




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



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax	OMB No 1545-0047
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	2014 Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MEMORIAL HEALTH SYSTEM		D Employer identification number 37-1110690
	Doing business as		E Telephone number (217) 788-3198
	Number and street (or P O box if mail is not delivered to street address) 701 NORTH FIRST STREET	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, IL 627810001		G Gross receipts \$ 146,941,244
	F Name and address of principal officer EDGAR J CURTIS 701 NORTH FIRST STREET SPRINGFIELD, IL 627810001		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ 5670	
J Website: ▶ WWW.MHSIL.COM			




K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	L Year of formation 1981	M State of legal domicile IL
---	---------------------------------	-------------------------------------

Part I	Summary
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	313
	6 Total number of volunteers (estimate if necessary)	6	16
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	470,956
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,659,615	67,631,433
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,859,039	1,734,629
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	620,857	-1,194,917
		71,139,511	68,171,145
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,577,271	568,286
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,130,967	35,658,710
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	39,414,435	34,016,763
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	73,122,673	70,243,759
	19 Revenue less expenses Subtract line 18 from line 12	-1,983,162	-2,072,614
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	245,015,648	280,951,548
	21 Total liabilities (Part X, line 26)	130,539,740	151,695,218
	22 Net assets or fund balances Subtract line 21 from line 20	114,475,908	129,256,330


















Part II	Signature Block
----------------	------------------------

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

Sign Here	Signature of officer			2016-08-05	
	ROBERT W KAY SR VICE PRESIDENT & CFO Type or print name and title			Date	
Paid Preparer Use Only	Print/Type preparer's name ZACHARY A FORTSCH		Preparer's signature ZACHARY A FORTSCH		Date
	Check <input type="checkbox"/> if self-employed		PTIN P00052725		
	Firm's name  RSM US LLP			Firm's EIN  42-0714325	
	Firm's address  1 SOUTH WACKER SUITE 800 CHICAGO, IL 60606			Phone no (312) 634-3400	

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
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 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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 	9	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 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	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 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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	Yes	
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	Yes	
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	Yes	
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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
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)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	17	
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	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	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	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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	Yes
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	Yes

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
ROBERT W KAY SENIOR VP & CFO

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

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

Form **990** (2014)

Part VII

(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			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	5,778,831	702,712	3,124,723

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. 46

		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	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <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
HAROLD O'SHEA BUILDERS INC 3401 CONSTITUTION DR SPRINGFIELD, IL 62711	CONSTRUCTION	10,442,638
SIRIUS COMPUTER SOLUTIONS PO BOX 202289 DALLAS, TX 75320	IT EQUIPMENT & SUPPORT SERVICES	4,373,030
BSA LIFESTRUCTURE INC PO BOX 6069 INDIANAPOLIS, IN 46206	ARCHITECTURAL	2,737,792
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	IT CONSULTING SERVICES	2,625,539
SPRINGFIELD CLINIC 1025 SOUTH SEVENTH ST SPRINGFIELD, IL 62703	EHR-IT SUPPORT SERVICES	2,476,290

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 ►49

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f				
Program Service Revenue	2a	MANAGEMENT FEES				
		Business Code 900099	60,990,719	60,560,990	429,729	
	b	PROGRAM RELATED RENT	5,278,513	5,278,513		
	c	IT REIMBURSED EXPENSES	1,559,320	1,559,320		
	d	MISCELLANEOUS INCOME	170,439	170,439		
	e	RELATED PARTNERSHIP IN	-367,558	-367,558		
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	67,631,433			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,110,259			1,110,259
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	-4,127,468	-4,179,095	2,827	48,800
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	624,370			624,370
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue				
	11a	BILLING SERVICE	2,751,181		38,400	2,712,781
	b	ENERGY REBATES	181,370			181,370
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	2,932,551			
	12	Total revenue. See Instructions	68,171,145	63,022,609	470,956	4,677,580

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	568,286	568,286		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,757,956	4,757,956		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,514,446	14,796,127	9,718,319	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,729,719	1,044,002	685,717	
9	Other employee benefits	2,965,545	1,693,364	1,272,181	
10	Payroll taxes	1,691,044	1,037,609	653,435	
11	Fees for services (non-employees)				
a	Management				
b	Legal	719,456		719,456	
c	Accounting	373,416		373,416	
d	Lobbying	75,000		75,000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	252,159		252,159	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,086,719	2,375,551	2,711,168	
12	Advertising and promotion	856,038		856,038	
13	Office expenses	3,189,191	1,540,034	1,649,157	
14	Information technology	11,218,493	11,136,837	81,656	
15	Royalties				
16	Occupancy	3,039,932	2,149,394	890,538	
17	Travel	151,201	67,190	84,011	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	146,114	116,651	29,463	
20	Interest	1,221,631	1,221,631		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,270,223	7,211,133	59,090	
23	Insurance	148,561		148,561	
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	MINOR PROJECT COSTS	126,679	126,679		
b	REPAIRS & MAINTENANCE	121,921	121,346	575	
c	FOOD & DIETARY	19,054	6,308	12,746	
d	SALES TAX	596	596		
e	All other expenses	379		379	
25	Total functional expenses. Add lines 1 through 24e	70,243,759	49,970,694	20,273,065	0
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)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		2,952,632	2	32,696,790
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,811,321	4	2,333,011
	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	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,678,010	9	5,350,306
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	280,133,932		
	b	Less accumulated depreciation	10b	92,794,718	176,069,461	10c187,339,214
	11	Investments—publicly traded securities		48,829,768	11	46,667,818
	12	Investments—other securities See Part IV, line 11		1,479,549	12	1,663,711
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,194,907	15	4,900,698
	16	Total assets. Add lines 1 through 15 (must equal line 34)		245,015,648	16	280,951,548
Liabilities	17	Accounts payable and accrued expenses		16,751,428	17	12,788,143
	18	Grants payable			18	
	19	Deferred revenue		18,363	19	18,729
	20	Tax-exempt bond liabilities		13,621,684	20	13,162,349
	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	
	23	Secured mortgages and notes payable to unrelated third parties		73,882,548	23	99,496,090
	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		26,265,717	25	26,229,907
	26	Total liabilities. Add lines 17 through 25		130,539,740	26	151,695,218
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		114,475,908	27	129,256,330
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	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		114,475,908	33	129,256,330
	34	Total liabilities and net assets/fund balances		245,015,648	34	280,951,548

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,171,145
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,243,759
3	Revenue less expenses Subtract line 2 from line 1	3	-2,072,614
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,475,908
5	Net unrealized gains (losses) on investments	5	-2,879,716
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	19,732,752
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	129,256,330

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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:
Software Version:
EIN: 37-1110690
Name: MEMORIAL HEALTH SYSTEM

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	4,217,814	including grants of \$	568,286) (Revenue \$	-197,119)
OTHER REVENUE INCLUDES PARTNERSHIP INCOME AND MISCELLANEOUS INCOME FOR MHS AND MEMORIAL HEALTH PARTNERS (MHP) MHP IS A DISREGARDED ENTITY OWNED 100% BY MHS FOR FY15, MHS RECORDED A LOSS IN THE BJC COLLABORATIVE, LLC AND IN MIDWEST HEALTHCARE QUALITY ALLIANCE, LLC (MHQA) MHS ALSO HAD MISCELLANEOUS INCOME FOR ENERGY REBATES AT THE NORTH DIRKSEN AND 2401 W JEFFERSON LOCATIONS, CARE COORDINATION PAYMENTS FOR MHP, AND A CHARGEBACK FOR STAFF TIME TO LINCOLN LAND HEALTH INFORMATION EXCHANGE, LLC IN WHICH MHS IS A 27 27% OWNER					

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			
(1) JOSEPH HURWITZ BOARD MEMBER	2 00	X						0	0	0
(1) JAMES BRUNER BOARD MEMBER	1 70	X						0	0	0
(2) MARK FERGUSON BOARD MEMBER	1 60	X						0	0	0
(3) RICHARD LEVI BOARD MEMBER	0 80	X						0	0	0
(4) NINA HARRIS BOARD MEMBER (THRU DEC 14)	1 00	X						0	0	0
(5) HOWARD PETERS III BOARD MEMBER	0 70	X						0	0	0
(6) SERGIO PECORI BOARD MEMBER	1 10	X						0	0	0
(7) WILLIAM PUTMAN MD BOARD MEMBER	0 90	X						0	0	0
(8) MICHAEL NEUMEISTER MD BOARD MEMBER	0 70	X						0	0	0
(9) DEAN ROBERT JR BOARD MEMBER	0 70	X						0	0	0
(10) REGINALD BENTON BOARD MEMBER	0 70 1 40	X						0	0	0
(11) JANET TERRY BOARD MEMBER	0 70	X						0	0	0
(12) JOHN BLACKBURN CHAIRMAN	1 70	X		X				0	0	0
(13) CAROL HANSEN POSEGATE SECRETARY (THRU DEC 14)	0 80	X		X				0	0	0
(14) DALE BECKER TREASURER	1 50	X		X				0	0	0
(15) RANDALL GERMERAAD 1ST VICE CHAIR	0 80	X		X				0	0	0
(16) DIANE RUTLEDGE PHD 2ND VICE CHAIR	1 00	X		X				0	0	0
(17) GEOFFREY ISRINGHAUSEN MEM (THRU DEC 14)/SEC (FROM JAN 15)	0 70	X		X				0	0	0
(18) EDGAR CURTIS EX-OFFICIO PRESIDENT & CEO	25 00 25 00	X		X				1,223,546	0	1,084,551
(19) ROBERT KAY SVP & CFO & ASST TREASURER	25 00 25 00			X				371,032	0	484,865
(20) MITCHELL JOHNSON SVP & CHIEF STRATEGY OFFICER	25 00 25 00				X			401,156	0	197,768
(21) DAVID GRAHAM MD SVP & CIO	25 00 25 00				X			545,083	0	213,216
(22) RAJESH GOVINDAIAH MD SVP & CMO	25 00 25 00				X			549,528	0	73,600
(23) ROBERT SCOTT VP & CHRO	25 00 25 00				X			291,211	0	51,360
(24) DOUGLAS RAHN DBA EVP & COO (THRU MARCH 14)	25 00 25 00				X			526,877	145,288	291,895

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			
(26) KEVIN ENGLAND	25 00				X			343,704	0	266,480
VP BUSINESS DEVELOPMENT	25 00				X					
(1) ANNA EVANS JD	25 00				X			407,065	0	171,844
GEN COUNSEL/VP INT AUDIT & COMPL	25 00				X					
(2) CHARLES CALLAHAN PHD	25 00				X			0	557,424	91,923
EVP & COO (FROM APRIL 14)	25 00				X					
(3) MELISSA MCGLOSSON	25 00					X		275,973	0	40,522
VP FINANCE	25 00					X				
(4) AIMEE ALLBRITTON PHD	25 00					X		314,688	0	61,823
VP & CLO	25 00					X				
(5) LAURA COSSEY	50 00					X		183,105	0	31,352
SYS DIR INT AUDIT/COMPL						X				
(6) MADONNA CROMPTON	50 00					X		172,542	0	31,077
SYS DIR CLINICAL INFORMATICS						X				
(7) JERRY MILLER	50 00					X		173,321	0	32,447
ADMIN IS OPERATIONS						X				

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization MEMORIAL HEALTH SYSTEM	Employer identification number 37-1110690
--	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

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

2

☐

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

3

☐

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

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

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

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

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

9

☐

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

10

☐

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

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☒

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations 1 1

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total 11					0	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation
SECTION A, LINE 1	IN THE MEMORIAL HEALTH SYSTEM GOVERNING DOCUMENTS, THE SUPPORTED ORGANIZATIONS ARE NOT LISTED HOWEVER, IN ALL SUPPORTED AFFILIATES, WITH THE EXCEPTION OF SPRINGFIELD RESIDENTAL SERVICES, THE CORPORATE MEMBER IS DESCRIBED IN THE SUPPORTED ORGANIZATIONS GOVERNING DOCUMENTS AS HAVING CERTAIN RESERVED POWERS FOR SPRINGFIELD RESIDENTIAL SERVICES, IT IS JUST A HISTORICAL RELATIONSHIP WITH MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS
SECTION C, LINE 1	MEMORIAL HEALTH SYSTEM SERVES AS THE SOLE CORPORATE MEMBER OF THE SUPPORTED ORGANIZATIONS IN ITS CAPACITY AS THE SOLE CORPORATE MEMBER, MEMORIAL HEALTH SYSTEM HAS CERTAIN RESERVED POWERS THAT PROVIDE CONTROL OVER THE SUPPORTED ORGANIZATIONS FOR EXAMPLE, ALL CAPITAL AND OPERATING BUDGETS MUST BE APPROVED BY MEMORIAL HEALTH SYSTEM

Additional Data

Software ID:
Software Version:
EIN: 37-1110690
Name: MEMORIAL HEALTH SYSTEM

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) MEMORIAL MEDICAL CENTER	370661220		Yes		0	0
(A) PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION	370661230		Yes		0	0
(B) ABRAHAM LINCOLN MEMORIAL HOSPITAL	370723793		Yes		0	0
(C) TAYLORVILLE MEMORIAL HOSPITAL	370661250		Yes		0	0
(D) MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS	370646367		Yes		0	0
(E) SPRINGFIELD RESIDENTIAL SERVICES	371298589		Yes		0	0
(F) ABRAHAM LINCOLN HEALTHCARE FOUNDATION	363492268		Yes		0	0
(G) MEMORIAL MEDICAL CENTER FOUNDATION	371110301		Yes		0	0
(H) MEMORIAL HOME SERVICES	370714225		Yes		0	0
(I) MEMORIAL PHYSICIAN SERVICES	371181194		Yes		0	0
(J) MEMORIAL HEALTH VENTURES	363492266		Yes		0	0

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization MEMORIAL HEALTH SYSTEM	Employer identification number 37-1110690
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		75,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			75,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	MEMORIAL HEALTH SYSTEM ENGAGES LOBBYISTS TO ASSIST IT IN MONITORING STATE REGULATIONS IN SUPPORT OF FURTHERING THE MEMORIAL HEALTH SYSTEM MISSION WHICH IS "TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE" THIS INCLUDES ASSISTING MEMORIAL HEALTH SYSTEM IN DEVELOPING PRESENTATIONS TO THE ILLINOIS CONGRESSIONAL DELEGATION, REQUESTING APPROPRIATIONS FOR PRIORITY PROJECTS INVOLVING LOCAL PATIENT SAFETY, QUALITY IMPROVEMENT AND IMPROVED LOCAL ACCESS TO MEDICAL CARE. THE LOBBYISTS ALSO ASSIST MEMORIAL IN COMMUNICATING THE IMPORTANCE OF ADEQUATE MEDICAID FUNDING IN SUPPORT OF THE SUBSTANTIAL SERVICES MEMORIAL'S AFFILIATES PROVIDE TO THOSE IN POVERTY AND IN MONITORING LEGISLATIVE AND REGULATORY DEVELOPMENTS THAT WOULD AFFECT MEMORIAL HEALTH SYSTEM'S ABILITY TO CONTINUE DELIVERING ITS SUBSTANTIAL COMMUNITY BENEFIT.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization MEMORIAL HEALTH SYSTEM	Employer identification number 37-1110690
--	--

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) Revenue included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

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

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 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, for escrow or custodial account liability?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,451,239	23,098,249		24,549,488
b Buildings	111,843,474	68,045,664	41,414,952	138,474,186
c Leasehold improvements				
d Equipment	1,597,177	61,866,218	49,929,245	13,534,150
e Other	859,329	11,372,582	1,450,521	10,781,390
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				187,339,214

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	78,818,548
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-2,879,716
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	43,404
e	Add lines 2a through 2d	2e	-2,836,312
3	Subtract line 2e from line 1	3	81,654,860
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	252,159
b	Other (Describe in Part XIII)	4b	-13,735,874
c	Add lines 4a and 4b	4c	-13,483,715
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	68,171,145

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	81,533,721
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	11,542,121
e	Add lines 2a through 2d	2e	11,542,121
3	Subtract line 2e from line 1	3	69,991,600
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	252,159
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	252,159
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	70,243,759

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE AUTHORITATIVE GUIDANCE IN ASC 740, INCOME TAXES, CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD. A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF THIS GUIDANCE, TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS. EACH OF MEMORIAL HEALTH SYSTEM'S SUBSIDIARIES, EXCLUDING THOSE DESCRIBED IN THE FOLLOWING PARAGRAPH, IS A SEPARATELY INCORPORATED NOT-FOR-PROFIT CORPORATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE CODE AND IS TAX-EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THEY DO, HOWEVER, OPERATE CERTAIN PROGRAMS THAT MAY RESULT IN UNRELATED BUSINESS INCOME. UPON REVIEW AS REQUIRED BY ASC 740, NO TAX PROVISION WAS RECORDED FOR THE YEARS ENDED SEPTEMBER 30, 2015 OR 2014. MEMORIAL PROPERTIES (MP) AND MEMORIAL HEALTH PARTNERS (MHP) ARE CONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES AND ARE EXEMPT FROM INCOME TAX. MEMORIAL HOME SERVICES OF CENTRAL ILLINOIS (MHSCI) IS A TAXABLE FOR-PROFIT CORPORATION AND PASSAVANT PHYSICIAN ASSOCIATION (PPA) IS A TAXABLE NOT-FOR-PROFIT CORPORATION. BOTH ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES.
PART XI, LINE 2D - OTHER ADJUSTMENTS	NONOPERATING CHANGE IN FV OF INT RATE SWAPS 43,404
PART XI, LINE 4B - OTHER ADJUSTMENTS	REIMBURSED IT EXPENSES 1,559,320 RENTAL EXPENSES REPORTED IN F/S AS EXPENSE 990 AS NET -13,525,148 RELATED PARTNERSHIP INCOME BOOK/TAX DIFFERENCE 268 REIMBURSED EXEC SALARIES IN MGMT FEE -1,770,314
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED IN F/S AS EXPENSE 990 AS NET 13,525,148 REIMBURSED IT EXPENSES -1,559,320 NONOPERATING OTHER EXPENSE -423,707

[illegible]

Schedule I
(Form 990)

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MEMORIAL HEALTH SYSTEM

Employer identification number

37-1110690

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12

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

Part III

Grants and Other Assistance to Domestic Individuals. 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

Part IV

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

Return Reference	Explanation
PART I, LINE 2	MHS PROVIDES GRANTS PRIMARILY TO LOCALLY MANAGED 501(C)(3) ORGANIZATIONS THAT SUPPORT OR SHARE THE MISSION OF MHS REQUESTS TO SUPPORT INITIATIVES IN LINE WITH MHS'S COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES RECEIVE SPECIAL CONSIDERATION SENIOR LEADERSHIP MUST APPROVE ALL GRANTS MHS EMPLOYEES ARE VOLUNTEER BOARD MEMBERS OR PARTICIPATE AS VOLUNTEERS FOR SOME OF THE ORGANIZATIONS THAT MHS ASSISTS WHEN AN ORGANIZATION IS GIVEN A DONATION, IT EITHER AGREES TO RESTRICT THE DONATION TO THE PURPOSE FOR WHICH IT WAS REQUESTED OR IT RECEIVES A LETTER DIRECTING THAT DONATION MAY BE USED ONLY FOR THE APPROVED GRANT'S PURPOSE ADDITIONALLY, EMPLOYEES FREQUENTLY ATTEND MANY OF THE SPONSORED EVENTS OR MHS RECEIVES ACKNOWLEDGEMENT FROM THE ORGANIZATION ABOUT THE PROGRAM THAT WAS SUPPORTED BY THE GRANT

Additional Data

Software ID:
Software Version:
EIN: 37-1110690
Name: MEMORIAL HEALTH SYSTEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL ILLINOIS INC1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	37-0716060	501(C)(3)	151,603				SUPPORT FOR UNITED WAY COMMUNITY FUND
GREATER SPRINGFIELD CHAMBER OF COMMERCE 1011 S SECOND STREET SPRINGFIELD,IL 62704	37-0710280	501(C)(6)	90,050				SEE PART IVPARTICIPATE IN A PUBLIC AND PRIVATE ECONOMIC GROWTH PARTNERSHIP LED BY THE CHAMBER OF COMMERCE
HOSPITAL SISTERS MISSION OUTREACHPO BOX 1665 SPRINGFIELD,IL 62705	35-2271729	501(C)(3)	33,724				SEE PART IV RESPONDS TO THE SICK, POOR AND NEEDY THROUGH MEDICAL EQUIPMENT AND SUPPLY RECOVERY AND DISTRIBUTION PROGRAM AND EDUCATION AND AWARENESS OPPORTUNITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF CENTRAL ILLINOIS300 S 15TH ST SPRINGFIELD,IL 62703	37-0752849	501(C)(3)	50,000				SEE PART IV PROVIDE SUPPORT TO INSPIRE AND ENABLE ALL YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, AND RESPONSIBLE CITIZENS
KIDZEUM OF HEALTH AND SCIENCEPO BOX 9863 SPRINGFIELD,IL 62791	37-1320003	501(C)(3)	150,000				SEE PART IVPROVIDE SUPPORT FOR THE KIDZEUM HEALTH AND SCIENCE MUSEUM WHICH HAS A VERY STRONG HEALTH EDUCATION COMPONENT FOR CHILDREN
CENTRAL ILLINOIS FOODBANK INC1937 E COOK ST SPRINGFIELD,IL 62703	37-1106465	501(C)(3)	9,664				SEE PART IVPROVIDE SUPPORT TO COLLECT AND DISTRIBUTE FOOD TO CHARITABLE AGENCIES THAT SERVE PEOPLE IN NEED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS EXECUTIVE MANSION ASSOCIATION 410 E JACKSON STREET SPRINGFIELD, IL 62703	23-7244796	501(C)(3)	10,000				SEE PART IV PROVIDE COMMUNITY SUPPORT FOR FUNDRAISING TO REPAIR THE STATE OF ILLINOIS EXECUTIVE MANSION AND RELIEVE THE BURDEN FOR GOVERNMENT/TAXPAYERS
SPARC1 SPARC CENTER PLAZA 232 BRUNS LANE LANE SPRINGFIELD, IL 62702	37-0717761	501(C)(3)	10,000				SEE PART IV PROVIDE SUPPORT TO HELP INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IMPROVE THE QUALITY OF THEIR LIVES
SPRINGFIELD URBAN LEAGUE INC100 NORTH ELEVENTH STREET SPRINGFIELD, IL 62703	37-0765550	501(C)(3)	10,000				SEE PART IV PROVIDE SUPPORT TO ASSIST INDIVIDUALS AND COMMUNITIES TO REACH THEIR FULLEST POTENTIAL AND TO CLOSE EQUALITY GAPS FOR PEOPLE AT ALL ECONOMIC LEVELS AND STAGES OF LIFE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION OF THE UPPER MIDWEST3000 KELLY LANE SPRINGFIELD,IL 62711	20-4392201	501(C)(3)	9,900				SEE PART IVPROVIDE SUPPORT TO RAISE FUNDS AND AWARENESS FOR LUNG CANCER AND ASTHMA
OLD STATE CAPITOL FOUNDATIONPO BOX 502 SPRINGFIELD,IL 62705	37-1294171	501(C)(3)	9,000				SEE PART IVPROVIDE COMMUNITY SUPPORT FOR EDUCATION PROGRAM ON HISTORY OF MEDICAL CARE DURING THE CIVIL WAR AND THE PROGRESS OF MODERN MEDICINE
GIRLS ON THE RUN OF CENTRAL ILLINOIS907 CLOCKTOWER DRIVE SPRINGFIELD,IL 62704	27-1822009	501(C)(3)	7,500				SEE PART IVPROVIDE SUPPORT FOR POSITIVE YOUTH DEVELOPMENT FOR GIRLS 3RD-8TH GRADE LIFE SKILLS ARE TAUGHT THROUGH DYNAMIC INTERACTIVE LESSONS AND RUNNING GAMES THE GOAL OF THE PROGRAM IS TO UNLEASH CONFIDENCE THROUGH ACCOMPLISHMENT WHILE ESTABLISHING A LIFETIME APPRECIATION OF HEALTH AND FITNESS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABRAHAM LINCOLN COUNCIL INC BSA5231 S 6TH STREET SPRINGFIELD,IL 62703	37-0661493	501(C)(3)	5,000				SEE PART IV PROVIDE SUPPORT TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL CHOICES OVER THEIR LIFETIME BY INSTILLING IN THEM THE VALUES OF THE SCOUT OATH & LAW

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, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEM

Employer identification number
37-1110690

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

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

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

Note. The sum of columns (B)(i)-(iii) 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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	CHARTER TRAVEL IS OCCASIONALLY PROVIDED FOR THE CONVENIENCE OF EXECUTIVES/KEY EMPLOYEES ATTENDING OFF-SITE BUSINESS RELATED MEETINGS. CHARTER TRAVEL IS NOT TAXABLE INCOME TO THE INDIVIDUAL BECAUSE IT IS RELATED TO BUSINESS TRAVEL. ROBERT SCOTT RECEIVED A TEMPORARY HOUSING ALLOWANCE IN CALENDAR YEAR 2014 IN THE AMOUNT OF \$5,000, WHICH WAS TREATED AS TAXABLE COMPENSATION AND IS LISTED AS OTHER COMPENSATION ON SCHEDULE J, PART II, COLUMN (B)(III).
PART I, LINE 1B	MEMORIAL HEALTH SYSTEM DOES HAVE A BUSINESS TRAVEL POLICY THAT DISCUSSES REIMBURSEMENT OF TRAVEL EXPENSES AND RELATED APPROVALS. THE POLICY IS NOT SPECIFIC TO CHARTER TRAVEL, HOWEVER REIMBURSEMENT FOR CHARTER TRAVEL MUST FOLLOW THE APPROPRIATE SIGNATORY GUIDELINES. A WRITTEN POLICY DOES NOT EXIST REGARDING THE ISSUANCE OF A HOUSING ALLOWANCE, HOWEVER A WRITTEN CONTRACT OUTLINING THE TERMS AND CONDITIONS OF SUCH HOUSING ALLOWANCE WAS EXECUTED BETWEEN THE PARTIES.
PART I, LINE 3	COMPENSATION AND BENEFITS RECEIVED BY EDGAR CURTIS, PRESIDENT AND CEO OF MEMORIAL HEALTH SYSTEM, WAS COMPRISED OF THE FOLLOWING COMPONENTS, BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER COMPENSATION, RETIREMENT/DEFERRED COMPENSATION AND OTHER NONTAXABLE BENEFITS. BASE COMPENSATION FOR MR. CURTIS WAS DETERMINED BASED ON THE METHODS DESCRIBED IN PART I, LINE 3 CONDUCTED BY INDEPENDENT COMPENSATION CONSULTANTS. BASE COMPENSATION LEVELS WERE SET BY THE MHS BOARD AT THE 50TH PERCENTILE OF THE RELEVANT COMPENSATION RANGE, AS DETERMINED BY THE INDEPENDENT COMPENSATION CONSULTANTS. INCENTIVE COMPENSATION WAS CONTINGENT ON THE ACHIEVEMENT OF FOUR SPECIFIC PERFORMANCE METRICS OF MHS, AS DEFINED BY THE MHS BOARD. OTHER COMPENSATION IS COMPRISED PRIMARILY OF A PORTION OF MR. CURTIS' PAID TIME OFF BANK CASHED IN AND PAID TIME OFF DONATED BACK TO MEMORIAL MEDICAL CENTER FOUNDATION'S ANNUAL FUNDRAISING CAMPAIGN. RETIREMENT COMPENSATION REFLECTS AN INCREASE IN RETIREMENT BENEFITS OWED BY MHS UPON RETIREMENT OF MR. CURTIS. THIS CHANGE IS DRAMATICALLY IMPACTED BY ACTUARIAL ASSUMPTIONS OF THE RETIREMENT PLAN, WHICH HAVE HISTORICALLY INCLUDED DRAMATIC CHANGES IN THE DISCOUNT RATE. NORMAL RETIREMENT COMPENSATION FOR THE YEAR WAS \$163,606. LASTLY, NONTAXABLE BENEFITS REFLECT THE VALUE OF HEALTH (MEDICAL, DENTAL, LIFE INSURANCE) BENEFITS RECEIVED DURING THE YEAR AS WELL AS CHANGES IN ACTUARIAL VALUE OF THE POSTRETIREMENT HEALTH CARE INSURANCE REIMBURSEMENT PLAN.
PART I, LINE 4B	THE ORGANIZATION OR A RELATED ORGANIZATION, MEMORIAL MEDICAL CENTER, PROVIDES CERTAIN SUPPLEMENTAL RETIREMENT BENEFITS TO THE FOLLOWING OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES: AIMEE ALLBRITTON, PH.D., \$24,887, CHARLES CALLAHAN, PH.D., \$43,418, EDGAR CURTIS, \$1,008,282, KEVIN ENGLAND, \$187,960, ANNA EVANS, J.D., \$129,404, RAJESH GOVINDAIAH, M.D., \$51,100, DAVID GRAHAM, M.D., \$180,558, MITCHELL JOHNSON, \$124,471, ROBERT KAY, \$437,801, MELISSA MCGLASSON, \$20,808, DOUGLAS RAHN, D.B.A., \$253,383, AND ROBERT SCOTT, \$22,519. THESE BENEFITS ARE PROVIDED THROUGH A NONQUALIFIED DEFERRED COMPENSATION PLAN, UNDER WHICH THE BENEFITS BEING EARNED ARE SUBJECT TO A "SUBSTANTIAL RISK OF FORFEITURE." THE SUPPLEMENTAL RETIREMENT BENEFITS ARE STRUCTURED TO PROVIDE A RETENTION INCENTIVE THAT HAS BEEN DETERMINED BY THE LEADERSHIP COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF MEMORIAL HEALTH SYSTEM TO BE OF SUBSTANTIAL VALUE TO THE ORGANIZATION. THE FOLLOWING CURRENT OR FORMER OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES RECEIVED DEFERRED COMPENSATION PAYOUTS IN THE CALENDAR YEAR FROM THE ORGANIZATION OR A RELATED ORGANIZATION, MEMORIAL MEDICAL CENTER: KEVIN ENGLAND, \$10,152, AND DOUGLAS RAHN, D.B.A., \$12,055. TO BECOME ENTITLED TO THE BENEFITS PROVIDED, EACH COVERED EMPLOYEE MUST MEET SUBSTANTIAL REQUIREMENTS RELATING TO FURTHER EMPLOYMENT. UNTIL THOSE REQUIREMENTS ARE SATISFIED, IF EVER, THE EMPLOYEE IS NOT ENTITLED TO THESE AMOUNTS. IF THE EMPLOYEE WERE TO HAVE TERMINATED EMPLOYMENT VOLUNTARILY IN THE YEAR TO WHICH THIS RETURN APPLIES AND NOT MET THESE SUBSTANTIAL REQUIREMENTS, THESE SUPPLEMENTAL RETIREMENT BENEFITS WOULD HAVE BEEN FORFEITED. THESE SUPPLEMENTAL RETIREMENT BENEFITS ARE PART OF A RETIREMENT PROGRAM THAT PROVIDES RETIREMENT INCOME FOR ALL YEARS OF SERVICE THAT THE EMPLOYEE PROVIDES TO THE ORGANIZATION. ACCORDINGLY, ANY RETIREMENT BENEFITS SHOULD BE VIEWED AS APPLYING TO THE ENTIRE LENGTH OF THE EMPLOYEE'S SERVICE. THE LEADERSHIP COMPENSATION COMMITTEE OF THE MHS BOARD APPROVES ALL RETIREMENT BENEFITS, TOGETHER WITH ALL OTHER FORMS OF COMPENSATION AND BENEFITS FOR THESE AND OTHER SENIOR LEADERS, IN A MANNER INTENDED TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL INCOME TAX LAW.
SCHEDULE J, PART II, COLUMN (D)	MEMORIAL HEALTH SYSTEM PROVIDES A POSTRETIREMENT HEALTH CARE INSURANCE REIMBURSEMENT PLAN TO CERTAIN EXECUTIVES AND PHYSICIANS TO REIMBURSE HEALTH INSURANCE COSTS INCURRED BY THE RETIREES AND THEIR SPOUSES. THE CHANGE IN THE ACTUARIAL VALUE OF THE PLAN IS REPORTED ON SCHEDULE J, PART II, COLUMN (D) AS A NONTAXABLE BENEFIT. SCHEDULE J, PART II, COLUMN (D) ALSO INCLUDES OTHER NONTAXABLE BENEFITS SUCH AS MEDICAL, DENTAL, AND LIFE INSURANCE.

Additional Data

Software ID:
Software Version:
EIN: 37-1110690
Name: MEMORIAL HEALTH SYSTEM

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EDGAR CURTIS EX-OFFICIO, PRESIDENT & CEO	(i) 743,747 (ii) 0	(i) 393,803 (ii) 0	(i) 85,996 (ii) 0	(i) 1,041,582 (ii) 0	(i) 42,969 (ii) 0	(i) 2,308,097 (ii) 0	(i) 0 (ii) 0
ROBERT KAY, SVP & CFO & ASST TREASURER	(i) 355,760 (ii) 0	(i) 0 (ii) 0	(i) 15,272 (ii) 0	(i) 466,001 (ii) 0	(i) 18,864 (ii) 0	(i) 855,897 (ii) 0	(i) 0 (ii) 0
MITCHELL JOHNSON, SVP & CHIEF STRATEGY OFFICER	(i) 270,158 (ii) 0	(i) 115,610 (ii) 0	(i) 15,388 (ii) 0	(i) 157,516 (ii) 0	(i) 40,252 (ii) 0	(i) 598,924 (ii) 0	(i) 0 (ii) 0
DAVID GRAHAM MD, SVP & CIO	(i) 373,189 (ii) 0	(i) 158,266 (ii) 0	(i) 13,628 (ii) 0	(i) 198,558 (ii) 0	(i) 14,658 (ii) 0	(i) 758,299 (ii) 0	(i) 0 (ii) 0
RAJESH GOVINDAIAH MD, SVP & CMO	(i) 370,799 (ii) 0	(i) 158,281 (ii) 0	(i) 20,448 (ii) 0	(i) 66,406 (ii) 0	(i) 7,194 (ii) 0	(i) 623,128 (ii) 0	(i) 0 (ii) 0
ROBERT SCOTT, VP & CHRO	(i) 213,671 (ii) 0	(i) 66,000 (ii) 0	(i) 11,540 (ii) 0	(i) 30,319 (ii) 0	(i) 21,041 (ii) 0	(i) 342,571 (ii) 0	(i) 0 (ii) 0
DOUGLAS RAHN DBA, EVP & COO (THRU MARCH 14)	(i) 324,344 (ii) 119,496	(i) 188,757 (ii) 0	(i) 13,776 (ii) 25,792	(i) 193,948 (ii) 77,435	(i) 15,277 (ii) 5,235	(i) 736,102 (ii) 227,958	(i) 0 (ii) 0
KEVIN ENGLAND, VP BUSINESS DEVELOPMENT	(i) 224,527 (ii) 0	(i) 82,352 (ii) 0	(i) 36,825 (ii) 0	(i) 213,478 (ii) 0	(i) 53,002 (ii) 0	(i) 610,184 (ii) 0	(i) 0 (ii) 0
ANNA EVANS JD, GEN COUNSEL/VP INT AUDIT & COMPL	(i) 302,277 (ii) 0	(i) 93,785 (ii) 0	(i) 11,003 (ii) 0	(i) 147,179 (ii) 0	(i) 24,665 (ii) 0	(i) 578,909 (ii) 0	(i) 0 (ii) 0
CHARLES CALLAHAN PHD, EVP & COO (FROM APRIL 14)	(i) 0 (ii) 357,710	(i) 0 (ii) 161,616	(i) 0 (ii) 38,098	(i) 0 (ii) 69,971	(i) 0 (ii) 21,952	(i) 0 (ii) 649,347	(i) 0 (ii) 0
MELISSA MCGLASSON, VP FINANCE	(i) 201,500 (ii) 0	(i) 61,200 (ii) 0	(i) 13,273 (ii) 0	(i) 37,449 (ii) 0	(i) 3,073 (ii) 0	(i) 316,495 (ii) 0	(i) 0 (ii) 0
AIMEE ALLBRITTON PHD, VP & CLO	(i) 215,233 (ii) 0	(i) 66,070 (ii) 0	(i) 33,385 (ii) 0	(i) 45,437 (ii) 0	(i) 16,386 (ii) 0	(i) 376,511 (ii) 0	(i) 0 (ii) 0
LAURA COSSEY, SYS DIR INT AUDIT/COMPL	(i) 154,946 (ii) 0	(i) 24,348 (ii) 0	(i) 3,811 (ii) 0	(i) 12,526 (ii) 0	(i) 18,826 (ii) 0	(i) 214,457 (ii) 0	(i) 0 (ii) 0
MADONNA CROMPTON, SYS DIR CLINICAL INFORMATICS	(i) 154,387 (ii) 0	(i) 11,784 (ii) 0	(i) 6,371 (ii) 0	(i) 21,434 (ii) 0	(i) 9,643 (ii) 0	(i) 203,619 (ii) 0	(i) 0 (ii) 0
JERRY MILLER, ADMIN IS OPERATIONS	(i) 149,104 (ii) 0	(i) 23,527 (ii) 0	(i) 690 (ii) 0	(i) 9,851 (ii) 0	(i) 22,596 (ii) 0	(i) 205,768 (ii) 0	(i) 0 (ii) 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MEMORIAL HEALTH SYSTEM

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
37-1110690

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS HEALTH FACILITIES AUTHORITY	36-2780046	45200P2U4	12-17-2003	31,000,000	SEE PART VI		X		X		X
B ILLINOIS FINANCE AUTHORITY	86-1091967	45200FJ59	12-22-2009	147,401,639	SEE PART VI		X		X		X
C ILLINOIS FINANCE AUTHORITY	86-1091967	45203HYQ9	01-30-2014	60,465,495	SEE PART VI		X		X		X
D ILLINOIS FINANCE AUTHORITY	86-1091967		05-15-2014	60,000,000	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	9,730,000		3,765,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	31,100,606		147,556,074		60,471,350		60,000,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	329,438		1,350,000					
8	Credit enhancement from proceeds	110,306							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	19,254,302		146,206,074		60,471,350		60,000,000	
11	Other spent proceeds	11,406,560							
12	Other unspent proceeds								
13	Year of substantial completion	2004		2011		2015		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X			X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 340 %		1 840 %		0 %		0 %	
6	Total of lines 4 and 5	0 340 %		1 840 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	US BANCORP PIPER JAFFRAY FINANCIAL							
c	Term of hedge	18 800000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K SUPPLENTAL INFORMATION	SCHEDULE K ONE SCHEDULE K WAS COMPLETED AT THE PARENT LEVEL ONLY HOWEVER, EACH AFFILIATE IS STILL SHOWING ITS ALLOCATION OF THE LIABILITY ON THE BALANCE SHEET, AS CAN BE SEEN ON THE GROUP RETURN SCHEDULE K PART I, COLUMN (F) CONTINUATIONS ONE PURPOSE OF THE 2003 ISSUE WAS TO CURRENT REFUND \$10,980,000 OF THE 1993 SERIES BONDS ISSUED ON 8/5/93 IN THE AMOUNT OF \$21,245,000 PROCEEDS WERE ALSO USED TO PAY ISSUANCE EXPENSES AND TO PURCHASE EQUIPMENT AND SOFTWARE FOR MEMORIAL HEALTH SYSTEM PROCEEDS WERE ALSO USED FOR CONSTRUCTION AND HEALTHCARE BUILDING IMPROVEMENTS AND TO CONSTRUCT AND EQUIP AN OUTPATIENT PSYCHIATRIC FACILITY THE PURPOSE OF THE 2009 ISSUE WAS TO PAY ISSUANCE COSTS, CONSTRUCT AND EQUIP A REPLACEMENT HOSPITAL FACILITY FOR ABRAHAM LINCOLN MEMORIAL HOSPITAL, RENOVATE AND REMODEL TAYLORVILLE MEMORIAL HOSPITAL, RENOVATE, REMODEL, AND EQUIP MEMORIAL MEDICAL CENTER, CONSTRUCT A PARKING GARAGE ADJACENT TO MEMORIAL MEDICAL CENTER, CONSTRUCT AND EQUIP A WOUND CARE CENTER, RENOVATE A PAIN CLINIC, CONSTRUCT AND EQUIP A CONSOLIDATED IMAGING SERVICES AREA, PURCHASE VARIOUS PARCELS OF REAL PROPERTY IN SPRINGFIELD, IL AND TAYLORVILLE, IL FOR FUTURE EXPANSION OF EXISTING FACILITIES, CONSTRUCT AND EQUIP A SPACE FOR PHYSICAL THERAPY OWNED BY MEMORIAL MEDICAL CENTER AND LOCATED WITHIN THE NEW YMCA IN SPRINGFIELD, IL, AND ROUTINE CAPITAL EXPENDITURES THE PURPOSE OF THE 2014A ISSUE WAS (A) TO REPAY TAXABLE DEBT IN THE AMOUNT OF \$25,057,493 USED FOR PAYMENT OF THE COST OF ACQUIRING, CONSTRUCTING, RENOVATING, REMODELING AND EQUIPPING HEALTH FACILITIES AT MEMORIAL MEDICAL CENTER, AND (B) FOR PAYING ADDITIONAL COSTS OF THOSE PROJECTS NOT PREVIOUSLY FINANCED WITH THE TAXABLE DEBT THE PURPOSE OF THE 2014B ISSUE WAS FOR THE PAYMENT OF ACQUIRING, CONSTRUCTING, RENOVATING, REMODELING AND EQUIPPING HEALTH FACILTIES AT MEMORIAL MEDICAL CENTER SCHEDULE K PART II, LINE 3 TOTAL PROCEEDS ISSUED AMOUNT IN COLUMNS A, B, & C DOESN'T TIE TO PART I COLUMN (E) DUE TO INVESTMENT EARNINGS INCLUDED IN PART II, LINE 3 SCHEDULE K PART III, LINE 3B & 3D MEMORIAL HEALTH SYSTEM'S INTERNAL COUNSEL, AS WELL AS EXTERNAL BOND COUNSEL, ROUTINELY REVIEWS MANAGEMENT AND SERVICE CONTRACTS AND RESEARCH AGREEMENTS RELATING TO FINANCED PROPERTY SCHEDULE K PART IV, LINE 1 THE ARBITRAGE REBATE FILING IS ONLY REQUIRED EVERY 5 YEARS, AND NO REBATABLE ARBITRAGE HAS BEEN EARNED FOR ISSUES AT SUCH 5 YEAR ANNIVERSARIES SCHEDULE K PART IV, LINE 2C THE REBATE COMPUTATION FOR COLUMN A WAS PERFORMED ON 12/17/2013 THE REBATE COMPUTATION FOR COLUMN B WAS PERFORMED ON 12/22/2014, AND NO REBATABLE ARBITRAGE HAS BEEN EARNED FOR THESE ISSUES AT SUCH 5 YEAR ANNIVERSARIES SCHEDULE K PART IV, LINE 4B THE PROVIDER'S FULL NAME FOR COLUMN A IS U S BANCORP PIPER JAFFRAY FINANCIAL PRODUCTS INC

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
MEMORIAL HEALTH SYSTEM

Employer identification number
37-1110690

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LEVI RAY AND SHOUP INC	SEE PART V BOARD MEMBER IS OWNER OF LEVI, RAY AND SHOUP, INC	242,977	SEE PART VMEMORIAL HEALTH SYSTEM PAID FEES TO LEVI, RAY AND SHOUP, INC FOR SERVICES FOR THE YEAR ENDED SEPTEMBER 30, 2015 IN THE AMOUNT OF \$242,977 RICHARD H LEVI IS A MEMBER OF MEMORIAL HEALTH SYSTEM'S BOARD OF DIRECTORS AND IS OWNER OF LEVI, RAY AND SHOUP, INC ALL FEES ARE NEGOTIATED AT FAIR MARKET VALUE FOR THE SERVICES PROVIDED		No
(2) SPRINGFIELD CLINIC LLP	PART V BOARD MEMBER IS PARTNER AND BOARD MEMBER OF SPRINGFIELD CLINIC, LLP	2,234,338	SEE PART VMEMORIAL HEALTH SYSTEM PAID FEES TO SPRINGFIELD CLINIC FOR SERVICES FOR THE YEAR ENDED SEPTEMBER 30, 2015 IN THE AMOUNT OF \$2,234,338 A PHYSICIAN AND BOARD MEMBER OF THIS COMPANY, WILLIAM D PUTMAN, M D IS ALSO A BOARD MEMBER OF MEMORIAL HEALTH SYSTEM'S BOARD OF DIRECTORS ALL FEES ARE NEGOTIATED AT FAIR MARKET VALUE FOR THE SERVICES PROVIDED		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization MEMORIAL HEALTH SYSTEM	Employer identification number 37-1110690
--	--

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MEMORIAL HEALTH SYSTEM BOARD MEMBERS JAMES BRUNER, RICHARD LEVI, AND SERGIO PECORI ARE ALL ON THE ILLINOIS NATIONAL BANK BOARD OF DIRECTORS. MEMORIAL HEALTH SYSTEM BOARD MEMBER NINA HARRIS AND KEY EMPLOYEE MITCHELL JOHNSON ARE BOARD MEMBERS OF SECURITY BANK. WILLIAM PUTMAN, M.D. IS A MHS BOARD MEMBER AND IS A BOARD MEMBER OF SPRINGFIELD CLINIC, LLP. TODD WISE AND DIANE RUTLEDGE, PH.D. ARE BOTH MMC BOARD MEMBERS. MR. WISE IS AN OFFICER AND DIRECTOR OF UNITED COMMUNITY BANK, WHERE MS. RUTLEDGE IS ALSO A UCB BOARD MEMBER.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CORPORATION CONTAINS 101 INDIVIDUAL MEMBERS WHO ELECT THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE INDIVIDUAL MEMBERS OF THE CORPORATION HAVE THE POWER AND AUTHORITY TO ELECT THE CORPORATION'S BOARD OF DIRECTORS, AS WELL AS THE POWER AND AUTHORITY TO REMOVE MEMBER ELECTED DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	INDIVIDUAL MEMBERS OF THE CORPORATION HAVE NO VOTING RIGHTS WITH RESPECT TO THE MANAGEMENT, CONTROL OR OPERATION OF THE AFFAIRS AND PROPERTIES OF THE CORPORATION ONLY THE BOARD OF DIRECTORS CAN MAKE DECISIONS IN THAT REGARD

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A FINAL DRAFT COPY OF THE MHS FORM 990 AND ALL ATTACHMENTS IS PROVIDED TO ALL OF THE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS AND A BOARD COMMITTEE PRIOR TO FILING ALL QUESTIONS AND COMMENTS ARISING FROM THESE REVIEWS ARE ADDRESSED PRIOR TO SUBMISSION OF THE RETURN TO THE APPROPRIATE TAXING AUTHORITIES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES OF THE CORPORATION ARE REQUIRED TO ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A SPECIFIC DISCLOSURE STATEMENT WHICH IS ATTACHED TO THE POLICY. MEMORIAL HEALTH SYSTEM MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY BY IDENTIFYING ANY POTENTIAL CONFLICTS AT THE TIME EACH MEETING AGENDA IS PREPARED. ANY OFFICER OR DIRECTOR WHO HAS A CONFLICT IS NOTIFIED OF SUCH CONFLICT, AS WELL AS THEIR OBLIGATION TO ABSTAIN FROM THE DISCUSSION AND VOTE ON ANY CONFLICTED ISSUES(S). SUCH ABSTENTION(S), IF REQUIRED, ARE DOCUMENTED IN THE MINUTES OF EACH MEETING. BOARD MEMBERS ARE ALSO REQUIRED TO UPDATE THEIR CONFLICT OF INTEREST DISCLOSURE STATEMENTS PROMPTLY IN THE EVENT OF ANY CHANGE IN PERSONAL OR BUSINESS ACTIVITIES THAT WOULD REQUIRE SUCH DISCLOSURE.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS HAS APPOINTED A LEADERSHIP COMPENSATION COMMITTEE MADE UP OF PAST AND PRESENT INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, AND HAS DELEGATED TO IT THE RESPONSIBILITY OF ADMINISTERING, OVERSEEING AND APPROVING ALL FORMS OF COMPENSATION AND BENEFITS PROVIDED TO EXECUTIVE LEADERSHIP, INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER AND OTHER SENIOR VICE PRESIDENTS, WHO ARE KEY EMPLOYEES. THE BOARD HAS ADOPTED A LEADERSHIP COMPENSATION PHILOSOPHY STATEMENT DESCRIBING THE ROLE AND RESPONSIBILITIES OF THE COMMITTEE. THIS PHILOSOPHY EXPRESSLY STATES THE COMMITTEE'S INTENT, ON BEHALF OF THE CORPORATION, TO TAKE ALL THE STEPS NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES. THE COMMITTEE ANALYZES EVERY ELEMENT OF COMPENSATION (INCLUDING CURRENT, INCENTIVE AND DEFERRED COMPENSATION) AND BENEFITS (INCLUDING QUALIFIED AND NON-QUALIFIED BENEFITS). THE COMMITTEE CONDUCTS ITS REVIEW AND APPROVAL PROCESS AT LEAST ANNUALLY, AND APPROVES COMPENSATION AND BENEFITS ONLY TO THE EXTENT THAT THE COMMITTEE HAS CONCLUDED THAT THE COMPENSATION AND BENEFITS CONSTITUTE NO MORE THAN REASONABLE COMPENSATION FOR EACH EXECUTIVE. IN CONNECTION WITH THE MOST RECENT REVIEW AND APPROVAL PROCESS, THE COMMITTEE RECEIVED PROFESSIONAL ADVICE FROM AN INDEPENDENT CONSULTANT AND OUTSIDE LEGAL COUNSEL. THE COMMITTEE CONSISTS ENTIRELY OF PAST AND PRESENT DISINTERESTED MEMBERS OF THE BOARD OR DISINTERESTED COMMITTEE MEMBERS WHO UNDER STATE CORPORATE LAW MAY SERVE ON SUCH A COMMITTEE. THE COMMITTEE WORKS WITH ITS COMPENSATION CONSULTANT TO PREPARE AND REVIEW IN ADVANCE COMPREHENSIVE DATA SHOWING THE COMPENSATION PROVIDED BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY SIMILAR POSITIONS. THE COMMITTEE ALSO PREPARES A TIMELY AND THOROUGH WRITTEN RECORD OF ITS PROCEDURAL CRITERIA NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS OF MEMORIAL HEALTH SYSTEM, SUCH AS ARTICLES OF INCORPORATION AND ANY AMENDMENTS THERETO, ARE AVAILABLE TO THE GENERAL PUBLIC THROUGH THE ILLINOIS SECRETARY OF STATE'S OFFICE. THESE GOVERNING DOCUMENTS, AS WELL AS THE BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, ARE AVAILABLE UPON REQUEST FROM THE CORPORATION. THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF TIME AS SET FORTH IN IRC SECTION 6104(D).

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NONOPERATING RECONCILING ITEMS 467,111 CHANGE IN UNRESTRICTED NET ASSETS 17,495,595 EXEC SALARIES IN MGMT FEE INCOME 1,770,314 RELATED PARTNERSHIP BOOK/TAX DIFF -268

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2	MEMORIAL HEALTH SYSTEM COLLECTED RENTAL INCOME FROM AFFILIATES DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2015 THE VALUES LISTED IN SCHEDULE R, PART V, LINE 2 WERE DETERMINED USING FAIR MARKET VALUE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEM

Employer identification number
37-1110690

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MEMORIAL HEALTH PARTNERS LLC 701 NORTH 1ST STREET SPRINGFIELD, IL 62781 46-3947269	TO COORDINATE PATIENT CARE ACTIVITIES ACROSS THE HEALTHCARE CONTINUUM	IL	115,440	0	MEMORIAL HEALTH SYSTEM

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(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
(1) MEMORIAL HOME SERVICES OF CENTRAL ILLINOIS INC 701 NORTH FIRST ST SPRINGFIELD, IL 62781 37-1190216	PROVIDE DURABLE MEDICAL EQUIPMENT AND SUPPLIES TO PATIENTS	IL	MEMORIAL HOME SERVICES	C				Yes	
(2) PASSAVANT PHYSICIAN ASSOCIATION 1600 WEST WALNUT JACKSONVILLE, IL 62650 26-1200566	PHYSICIAN SERVICES	IL	PASSAVANT MEM AREA HOSPITAL ASSOCIATION	C				Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f

1g

1h Yes

1i

1j Yes

1k Yes

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r

1s

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

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 37-1110690

Name: MEMORIAL HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) MEMORIAL MEDICAL CENTER 701 NORTH FIRST ST SPRINGFIELD, IL 627810001 37-0661220	HOSPITAL SERVICES	IL	501(C)(3)	170(B)(1)(A) (III)	MEMORIAL HEALTH SYSTEM	Yes	
(1) MEMORIAL HEALTH VENTURES 701 NORTH FIRST ST SPRINGFIELD, IL 627810001 36-3492266	HEALTHCARE ACTIVITIES	IL	501(C)(3)	509(A)(2)	MEMORIAL HEALTH SYSTEM	Yes	
(2) ABRAHAM LINCOLN MEMORIAL HOSPITAL 200 STAHLHUT DR LINCOLN, IL 62656 37-0723793	HOSPITAL SERVICES	IL	501(C)(3)	170(B)(1)(A) (III)	MEMORIAL HEALTH SYSTEM	Yes	
(3) TAYLORVILLE MEMORIAL HOSPITAL 201 EAST PLEASANT TAYLORVILLE, IL 62568 37-0661250	HOSPITAL SERVICES	IL	501(C)(3)	170(B)(1)(A) (III)	MEMORIAL HEALTH SYSTEM	Yes	
(4) MEMORIAL HOME SERVICES 720 NORTH BOND ST SPRINGFIELD, IL 627024915 37-0714225	HOME HEALTH, HOSPICE, AND CONTINUOUS CARE SERVICES	IL	501(C)(3)	170(B)(1)(A) (VI)	MEMORIAL HEALTH SYSTEM	Yes	
(5) MEMORIAL PHYSICIAN SERVICES 701 NORTH FIRST ST SPRINGFIELD, IL 627810001 37-1181194	HEALTH CLINICS	IL	501(C)(3)	509(A)(2)	MEMORIAL HEALTH SYSTEM	Yes	
(6) MEMORIAL MEDICAL CENTER FOUNDATION 701 NORTH FIRST ST SPRINGFIELD, IL 62781 37-1110301	GRANTS TO HOSPITALS, OTHER CHARITABLE ORGANIZATIONS, AND SCHOLARSHIPS	IL	501(C)(3)	170(B)(1)(A) (VI)	MEMORIAL MEDICAL CENTER	Yes	
(7) TAYLORVILLE MEMORIAL HOSPITAL FOUNDATION 201 EAST PLEASANT TAYLORVILLE, IL 62568 37-1337485	GRANTS TO OTHER CHARITABLE ORGANIZATIONS AND HOSPITALS	IL	501(C)(3)	170(B)(1)(A) (VI)	N/A		No
(8) MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS 710 NORTH EIGHTH ST SPRINGFIELD, IL 627026395 37-0646367	TRAINING, PSYCHIATRIC, AND RESIDENT SERVICES FOR MENTALLY ILL AND DISABLED	IL	501(C)(3)	170(B)(1)(A) (VI)	MEMORIAL HEALTH SYSTEM	Yes	
(9) ABRAHAM LINCOLN HEALTHCARE FOUNDATION 200 STAHLHUT DR LINCOLN, IL 62656 36-3492268	GRANTS TO OTHER CHARITABLE ORGANIZATIONS AND HOSPITALS	IL	501(C)(3)	170(B)(1)(A) (VI)	MEMORIAL HEALTH SYSTEM	Yes	
(10) SPRINGFIELD RESIDENTIAL SERVICES 710 NORTH EIGHTH ST SPRINGFIELD, IL 62702 37-1298589	RESIDENTIAL HUD HOUSING PROJECT FOR MENTALLY ILL	IL	501(C)(3)	170(B)(1)(A) (VI)	MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS	Yes	
(11) PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 WEST WALNUT JACKSONVILLE, IL 62650 37-0661230	HOSPITAL SERVICES	IL	501(C)(3)	170(B)(1)(A) (III)	MEMORIAL HEALTH SYSTEM	Yes	
(12) PASSAVANT AREA HOSPITAL FOUNDATION 1600 WEST WALNUT JACKSONVILLE, IL 62650 46-1037396	GRANTS TO OTHER CHARITABLE ORGANIZATIONS AND HOSPITALS	IL	501(C)(3)	509(A)(3)TYPE I	PASSAVANT MEM AREA HOSPITAL ASSOCIATION	Yes	
(13) JACKSONVILLE CRNA'S INC 1600 WEST WALNUT JACKSONVILLE, IL 62650 27-3083265	CRNA SERVICES	IL	501(C)(3)	509(A)(3)TYPE I	PASSAVANT MEM AREA HOSPITAL ASSOCIATION	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MEMORIAL HEALTH VENTURES	A	501,187	FMV
MEMORIAL HOME SERVICES	A	126,387	FMV
MEMORIAL MEDICAL CENTER	A	2,465,253	FMV
MEMORIAL PHYSICIAN SERVICES	A	1,928,655	FMV
MEMORIAL HOME SERVICES OF CENTRAL ILLINOIS	A	6,643	FMV
MEMORIAL PHYSICIAN SERVICES	B	9,177,562	FMV
MEMORIAL HEALTH VENTURES	J	501,187	FMV
MEMORIAL HOME SERVICES	J	126,387	FMV
MEMORIAL MEDICAL CENTER	J	2,465,253	FMV
MEMORIAL PHYSICIAN SERVICES	J	1,928,655	FMV
MEMORIAL MEDICAL CENTER	K	150,373	FMV
MEMORIAL PHYSICIAN SERVICES	K	458,352	FMV
MEMORIAL MEDICAL CENTER	L	335,379	FMV
MEMORIAL HEALTH VENTURES	L	332,617	FMV
MEMORIAL PHYSICIAN SERVICES	L	2,039,985	FMV
MEMORIAL MEDICAL CENTER	M	548,970	FMV
MEMORIAL MEDICAL CENTER	N	892,010	FMV
MEMORIAL HOME SERVICES	N	126,387	FMV
MEMORIAL MEDICAL CENTER	O	4,325,351	FMV
MEMORIAL PHYSICIAN SERVICES	O	353,967	FMV
ABRAHAM LINCOLN MEMORIAL HOSPITAL	O	133,284	FMV
TAYLORVILLE MEMORIAL HOSPITAL	O	121,880	FMV
MEMORIAL MEDICAL CENTER	P	6,364,333	FMV
MEMORIAL PHYSICIAN SERVICES	P	496,460	FMV
MEMORIAL MEDICAL CENTER	Q	4,678,708	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MEMORIAL HOME SERVICES	Q	110,083	FMV
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS	Q	73,892	FMV
MEMORIAL PHYSICIAN SERVICES	Q	2,561,490	FMV
ABRAHAM LINCOLN MEMORIAL HOSPITAL	Q	305,353	FMV
TAYLORVILLE MEMORIAL HOSPITAL	Q	227,729	FMV
PASSAVANT AREA MEMORIAL HOSPITAL	Q	180,781	FMV
MEMORIAL MEDICAL CENTER	C	29,624,835	FMV
MEMORIAL MEDICAL CENTER	H	183,114	FMV
MEMORIAL HEALTH VENTURES	B	2,500,000	FMV
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS	A	26,448	FMV
MEMORIAL MEDICAL CENTER	L	45,629,115	FMV
ABRAHAM LINCOLN MEMORIAL HOSPITAL	L	2,389,613	FMV
TAYLORVILLE MEMORIAL HOSPITAL	L	2,174,641	FMV
MEMORIAL PHYSICIAN SERVICES	L	3,472,873	FMV
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS	L	530,244	FMV
MEMORIAL HOME SERVICES	L	775,522	FMV
MEMORIAL HEALTH VENTURES	L	411,098	FMV
PASSAVANT AREA MEMORIAL HOSPITAL	L	490,245	FMV