 | | No | 51 % |
| CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942 | INVESTMENTS | CO | CHI | UNRELATED | 344,962,532 | 4,617,413,792 | | No | 0 | Yes | | 79 92 % |
| HEALTHCARE SUPPORT SERVICES PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196 | LAUNDRY | NE | NA | RELATED | 98,583 | 3,190,677 | | No | 0 | | No | 100 % |
| MRI AT ST JOSEPH MEDICAL CENTER LLC 7253 AMBASSADOR ROAD BALTIMORE, MD 21244 52-1958002 | MEDICAL IMAGING | MD | SJMC | RELATED | 423,167 | 2,174,155 | | No | 0 | Yes | | 51 % |
| NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVENUE SHERWOOD, AR 72120 71-0799771 | AMBUL SURG CTR | AR | SVIMC | RELATED | 81,071 | 1,077,536 | | No | 0 | | No | 57 45 % |
| O'DEA MEDICAL ARTS LIMITED PARTNERSHIP 7601 OSLER DRIVE TOWSON, MD 21204 52-1682964 | REAL ESTATE | MD | TMI | RELATED | 9,490 | 0 | | No | 0 | Yes | | 66 58 % |
| ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105 | ORTHO HOSPITAL | CO | THC | RELATED | 1,846,153 | 8,411,844 | | No | 0 | | No | 60 % |
| PENINSULA RADIATION ONCOLOGY LLC 315 MARTIN LUTHER KING JR WAY 111 TACOMA, WA 98405 87-0808610 | HEALTHCARE SRVC | WA | FHS | RELATED | 256,567 | 3,262,002 | | No | 0 | | No | 60 % |
| PENRAD IMAGING 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619 | MEDICAL IMAGING | CO | CHIC | RELATED | 715,094 | 3,489,436 | | No | 0 | | No | 70 % |
| RUXTON SURGICENTER LLC 8322 BELLONA AVENUE SUITE 201 BALTIMORE, MD 21204 52-2095835 | SURGERY CENTER | MD | SJMC | RELATED | -69,345 | 0 | | No | 0 | Yes | | 51 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 | (j) General or Managing Partner? | | (k) Percentage ownership |
|--|-------------------------|---|--|---|---------------------------------|--|---|----|---|--|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| SAINT JOSEPH - SCA HOLDINGS LLC 1451 HARRDOSBURG ROAD LEXINGTON, KY 40504 45-3801157 | OP SURGERY | DE | SJHS | RELATED | 0 | 0 | | No | 0 | Yes | | 51 % |
| SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840 | SURGERY CENTER | KY | JH | RELATED | 3,388 | 666,017 | | No | 0 | Yes | | 51 % |
| ST FRANCIS LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 26-3134100 | REAL ESTATE | CO | CHIC | RELATED | -130,967 | 13,823,763 | | No | 0 | | No | 51 % |
| ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J STREET TACOMA, WA 98405 91-1352698 | MED OFFICE | WA | FHS | RELATED | 238,717 | 1,907,063 | | No | 0 | | No | 58 46 % |
| ST JOSEPH-PAML LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736 | MGMT SVCS | KY | SJHS | RELATED | 30,446 | 1,149,003 | | No | 0 | Yes | | 62 5 % |
| SUPERIOR MEDICAL IMAGING LLC 5000 NORTH 26TH STREET LINCOLN, NE 68521 26-2884555 | OP DIAGNOSTICS | NE | SERMC | RELATED | -200,323 | 821,112 | | No | 0 | Yes | | 51 % |
| SURGERY CENTER OF LEXINGTON LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 62-1179539 | SURGERY CENTER | DE | SJHS | RELATED | -200,318 | 4,079,584 | | No | 0 | Yes | | 51 % |
| SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537 | SURGERY CENTER | KY | JH | RELATED | -15,452 | 396,101 | | No | 0 | Yes | | 51 % |
| ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE 68116 06-1786985 | OP DIAGNOSTICS | NE | ACH | RELATED | 116,752 | 776,649 | | No | 0 | Yes | | 51 % |
| BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE 68124 20-8671994 | AMBUL SURG CTR | NE | ACH | RELATED | 142,085 | 3,294,472 | | No | 0 | | No | 63 94 % |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902 | AMBUL SURG CTR | NE | ACH | RELATED | 3,465,880 | 1,951,221 | | No | 0 | | No | 51 6 % |
| LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496 | ENDOSCOPY SRVC | NE | ACH | RELATED | 1,455,294 | 1,013,126 | | No | 0 | | No | 52 28 % |
| NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND STREET OMAHA, NE 68122 27-0263191 | SPINE HOSPITAL | NE | ACH | RELATED | 10,501,730 | 17,301,869 | | No | 0 | | No | 51 % |
| PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST 102 LINCOLN, NE 68508 20-4962103 | TECH SERVICES | NE | AH-IMC | RELATED | 1,011,804 | 5,564,586 | | No | 68,565 | Yes | | 62 7 % |
| SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DRIVE SUITE 300 MILFORD, OH 45150 26-3330545 | HOME HEALTH | KY | JH | RELATED | 3,208,139 | 9,684,824 | | No | 0 | | No | 96 9 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount on Box 20 of K-1 | (j) General or Managing Partner? | | (k) Percentage ownership |
|---|-------------------------|---|--|---|---------------------------------|--|--|----|---|--|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| LINCOLN CK LEASING LLC 8770 BRYN MAWR SUITE 1370 CHICAGO, IL 60631 26-2496856 | REAL ESTATE | NE | SERMC | RELATED | 397,452 | 439,334 | | No | 0 | | No | 53 76 % |
| HIGHLINE IMAGING LLC 275 SW 160TH ST BURIEN, WA 98166 20-0460005 | DIAGNOSTIC | WA | HMC | RELATED | 840,222 | 1,784,058 | | No | 0 | | No | 80 % |
| HC SL VINTAGE I LLC 18000 WEST SARAH LANE SUITE 250 BROOKFIELD, WI 53045 27-0453767 | PROPERTY HOLD | WI | SL CDC - VINTAGE | RELATED | 1,027,057 | 105,658,490 | | No | 0 | | No | 51 % |
| ST LUKE'S HOSPITAL AT THE VINTAGE LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 26-3734516 | HOSPITAL | TX | SL CDC - VINTAGE | RELATED | -19,253,743 | 69,158,748 | | No | 0 | Yes | | 51 % |
| PMC HOSPITAL LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 27-3280598 | HOSPITAL | TX | SL CDC - PMC | RELATED | 1,092,540 | 20,751,174 | | No | 0 | Yes | | 51 % |
| ST LUKE'S DIAGNOSTIC CATH LAB LLP 6620 MAIN ST SUITE 1520 HOUSTON, TX 77030 71-0959365 | DIAGNOSTIC | TX | SLHS HOLDINGS | RELATED | 273,448 | 868,814 | | No | 0 | | No | 57 3 % |
| ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 30-0427437 | HOSPITAL | TX | SL CDC - WOODLANDS | RELATED | 1,106,628 | 25,874,619 | | No | 0 | Yes | | 51 % |
| ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 46-2795726 | DIAGNOSTIC | TX | SLHS HOLDINGS | RELATED | 0 | 0 | | No | 0 | | No | 51 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|--|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY 41018 84-1112049 | MANAGEMENT SERVICES | CO | CHI | C CORPORATION | 0 | 6,272,746 | 100 % | Yes | |
| AMERICAN NURSING CARE 1700 EDISON DRIVE MILFORD, OH 45150 31-1085414 | HOME HEALTH | OH | CHS | C CORPORATION | 5,118,606 | 51,920,207 | 100 % | Yes | |
| AMERIMED INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1158699 | HOME HEALTH | OH | ANC | C CORPORATION | 2,134,392 | 14,669,219 | 100 % | Yes | |
| BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851 | FITNESS CLUB | KY | JH | C CORPORATION | 0 | 0 | 100 % | Yes | |
| CADUCEUS MEDICAL ASSOCIATES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570736 | HEALTHCARE | TN | MHCS | C CORPORATION | 0 | 1,008 | 100 % | Yes | |
| CAPTIVE MANAGEMENT INITIATIVES PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0663022 | CAPTIVE MANAGEMENT | CJ | CHI | C CORPORATION | 0 | 0 | 100 % | Yes | |
| CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511 | RESEARCH | CO | CIRI | C CORPORATION | -2,286,538 | 1,241,259 | 100 % | Yes | |
| CGH REALTY COMPANY INC 2500 BERNVILLE RD READING, PA 19603 23-2326801 | REAL ESTATE | PA | SJHM | C CORPORATION | 0 | 0 | 100 % | Yes | |
| COMCARE SERVICES 4231 W 16TH AVENUE DENVER, CO 80204 84-0904813 | INACTIVE | CO | CHIC | C CORPORATION | 0 | 0 | 100 % | Yes | |
| CONSOLIDATED HEALTH SERVICES 1700 EDISON DRIVE MILFORD, OH 45150 31-1378212 | HOME HEALTH | OH | CHI | C CORPORATION | -879,467 | 52,379,487 | 100 % | Yes | |
| DES MOINES MEDICAL CENTER INC 1111 6TH AVENUE DES MOINES, IA 50314 42-0837382 | REAL ESTATE | IA | CHI-IA CORP | C CORPORATION | 61,204 | 1,064,032 | 92 98 % | Yes | |
| FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0203038 | INSURANCE | CJ | CHI | C CORPORATION | 0 | 0 | 100 % | Yes | |
| FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967 | HEALTHCARE | CO | CHI | C CORPORATION | -7,868 | 718,254 | 100 % | Yes | |
| GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440 | MEDICAL CLINIC | NE | CHI NEBRASKA | C CORPORATION | -257,418 | 180,468 | 100 % | Yes | |
| HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558 | MANAGEMENT | NE | GSH | C CORPORATION | 87,278 | 1,377,820 | 100 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|--|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| HEALTHCARE MGMT SERVICES ORG INC 1149 MARKET ST TACOMA, WA 98402 91-1865474 | HEALTH ORG | WA | FHS | C CORPORATION | 0 | 0 | 100 % | Yes | |
| MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137 | SALE OF DME | ND | MMC WILLISTON | C CORPORATION | 153,510 | 1,152,715 | 100 % | Yes | |
| MERCY PARK APARTMENTS LTD 1111 6TH AVENUE DES MOINES, IA 50314 42-1202422 | HOUSING | IA | CHI-IA CORP | C CORPORATION | 369,231 | 1,937,218 | 100 % | Yes | |
| MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0824308 | RETAIL SALES | OR | MMC | C CORPORATION | -440,596 | 1,423,377 | 100 % | Yes | |
| MHSERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 43-1457881 | DME | MO | SJRMCMC | C CORPORATION | 0 | 0 | 100 % | Yes | |
| MOUNTAIN MANAGEMENT SERVICES INC 5600 BRAINERD ROAD SUITE 500 CHATTANOOGA, TN 37411 62-1570739 | MGMT SVC ORG | TN | MHCS | C CORPORATION | 96,044 | 6,465,179 | 100 % | Yes | |
| NAZARETH ASSURANCE COMPANY PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 03-0304831 | INSURANCE | CJ | CHI | C CORPORATION | 0 | 0 | 100 % | Yes | |
| PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1100798 | HOME HEALTH | OH | ANC | C CORPORATION | -164,340 | 5,488,275 | 100 % | Yes | |
| PHYSICIAN HEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721 | HEALTH ORG | WA | FHS | C CORPORATION | 0 | 0 | 100 % | Yes | |
| SAINT CLARES PRIMARY CARE INC 66 FORD ROAD DENVER, NJ 07834 22-2441202 | BILLING SERVICES | NJ | SCCC | C CORPORATION | -357,263 | 1,361,242 | 100 % | Yes | |
| SAMARITAN FAMILY CARE INC 40 W FOURTH ST 1700 DAYTON, OH 45402 31-1299450 | HEALTHCARE | OH | SHP | C CORPORATION | 0 | 0 | 100 % | Yes | |
| SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408 | HEALTHCARE | CO | FSI | C CORPORATION | -197,039 | 3,331,737 | 100 % | Yes | |
| SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR 160 LEXINGTON, KY 40503 27-0164198 | MANAGEMENT | KY | SJHS | C CORPORATION | 0 | 0 | 100 % | Yes | |
| ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943 | ATHLETIC CLUB | OR | SAH | C CORPORATION | 114,663 | 2,936,102 | 100 % | Yes | |
| ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785 | HEALTHCARE | AR | SVIMC | C CORPORATION | 2,408,638 | 15,225,732 | 100 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|--|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J STREET TACOMA, WA 98405 91-1480569 | RENTAL | WA | FSI | C CORPORATION | 655,478 | 12,357,418 | 100 % | Yes | |
| ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY 40504 61-1079899 | MANAGEMENT | KY | SJHS | C CORPORATION | 0 | 882,139 | 85 % | Yes | |
| TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1710750 | MANAGEMENT SERVICES | MD | FSI | C CORPORATION | 516,457 | 197,196 | 100 % | Yes | |
| COLLABHEALTH MANAGED SOLUTIONS INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808 | HOLDING CO | CO | CHI | C CORPORATION | 0 | 23,806,707 | 100 % | Yes | |
| COLLABHEALTH PLAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037 | ADMIN SERVICES | CO | CHMS | C CORPORATION | -1,082,933 | 38,272,608 | 100 % | Yes | |
| HIGHLINE MEDICAL GROUP 15811 AMBAUM BLVD SW 170 BURIEN, WA 98166 91-1407026 | MEDICAL SERVICES | WA | HMC | C CORPORATION | -6,049,147 | 5,689,139 | 100 % | Yes | |
| SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S SUITE 201 FEDERAL WAY, WA 98001 42-1720801 | INSURANCE | WA | CHPS | C CORPORATION | -154,741 | 10,976,973 | 55 6 % | Yes | |
| SLEHS HOLDINGS INC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637138 | HOLDING CO | TX | SLHS | C CORPORATION | 1,425,313 | 33,114,103 | 100 % | Yes | |
| ST LUKE'S ANESTHESIOLOGY ASSOCIATES 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 46-1517163 | MEDICAL CLINIC | TX | SLMC | C CORPORATION | 0 | 0 | 100 % | Yes | |
| SLMT PARKING INC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637140 | PARKING | TX | SLHS | C CORPORATION | 1,117,934 | 13,768,221 | 100 % | Yes | |
| ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355517 | CONDOMINIUM ASSOC | TX | SLPC | C CORPORATION | 0 | 0 | 100 % | Yes | |
| ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER HOUSTON, TX 77030 76-0377932 | PHO | TX | SLMC | C CORPORATION | 6 | 0 | 60 % | Yes | |
| ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355518 | CONDOMINIUM ASSOC | TX | SLPC | C CORPORATION | 0 | 0 | 100 % | Yes | |
| ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 76-0298751 | CONDOMINIUM ASSOC | TX | SLMTC | C CORPORATION | 0 | 0 | 100 % | Yes | |
| SUGAR LAND DOCTOR GROUP 1317 LAKE POINTE PARKWAY SUGAR LAND, TX 77478 45-4270163 | MEDICAL CLINIC | TX | SL CHS | C CORPORATION | -1,159,411 | 566,590 | 100 % | Yes | |

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|--|-------------------------|---|--|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| THE TEXAS HEART INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL DENTON A COOLEY B UILDING CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 90-0064009 | CONDOMINIUM ASSOC | TX | SLMC | C CORPORATION | 0 | 0 | 100 % | Yes | |
| ALEAGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0802396 | MANAGED CARE | NE | ACH | C CORPORATION | 5,312,313 | 4,520,865 | 100 % | Yes | |
| ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 69 GT 720 WEST BAY ROAD GEORGETOWN, GRAND CAYMAN KY- 1102 CJ | INSURANCE | CJ | SLHS | C CORPORATION | 0 | 43,866,961 | 100 % | Yes | |
| VINTAGE DOCTOR GROUP 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 | MEDICAL CLINIC | TX | SLMC | C CORPORATION | 0 | 0 | 100 % | Yes | |

