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Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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/foi/m990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Memorial Health Care System Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

2525 DeSales Avenue

City or town, state or province, country, and ZIP or foreign postal code

Chattanooga, TN 37404

F Name and address of principal officer

Larry Schumacher

2525 DeSales Avenue

Chattanooga, TN 37404

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

0928

D Employer identification number

62-0532345

E Telephone number

(423) 495-7878

G Gross receipts \$

647,039,099

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀(insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶

www.memorial.org

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation

1952

M State of legal domicile

TN

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Emphasize human dignity and social justice as we create healthier communities by providing health care services regardless of ability to pay, for those in Chattanooga, TN and the surrounding area

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

21

16

3,675

625

15,428,547

-420,008

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

2,424,788

593,788,013

6,264,996

10,425,318

612,903,115

Current Year

10,275,552

617,455,889

8,721,126

10,578,282

647,030,849

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶¹¹⁰

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

40,293,152

198,254,826

347,326,554

585,874,532

27,028,583

45,127,409

0

205,880,541

0

366,234,232

617,242,182

29,788,667

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

750,064,050

285,495,869

464,568,181

End of Year

757,986,144

293,013,401

464,972,743

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

Troy Hammett CFO

Type or print name and title

2017-05-10

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ Catholic Health Initiatives

Firm's EIN ▶ 47-0617373

Firm's address ▶ 198 Inverness Drive West

Englewood, CO 80112

Phone no (303) 298-9100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990**(2015)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

The mission of the Corporation is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges the Corporation to emphasize human dignity and social justice as it creates healthier communities. (continued in schedule O)

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 557,785,981 including grants of \$ 45,127,409) (Revenue \$ 608,897,078)

SEE SCHEDULE H

4b

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

4c

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

4d











Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 557,785,981

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 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4 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 Yes | |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 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 Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b Yes | |

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 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 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 | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | 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. | 1a | 2 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2a | 3,675 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | 3b | 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)? | 4a | | 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? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | 10b | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders. | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | 13b | | |
| c | Enter the amount of reserves on hand. | 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | |

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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 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 | 21 | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | 16 | |
| 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? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | 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? | 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? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | 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 | | 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? | | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 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 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 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 | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 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 | | No |
| 15b | Other officers or key employees of the organization | 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? | 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? | | No |

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ 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
TROY HAMMETT 2525 De Sales Avenue Chattanooga, TN 37404 (423) 495-7878

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

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

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

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

[illegible]

Part VII

[illegible]

| | | | | |
|-----------|--|-----------|-----------|---------|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 4,830,170 | 3,308,340 | 371,132 |

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 ► 131

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| Owens & Minor 9120 Lockwood Blvd Mechanicsville, VA 23116 | Health Care Services | 13,054,384 |
| BRASFIELD & GORRIE LLC 2748 MARY TAYLOR ROAD BIRMINGHAM, AL 35210 | CONSTRUCTION | 9,258,752 |
| XANITOS INC PO BOX NO 95000-3290 PHILADELPHIA, PA 19195 | CLEANING SERVICES | 5,275,750 |
| Vega Corporation of Tennessee PO Box 22937 Chattanooga, TN 37422 | Construction | 2,671,925 |
| American Anesthesiology of TN 2341 MCCALLIE AVENUE SUITE 402 CHATTANOOGA, TN 374213239 | PHYSICIAN SERVICES | 1,909,054 |

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 ► 45

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 | 0 | 10,275,552 | | | | |
| | b | Membership dues | 1b | 0 | | | | | |
| | c | Fundraising events | 1c | 0 | | | | | |
| | d | Related organizations | 1d | 10,203,381 | | | | | |
| | e | Government grants (contributions) | 1e | 0 | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 72,171 | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 0 | | | | | |
| | h | Total. Add lines 1a-1f | | | | | | | |
| Program Service Revenue | | | Business Code | | | | | | |
| | 2a | Equity changes of unconsolidated orgs | 900099 | 180,775 | 180,775 | 0 | 0 | | |
| | b | Rental income | 900099 | 4,521,490 | 4,521,490 | 0 | 0 | | |
| | c | Patient Services | 900099 | 612,475,117 | 603,916,306 | 8,558,811 | 0 | | |
| | d | | | 0 | 0 | 0 | 0 | | |
| | e | | | 0 | 0 | 0 | 0 | | |
| | f | All other program service revenue | | 278,507 | 278,507 | 0 | 0 | | |
| | g | Total. Add lines 2a-2f | | | 617,455,889 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 4,188,162 | 0 | 13,165 | 4,174,997 | | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | 0 | 0 | 0 | 0 | | |
| | 5 | Royalties | | 0 | 0 | 0 | 0 | | |
| | 6a | (i) Real | | (ii) Personal | | | | | |
| | | Gross rents | | 3,000 | | | | | 0 |
| | | Less rental expenses | | 4,658 | | | | | 0 |
| | | Rental income or (loss) | | -1,658 | | | | | 0 |
| | d | Net rental income or (loss) | | -1,658 | 0 | 0 | -1,658 | | |
| | 7a | (i) Securities | | (ii) Other | | | | | |
| | | Gross amount from sales of assets other than inventory | | 4,494,451 | | | | | 42,105 |
| | | Less cost or other basis and sales expenses | | 0 | | | | | 3,592 |
| | | Gain or (loss) | | 4,494,451 | | | | | 38,513 |
| | d | Net gain or (loss) | | 4,532,964 | 0 | 0 | 4,532,964 | | |
| | 8a | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 | | 0 | | | | | |
| | a | | | | | | | 0 | |
| | b | Less direct expenses | | | | | | 0 | |
| | c | Net income or (loss) from fundraising events . . . | | 0 | | 0 | 0 | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | 0 | | | | | |
| | a | | | | | | | 0 | |
| | b | Less direct expenses | | | | | | 0 | |
| | c | Net income or (loss) from gaming activities | | 0 | 0 | 0 | 0 | | |
| | 10a | Gross sales of inventory, less returns and allowances | | 0 | | | | | |
| | a | | | | | | | 0 | |
| | b | Less cost of goods sold | | | | | | 0 | |
| | c | Net income or (loss) from sales of inventory . . . | | 0 | 0 | 0 | 0 | | |
| | Miscellaneous Revenue | | | Business Code | | | | | |
| 11a | Pharmacy Services | | 446110 | 6,382,253 | 0 | 6,382,253 | 0 | | |
| b | Laboratory Services | | 621500 | 1,367,124 | 0 | 0 | 1,367,124 | | |
| c | Services Sold | | 900099 | 1,674,817 | 0 | 474,318 | 1,200,499 | | |
| d | All other revenue | | | 1,155,746 | 0 | 0 | 1,155,746 | | |
| e | Total. Add lines 11a-11d | | | 10,579,940 | | | | | |
| 12 | Total revenue. See Instructions | | | 647,030,849 | 608,897,078 | 15,428,547 | 12,429,672 | | |

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. | 488,308 | 488,308 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22. | 44,639,101 | 44,639,101 | | |
| 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. | 1,208,543 | 882,236 | 326,307 | |
| 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. | 159,506,760 | 134,285,887 | 25,220,873 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 7,858,054 | 6,608,944 | 1,249,110 | |
| 9 | Other employee benefits. | 26,411,234 | 22,212,925 | 4,198,309 | |
| 10 | Payroll taxes. | 10,895,950 | 9,163,938 | 1,732,012 | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | 1,160,479 | | 1,160,479 | |
| b | Legal. | 1,428,781 | | 1,428,781 | |
| c | Accounting. | 16,113,053 | | 16,113,053 | |
| d | Lobbying. | 103,157 | | 103,157 | |
| e | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees. | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 56,500,769 | 56,500,482 | 177 | 110 |
| 12 | Advertising and promotion. | 1,719,402 | 1,719,402 | | |
| 13 | Office expenses. | 8,554,249 | 7,751,136 | 803,113 | |
| 14 | Information technology. | 20,509,399 | 20,509,399 | | |
| 15 | Royalties. | | | | |
| 16 | Occupancy. | 12,796,352 | 12,796,352 | | |
| 17 | Travel. | 309,877 | | 309,877 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings. | 106,280 | | 106,280 | |
| 20 | Interest. | 11,132,663 | 11,132,663 | | |
| 21 | Payments to affiliates. | 6,704,563 | | 6,704,563 | |
| 22 | Depreciation, depletion, and amortization. | 26,900,387 | 26,900,387 | | |
| 23 | Insurance. | 2,992,527 | 2,992,527 | | |
| 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 | Medical Supplies. | 139,557,786 | 139,557,786 | | |
| b | Bad debts. | 30,612,776 | 30,612,776 | | |
| c | State Provider Tax. | 18,255,804 | 18,255,804 | | |
| d | Repairs and maintenance. | 4,943,284 | 4,943,284 | | |
| e | All other expenses. | 5,832,644 | 5,832,644 | 0 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24e. | 617,242,182 | 557,785,981 | 59,456,091 | 110 |
| 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 | | 15,805 | 1 | 16,304 | |
| | 2 | Savings and temporary cash investments | | 43,799,618 | 2 | 60,124,720 | |
| | 3 | Pledges and grants receivable, net | | | 3 | 0 | |
| | 4 | Accounts receivable, net | | 75,269,731 | 4 | 65,743,108 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | 0 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | | 6 | 0 | |
| | 7 | Notes and loans receivable, net | | 210,397 | 7 | 29,050 | |
| | 8 | Inventories for sale or use | | 16,923,781 | 8 | 15,090,442 | |
| | 9 | Prepaid expenses and deferred charges | | 1,294,807 | 9 | 1,545,575 | |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a | 778,039,639 | | | |
| | b | Less: accumulated depreciation | 10b | 370,676,893 | 410,426,461 | 10c | 407,362,746 |
| | 11 | Investments—publicly traded securities | | | 11 | 0 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 180,929,039 | 12 | 179,502,548 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | | |
| | 14 | Intangible assets | | 7,042,487 | 14 | 7,042,487 | |
| | 15 | Other assets. See Part IV, line 11 | | 14,151,924 | 15 | 21,529,164 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 750,064,050 | 16 | 757,986,144 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 38,713,912 | 17 | 50,338,452 | |
| | 18 | Grants payable | | | 18 | 0 | |
| | 19 | Deferred revenue | | 30,949 | 19 | 511,721 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | 0 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | 0 | |
| | 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 | | | 23 | 72,121 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | 0 | |
| | 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 | | 246,751,008 | 25 | 242,091,107 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 285,495,869 | 26 | 293,013,401 | |
| | 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 | | 464,568,181 | 27 | 464,972,743 | |
| 28 | | Temporarily restricted net assets | | | 28 | 0 | |
| 29 | | Permanently restricted net assets | | | 29 | 0 | |
| 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 | | 464,568,181 | 33 | 464,972,743 | |
| 34 | | Total liabilities and net assets/fund balances | | 750,064,050 | 34 | 757,986,144 | |

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 | 647,030,849 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 617,242,182 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 29,788,667 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 464,568,181 |
| 5 | Net unrealized gains (losses) on investments | 5 | -9,828,625 |
| 6 | Donated services and use of facilities | 6 | -18,674,098 |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -881,382 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 464,972,743 |

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 |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c | 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 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 62-0532345

Name: Memorial Health Care System Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| RICKY NAPPER Interim CEO | 40 0 | X | | X | | | | 0 | 643,174 | 62,909 |
| TROY HAMMETT BOARD TREASURER/SR VP/CFO | 50 0 | X | | X | | | | 5,646 | 213,718 | 13,449 |
| LARRY SCHUMACHER CEO & Sr VP Operations | 50 0 | X | | X | | | | 0 | 0 | 0 |
| JUDITH RALEY SCN Chair | 2 0 | X | | X | | | | 0 | 0 | 0 |
| JAMES PESNELL VICE CHAIR | 2 0 | X | | X | | | | 0 | 0 | 0 |
| Connne A Allen SECRETARY | 0 | X | | X | | | | 0 | 0 | 0 |
| PETER BANKO Board Member, Sr VP Operations, Ex-Officio | 2 0 | X | | | | | | 0 | 1,380,825 | 34,147 |
| John F Boxell MD Board Member / Physician | 10 0 | X | | | | | | 69,875 | 0 | 0 |
| ROBERT GREVING BOARD MEMBER | 2 0 | X | | | | | | 0 | 0 | 0 |
| JAMES LE HILL BOARD MEMBER | 0 0 | X | | | | | | 0 | 0 | 0 |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees
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 | | | |
| CHRISTOPHER MCKEE BOARD MEMBER | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| JOHN NASH BOARD MEMBER | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| CYNTHIA NESSON BOARD MEMBER | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| WAYNE SCOTT BOARD MEMBER | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| WILLIAM WARREN MD Board Member/Cardiologist | 50 0 0 0 | X | | | | | | 741,196 | 0 | 30,275 |
| Sr Gertrude Foster SCN Board member | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Mary P Tanner PHD Board Member | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER P CRIMMINS Board Member | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| DOROTHY JACKSON Board Member | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| CHRISTOPHER S ST CHARLES Board Member, Chief of Medical Staff, Ex-Officio | 2 0 0 | X | | | | | | 38,347 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, 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 | | | |
| JEFFREY T WILSON Board Member | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| JILL APLIN Board Member | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| CHARLES ARANT Immediate Past Chair | 2 0 0 | X | | | | | | 0 | 0 | 0 |
| DEBRA MOORE SVP/ADMINISTRATOR OF Memorial Hospital Hixson | 50 0 0 0 | | | | X | | | 5,267 | 320,306 | 53,843 |
| ROBERT BERGLUND Cardiologist | 50 0 0 | | | | | X | | 738,872 | 0 | 25,453 |
| GORDON GRAHAM Cardiologist | 50 0 0 0 | | | | | X | | 739,783 | 0 | 17,244 |
| CALVIN LEDFORD Cardiologist | 50 0 0 0 | | | | | X | | 731,835 | 13,500 | 30,275 |
| GREGG SHANDER Electrophysiologist | 50 0 0 0 | | | | | X | | 736,809 | 0 | 31,648 |
| ROBERT MILLS MD Cardiologist | 50 0 0 0 | | | | | X | | 735,911 | 0 | 31,459 |
| MICHAEL SUTTON FORMER CFO | 1 0 | | | | | | X | 286,629 | 0 | 23,781 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, 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 | | | |
| JAMES HOBSON | 0 0 | | | | | | | | | |
| FORMER PRESIDENT/CEO | 9 0 | | | | | | X | 0 | 736,817 | 16,649 |

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Memorial Health Care System Inc

Employer identification number
62-0532345

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 (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An 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

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 (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---------------------------------------|---------|---|--|----|--|--|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II

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

| Section A. Public Support | | | | | | |
|---|---------|---------|---------|---------|---------|----------|
| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 | | | | | | <input type="checkbox"/> |

| Section C. Computation of Public Support Percentage | | | | | | |
|--|--|----|--|--|--|--------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | | 14 | | | | |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14 | | 15 | | | | |
| 16a 33 1/3% support test—2015.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 | | | | | | <input type="checkbox"/> |
| b 33 1/3% support test—2014.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 | | | | | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2015.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 | | | | | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2014.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 | | | | | | <input type="checkbox"/> |
| 18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | <input type="checkbox"/> |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2015. 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—2014. 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. | 1 | |
| 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). | 2 | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | |
| 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. | 3b | |
| 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. | 3c | |
| 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. | 4a | |
| 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. | 4b | |
| 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. | 4c | |
| 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). | 5a | |
| 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? | 5b | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | |
| 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 . | 6 | |
| 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). | 7 | |
| 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). | 8 | |
| 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 . | 9a | |
| 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 . | 9b | |
| 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 . | 9c | |
| 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. | 10a | |
| 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.) | 10b | |
| 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? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| 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. | 11c | |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| <div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in 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.</i></div> | | |
| <div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div> | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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 | Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 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-2015 | (iii) Distributable Amount for 2015 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013. | | | |
| e From 2014. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |

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

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

2015

Open to Public Inspection

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

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

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

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

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

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

| | |
|---|--|
| Name of the organization Memorial Health Care System Inc | Employer identification number 62-0532345 |
|---|--|

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- |
|----------|-------------|---------|---|--|
| | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | |
| <table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><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></tbody></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? | | | | | | | | | | | | | | |

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|---------|---------|---------|---------|-----------|
| Calendar year (or fiscal year beginning in) | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (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 on 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 | | No | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| 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 | | 34,346 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 13,616 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 55,195 |
| j | Total Add lines 1c through 1i | | | 103,157 |
| 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 |
|--|--|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | B Paid staff attended community forums, various community activities, strategic planning sessions and attended other legislative meetings F The portion of the organizations' dues that are related to lobbying are as follows American Hospital Association(AHA) -\$3,649, Catholic Health Association (CHA) -\$2,219 and Tennessee Hospital Association(THA)- G Attended the Catholic Health Advocacy Day on the Hill and hosted a site visit with Tennessee Senatorial Health Legislative Assistants I The Ingram Group, Health Care Advocacy, Public Relations, Health Community, and Strategic Planning |
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | B Paid staff attended community forums, various community activities, strategic planning sessions and attended other legislative meetings F The portion of the organizations' dues that are related to lobbying are as follows American Hospital Association(AHA) -\$3,649, Catholic Health Association (CHA) -\$2,219 and Tennessee Hospital Association(THA)- G Attended the Catholic Health Advocacy Day on the Hill and hosted a site visit with Tennessee Senatorial Health Legislative Assistants I The Ingram Group, Health Care Advocacy, Public Relations, Health Community, and Strategic Planning |

| | |
|---|--|
| Name of the organization Memorial Health Care System Inc | Employer identification number 62-0532345 |
|---|--|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | |
|---|---|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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" on Form 990, Part IV, line 7.

| | | |
|---|---|-----------------------------|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div> | |
| 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 | |
| a | Total number of conservation easements | Held at the End of the Year |
| b | Total acreage restricted by conservation easements | 2a |
| c | Number of conservation easements on a certified historic structure included in (a) | 2b |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2c |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► | 2d |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

| | | |
|------|--|------|
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items | |
| (i) | Revenue included on Form 990, Part VIII, line 1 | ► \$ |
| (ii) | Assets included in Form 990, Part X | ► \$ |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | |
| a | Revenue included on Form 990, Part VIII, line 1 | ► \$ |
| b | Assets included in Form 990, Part X | ► \$ |

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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) | Accumulated (c) depreciation | (d) Book value |
|---|--|---------------------------------------|---------------------------------|----------------|
| 1a Land | | 14,525,628 | | 14,525,628 |
| b Buildings | | 438,958,049 | 124,707,749 | 314,250,300 |
| c Leasehold improvements | | 1,426,062 | 1,094,457 | 331,605 |
| d Equipment | | 303,756,158 | 236,654,956 | 67,101,202 |
| e Other | | 19,373,742 | 8,219,731 | 11,154,011 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 407,362,746 |

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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 |
|--|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | MEMORIAL HEALTH CARE SYSTEM'S financial information is included in the consolidated audited financial statements of Catholic Health Initiatives (CHI), a related organization. CHI's FIN 48 (ASC 740) footnote for the year ended June 30, 2016, reads as follows: "CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code. CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax. Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements." |

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

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

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 62-0532345
Name: Memorial Health Care System Inc

Form 990, Schedule D, Part X, - Other Liabilities

| 1 | (a) Description of Liability | (b) Book Value |
|---|-------------------------------------|----------------|
| | Intercompany Payables | |
| | Environmental Remediation Liability | |
| | Unclaimed Property | |
| | Intercompany Notes Payable | |
| | Intercompany Payable | 7,638,770 |
| | Environmental Remediation Liability | 373,955 |
| | Unclaimed Property | 57,596 |
| | Intercompany Notes Payable | 229,538,070 |
| | Deferred Gain | 4,482,716 |

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

| | |
|---------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| Memorial Health Care System Inc | 62-0532345 |

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | | |
|----|--|-----|-----|----|
| | | Yes | No | |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," was it a written policy? | 1b | Yes | |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year | | | |
| | <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities | | | |
| | <input type="checkbox"/> Generally tailored to individual hospital facilities | | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| a | Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care | 3a | | No |
| | <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | | | |
| b | Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care | 3b | | No |
| | <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | | | |
| c | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | | |
| 4 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | | No |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b | If "Yes," did the organization make it available to the public? | 6b | Yes | |
| | Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | | | |

| 7 Financial Assistance and Certain Other Community Benefits at Cost | | | | | | |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
| a Financial Assistance at cost (from Worksheet 1) | | 10,799 | 8,374,655 | 0 | 8,374,655 | 1 43 % |
| b Medicaid (from Worksheet 3, column a) | | 15,026 | 21,465,428 | 12,635,907 | 8,829,521 | 1 51 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 0 | 0 | 0 | 0 % |
| Total Financial Assistance and Means-Tested Government Programs | 0 | 25,825 | 29,840,083 | 12,635,907 | 17,204,176 | 2 93 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 16 | 778 | 2,208,513 | 32,585 | 2,175,928 | 0 37 % |
| f Health professions education (from Worksheet 5) | 6 | 628 | 2,257,820 | 0 | 2,257,820 | 0 38 % |
| g Subsidized health services (from Worksheet 6) | 6 | 10,382 | 11,232,768 | 10,040,741 | 1,192,027 | 0 20 % |
| h Research (from Worksheet 7) | 1 | | 63,988 | 8,566 | 55,422 | 0 01 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 5 | | 1,366,398 | 0 | 1,366,398 | 0 23 % |
| j Total. Other Benefits | 34 | 11,788 | 17,129,487 | 10,081,892 | 7,047,595 | 1 20 % |
| k Total. Add lines 7d and 7j | 34 | 37,613 | 46,969,570 | 22,717,799 | 24,251,771 | 4 13 % |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing | | | | | 0 | 0 % |
| 2Economic development | 1 | | 8,298 | | 8,298 | 0 % |
| 3Community support | 6 | 845 | 1,297,439 | | 1,297,439 | 0 22 % |
| 4Environmental improvements | | | | | 0 | 0 % |
| 5Leadership development and training for community members | | | | | 0 | 0 % |
| 6Coalition building | 1 | 112 | 5,237 | | 5,237 | 0 % |
| 7Community health improvement advocacy | 1 | | 40,239 | | 40,239 | 0 01 % |
| 8Workforce development | 1 | | 773 | | 773 | 0 % |
| 9Other | | | | | 0 | 0 % |
| 10Total | 10 | 957 | 1,351,986 | 0 | 1,351,986 | 0 23 % |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

30,612,776

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

174,477,995

6Enter Medicare allowable costs of care relating to payments on line 5.

6

176,306,698

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-1,828,703

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|------------------------|---|--|--|---|
| 1 BERYWOOD OFFICE PROP | PHYSICIAN OFFICE BUILDING | 63 % | | 37 % |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
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| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

Section A. Hospital Facilities

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

2

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

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group

A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

| | Yes | No |
|--|------------------|----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 3 Yes | |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 5 Yes | |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6a | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.memorial.org/community-benefit</u> b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 6b | No |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>www.memorial.org/community-benefit</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 7 Yes | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | 8 Yes | |
| | 10 Yes | |
| | 10b | No |
| | 12a | No |
| | 12b | |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

| | | | |
|---|--|-----|-----|
| | | A | |
| Name of hospital facility or letter of facility reporting group | | | |
| | | Yes | No |
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | 13 | Yes |
| a | <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ % | | |
| b | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | 15 | Yes |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 | Yes |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) www.memorial.org/financial-assistance-discount | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) www.memorial.org/financial-assistance-discount | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) www.memorial.org/financial-assistance-discount | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | |
| h | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input type="checkbox"/> Other (describe in Section C) | | |
| Billing and Collections | | | |
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 | Yes |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| e | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

| | | | |
|---|--|-----|-----|
| | | Yes | No |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged | 19 | No |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) | | |
| a | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission | | |
| b | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge | | |
| c | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills | | |
| d | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| f | <input type="checkbox"/> None of these efforts were made | | |
| Policy Relating to Emergency Medical Care | | | |
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why | 21 | Yes |
| a | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) | | | |
| 22 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care | | |
| a | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | |
| b | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | |
| c | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | |
| d | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 23 | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C | 23 | No |
| 24 | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C | 24 | No |

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|-------------------------|-------------|
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Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 5

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 1 MEMORIAL HEART INSTITUTE 2051 HAMILL ROAD HIXSON, TN 37343 | CARDIAC PHYSICIAN PRACTICE |
| 2 MEMORIAL OOLTEWAH IMAGING CENTER 6401 MOUNTAIN VIEW ROAD OOLTEWAH, TN 37363 | OUTPATIENT IMAGING CENTER |
| 3 Berywood Office Properties LLC 2501 Citico avenue Chattanooga, TN 37404 | Physician Office Building |
| 4 MEMORIAL HEART INSTITUTE 2501 CITICO AVE CHATTANOOGA, TN 37404 | CARDIAC PHYSICIAN PRACTICE |
| 5 MEMORIAL HEART INSTITUTE 400 BERRYWOOD TRAIL SUITE A CLEVELAND, TN 37312 | CARDIAC PHYSICIAN PRACTICE |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

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

| Form and Line Reference | Explanation |
|---|--|
| <p>Schedule H, Part VI Lines 2 & 5 COMMUNITY BENEFIT NARRATIVE AND NEEDS ASSESSMENT</p> | <p>Introduction Memorial Health Care System Inc ("MHCS") is part of Catholic Health Initiatives ("CHI"), a national health care system established to foster a more effective ministry of faith-based healthcare in the United States. The mission of MHCS and CHI is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Both MHCS and CHI are committed to fidelity to the Gospel, with emphasis on human dignity and social justice in the creation of healthier communities. MHCS is primarily made up of two hospitals, Memorial Hospital and Memorial Hixson Hospital. Memorial Hospital opened its doors on January 2, 1952 in response to concerns about the severe shortage of hospital beds in the community. From the beginning, when Memorial Hospital was established and the Sisters of Charity of Nazareth put forth their commitment to provide leadership to the operations of the hospital, the care of the poor and quality health care for the entire community was central to our mission. Memorial Hixson Hospital joined MHCS when it was purchased February 1, 1998 and has adopted the same commitment to excellent health care to everyone in the community. MHCS is one of the Southeast's leading medical systems and the region's preeminent provider of cardiac and cancer care with centers of excellence in surgery and orthopedics. MHCS hospitals have been named one of the nation's 100 Top Hospitals six times by Thomson Reuters, the health care industry's leading source of information on hospital quality. According to Thomson's research, facilities named to the annual 100 Top Hospitals roster outperform their peers in quality, safety and efficiency. Community Needs Assessment In 2015, CHI Memorial engaged Stratason to assist in conducting a formal Community Health Needs Assessment to help reassess the health needs of the community and identify the disproportionate unmet health needs in the Greater Chattanooga region. The following sources were utilized to gather the data: * CHI Memorial Health Care System data to determine service area * Tennessee Department of Health * Georgia Department of Public Health * www.countyhealthfindings.org * www.CHNA.org from Community Commons * CDC and the National Viral Statistics Database * The Commonwealth Fund's Scorecard on Local Health System Performance * ESRI * Hamilton County Data Profile * PDMP Center of Excellence at Brandeis University. This study provided us with an in-depth look at the changing population, access to healthcare, disease disparities in our region compared to the state and nation. While the report gave significant insight, it did not provide information about existing services that address these community needs. A focus group and Community Health Summit were also utilized to discuss how these needs are being addressed and prioritize which needs should be focused on in the future. The following significant health needs were identified as top priority during the Community Health Summit: 1 Obesity 2 Substance abuse (tobacco, alcohol, and drugs) 3 Access- Care/Insurance 4 Physical activity/lifestyle 5 Education 6 Mental Health- lack of providers and access to services 7 Crime violence/social issues 8 Chronic disease management 9 Aging. The topics identified during the Community Health Summit were summarized into five major categories that form the foundation for CHI Memorial's Community Benefit focus over the next 3 years: 1 Healthy lifestyles/Nutrition 2 Substance Abuse/Addiction/Mental Health 3 Crime and Violence Prevention 4 Health Disparities/Access to Care 5 Senior Care. Healthy Lifestyles/Nutrition Access to healthy activities and to healthy food choices is limited for communities located in the downtown area, particularly those neighborhoods near our own facility. These communities - Alton Park, Bushtown, Glenwood, Orchard Knob, and Ridgeside - have high elderly and adolescent populations. Risk factors in these communities are high for obesity, smoking, diet, and exercise. These are factors that contribute to heart disease, diabetes, cancer and infant health. Health Disparities / Access to Care As defined by the Community Benefit Project Team, health disparities are based on socioeconomic status, age, geographic area, gender, race or ethnicity, language, health care access issues, customs and other cultural factors, or disability of special need. The community needs assessment identified areas within the Chattanooga market that demonstrated population and health utilization disparities. Health disparities and access to care vary county by county and are evident through lower than national healthcare utilization. Low utilization can be attributed to a number of factors ranging from low income, no healthcare providers, lack of insurance, lack of education, lack of transport, etc. Violence Prevention/Reduction Violence is still a serious concern to public safety in Chattanooga. CHI Memorial will continue to work on the item.</p> |

| Form and Line Reference | Explanation |
|---|--|
| <p>Schedule H, Part VI Lines 2 & 5 COMMUNITY BENEFIT NARRATIVE AND NEEDS ASSESSMENT</p> | <p>plementation and monitor outcomes of the Violence Prevention initiative, this initiative involves collaborating with community partners such as the University of Tennessee-Chattanooga Criminal Justice Department and the Hamilton County Department of Education Substance Abuse / Addiction / Mental Health Substance abuse and narcotic addiction have become a top concern of local communities, evidenced by much of the research compiled in this report Both Catoosa and Walker County's rates of excessive drinking were high, with their percentages of alcohol-impaired driving deaths also on the rise Senior Care Memorial provides care to over 30% of the senior population in the area The importance of this community is evidenced by CHI Memorial's strategic intent to continue developing programs intended to serve this population It is also widely acknowledged that challenges exist for seniors creating and exacerbating health disparities that exist and creating barriers to access</p> |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI LINES 2 & 5 CONTINUATION 1 | <p>2017 - 2020 Community Benefit Goals and Initiatives The following outlines the goals and initiatives developed to address significant community issues and needs</p> <ul style="list-style-type: none"> * Promote women's health by providing sessions for women who have been identified with chronic disease and cardiac risk factors * Improve access and outcomes for low income women living in Dade, Wal ker, and Catoosa Counties in North Georgia by providing mobile mammography services * Increase awareness and improve patient outcomes for lung cancer patients by providing screening and education resulting in early diagnosis of disease * Develop programs that address violence issues in our market as well as in our immediate neighborhood * Collaborate with community partners and CHI Memorial's foundation to develop and implement programs that will result in producing a positive impact on the senior population for balance/falls prevention, medication reconciliation, and planning for end of life issues * Improve lifestyle, nutrition, and exercise by increasing utilization of CHI Memorial's fitness center * Align with area agencies to promote health and wellness particularly for those who are subject to health disparities * Establish a series of meetings with community substance abuse/addiction leaders to explore opportunities for collaboration and cooperation in identifying and responding to persons in need of substance abuse and addiction treatment * Meet with Faith Community leaders to create partnerships, extend health assessment survey tools and to explore common ground for addressing key health needs and violence reduction * Collaborate with North Georgia Chamber of Commerce to educate community officials and identify opportunities to improve quality of life and health status of local communities <p>Tax Exempt Purpose MHCS is a faith based, tax-exempt 501(c)(3) organization that provides medical care to all regardless of their ability to pay Our tax exempt status is substantiated by its inclusion in the Official Catholic Directory as a tax-exempt hospital Community services have always been a significant part of MHCS Each year, services and programs offered to the community are evaluated and expanded to promote increased access to healthcare and healthier communities that targets chronic disease prevention and management for vulnerable and underserved populations To enhance the health status of Chattanoogans, MHCS focuses on the whole person including the person's spiritual, emotional, and physical well-being In accordance with its mission and philosophy, MHCS commits substantial resources to sponsor a broad range of services to both the poor as well as the broader community Benefits for the poor include the cost of providing services to individuals who are unable to afford health care due to inadequate resources and/or those that are uninsured or underinsured Benefits for the poor include traditional charity care, unpaid costs of Medicaid, subsidized or free health services, and cash and in-kind donations to organizations that serve the poor The amounts reported reflect the costs of these services, net of contributions, government payments and other revenues received as direct assistance Community benefits provided to the broader community includes the costs of providing services to other populations who may not qualify as poor but may need special services and support Benefits to the broader community include health promotion and education, health fairs and screenings, unpaid costs of training health professionals such as medical residents, nursing students and students in allied health professions, cash and in-kind donations to organizations that serve the broader community, and the unpaid costs of testing medical equipment and controlled studies of therapeutic protocols In fiscal year 2016, MHCS provided community benefits and community building activities to approximately 38,570 people at a total cost of \$48,321,556 Donations, grants, and other receipts totaling \$22,717,799 were available as direct offsets to these costs Emergency Room MHCS operates a 24-hour emergency room 365 days per year at both Memorial and Memorial Hixson Hospitals Both emergency rooms are open to all individuals regardless of ability to pay MHCS has an open medical staff, participates in Medicare and Medicaid, and has an active charity care program During FY 2016, over 82,119 patients visited one of these emergency rooms Memorial Hospital's emergency room is a Level 3 Certified Chest Pain Center This is important for a hospital that focuses on cardiac care where every minute counts when patients are experiencing chest pain Uncompensated Care Charity care is the cost of care of uninsured or underinsured, low-income patients who are not expected to pay all of a bill, or who are able to pay only a portion using an income-related scale Those receiving charity care are not eligible for public programs such as TennCare MHCS has a charity care policy, which assess</p> |

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI LINES 2 & 5 CONTINUATION 1 | <p>ures that all persons receive medically necessary hospital services regardless of their ability to pay MHCS provides a significant level of charity care each year In FY 2016, the cost of charity care was \$8,374,655 Additionally, MHCS provided unreimbursed costs in the amount of \$8,829,521 for patients who qualified for the TennCare program In FY 2016, MHCS classified charity and unreimbursed TennCare costs for reporting purposes in a manner consistent with a standardized approach developed by CHI for reporting and budgeting benefits provided to the community Community Outreach for the Poor Prescription Drug Program MHCS provides prescription drugs to those who cannot afford to purchase them In FY 2016 MHCS provided \$122,066 in free prescription drugs We also provide \$2,500 in funding to the Epilepsy Foundation for them to help epileptic patients with medications they cannot afford</p> <p>Pharmaceutical Assistance Programs MHCS has partnered with Dispensary of Hope, a national organization that helps qualifying uninsured patients obtain necessary medications and other pharmaceutical assistance programs MHCS is one of 80 Dispensary of Hope sites that redistribute pharmaceuticals that have been received as a donation from physicians, distributors, and manufacturers Patients are made aware of this program through physicians, case managers, nurses and other caregivers MHCS was able to assist 1,529 individuals receive their prescription drugs through Dispensary of Hope and other programs MHCS incurred \$136,242 in expenses related to this program</p> <p>Homeless Health Care Clinic The Homeless Health Care Clinic provides comprehensive health care to homeless men, women, and children The clinic staff goes to abandoned buildings, campsites and shelters looking for homeless people who may need medical attention Many homeless people are afraid to talk to people or leave their familiar surroundings The clinic provides them with blankets and warm clothes in the winter and water in the summer Memorial Hospital assists the homeless by providing free lab tests and funds a nursing position in the amount of \$40,000</p> <p>Free Laboratory Tests MHCS provides free lab tests to the Samaritan Center, Homeless Health Care Clinic, Volunteers in Medicine, Project Access, Northshore Clinic, and Westside Clinic for those patients without insurance or adequate means to pay Lab tests provided in FY 2016 totaled \$218,153 and served 5,602 people</p> <p>Catholic Charities MHCS provided \$42,500 in FY 2016 to Catholic Charities to help fund their Senior Services, The Home Place, and Immigrant Services Interfaith Senior Services provides assistance to seniors in the form of transportation, personal contact, and clerical assistance to help them retain their independence The Home Place is an independent living facility with a mission to provide affordable housing for the homeless living with HIV/AIDS</p> <p>Immigration Services provides counseling and assistance in immigration matters which is an affordable alternative to using an attorney to assist and also provides referrals for social services and translation services</p> |

| Form and Line Reference | Explanation |
|---|--|
| <p>Schedule H, Part VI LINES 2 & 5 CONTINUATION 2</p> | <p>Project Access Project Access is a referral network that offers access to medical care for low-income residents of Hamilton County who do not have insurance. Patients enrolled in this program must be below 150% of the poverty level and cannot be eligible for health insurance or other medical benefits such as Medicare or TennCare. Project Access helps patients get specialty health care that primary clinics may not be able to provide. Individuals that qualify are eligible for specialty care for three months and primary care for six months. Patients are also provided a prescription card that will allow them to get their medication with a \$5.00 co-pay. Memorial Hospital participates as a provider in this network. Costs associated with this program are reported in the Prescription Drug Program, Free Laboratory Tests and the Cost of Charity Care. Emergency Sitting Services MHCS provides emergency sitting services at no cost to families of patients who are unable to afford to have someone stay with the patient. This service is available when it has been determined that the patient does not need to be left alone for safety reasons. In FY2016 costs associated with providing this service were \$221,626. Community Outreach for the Broader Community Nurse Navigation MHCS has a nurse navigation program for oncology patients and congestive heart failure patients. Nurses help these patients navigate through their diagnosis and treatment by helping the patient access services in a timely manner, overcome barriers to quality care, provide education and knowledge to the patient about their illness, answer questions the patient has, serve as a liaison between the physician and patient. Nurse navigator's work within the multidisciplinary cancer team as a patient advocate, care provider, educator, counselor, and facilitator. In FY 16, the cardiac nurse navigator program cost \$223,648 (oncology nurse navigation is reported under Cancer Resource Center). Hospice Unit Memorial Health Care System provides inpatient services to the different hospice organizations for hospice patients requiring inpatient care. The total cost of this program for FY 2016 was \$245,065. Funding for Hospice Patients of \$162,117 was received in FY2016 to help offset these expenses to treat 161 patients. Diabetes Nutrition Center The Diabetes Nutrition Center at Memorial Hospital provides many services to people with diabetes that are not covered by insurance. This center focuses on self-management and providing education to patients on diet and nutrition and other skills to help the patient better manage their disease. In FY 2016, this program incurred \$314,212 in unreimbursed costs for 2447 patients. Cancer Resource Center MHCS has developed a program to help cancer patients and their families cope, offering them the latest information about cancer care. Whether an individual has just been diagnosed or has a family member with cancer, the oncology professionals at the Cancer Resource Center can answer questions or help individuals understand their options regardless of where they go for treatment. You can learn about financial resources, screening opportunities, the most current clinical trials, and support groups and seminars offered to patients, family, and friends. The Cancer Resource Center also offers a Healing Arts program to enhance the healing and provide alternative approaches to coping. None of the services are billed to the patient and few qualify for insurance reimbursement. In FY 2016 the cost of this program was \$904,611. Mobile Mammography Coach MHCS operates two Mobile Mammography Coach that services 31 counties in Southeast Tennessee, Northwest Georgia and Northeast Alabama. In these counties minorities, uninsured, underinsured, homeless and sheltered women are given the opportunity to receive both breast and cervical services that would normally not be available. MHCS seeks different sources of grants to help offset this cost. In FY2016 4,141 patients received mammograms on the Mobile Coach and 1,611 were provided this service through a grant with no out of pocket costs. Thirty people received clinical breast exams and cervical cancer screenings. Unreimbursed costs for these services totaled \$122,310 for patients without insurance whose mammograms were covered by different grants. MHCS was awarded Cancer was detected in nine women as a result of the community outreach provided by the mobile coach. United Way MHCS has an annual campaign for United Way which consists of several events for associates during the Fiscal Year. The staff cost to put on these events is approximately \$2600. The donations made by associates to the United Way help fund local community organizations. In addition to the employee campaign, Memorial Hospital also provides support through a corporate donation totaling \$20,137. Goodwill In FY 16, we donated \$10,000 to Goodwill to fund their medical equipment program. This program refurbishes medical equipment and provides it.</p> |

| Form and Line Reference | Explanation |
|---|--|
| <p>Schedule H, Part VI LINES 2 & 5 CONTINUATION 2</p> | <p>to people who cannot afford to rent or purchase the equipment. Support Groups MHCS offers a wide variety of support groups for patients and the broader community. Support groups meeting at MHCS include groups dealing with various cancer diagnosis, caregivers for Alzheimer's family members, weight management and bariatrics, diabetes, ostomy patients, nicotine anonymous, and grief support. Some of these groups have a staff member who leads the groups and others are self-led. The salary costs associated with groups led by a staff member are \$7,967. Notre Dame High School MHCS provides financial aid to students from the immediate community to attend Notre Dame High School. Notre Dame High School is a private Catholic school that is about 2 miles from Memorial Hospital. Applicants are required to complete an application as well as write an essay to determine if they are eligible for a scholarship. The applications and essays are reviewed by an internal committee, scholarships are then awarded to students based upon the recommendation of the committee. In FY 2016 MHCS provided 3 students with partial scholarships which totaled \$10,000. Research Programs MHCS is active in researching new treatment protocols and determining all the alternatives available to both our cardiac and cancer patients. In FY 2016, Memorial spent \$55,422 on research programs that were not funded by an outside organization. Health Care Student Education MHCS serves as a clinical education site for health care students by providing hands on training in Nursing, Physical Therapy, Pharmacy, Lab and Surgery. With nursing shortages projected to increase with aging baby boom population, MHCS feels very strongly about educating our future healthcare professionals. Memorial also provides a program for employees to further their education and receive tuition reimbursement. Expenses related to student education and tuition reimbursement were \$2,527,820 during FY 2016. Contributions MHCS receives some community support from donations that helps fund research and education, capital expansion and renovation, indigent care, new equipment and operating cost. The value of this community support is returned to the community through lower costs in patient care programs and community services described throughout this document.</p> |

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care | <p>When Catholic Health Initiatives (the ultimate parent organization to Memorial Health Care System) established its financial assistance policy it was determined that using a household income scale based on the HUD very low income guidelines more accurately reflects the socioeconomic dispersions among urban and rural communities in 18 states served by CHI hospitals and health care facilities. In comparing HUD guidelines to the Federal Poverty Guidelines ("FPG"), we find that on average HUD guidelines compute to approximately 200% to 250% (and sometimes 300%) of FPG. Memorial Health Care System bases its financial assistance eligibility on HUD's 130% of Very Low Income Guidelines based on geography, and affords the uninsured and underinsured the ability to obtain financial assistance based on a sliding scale, ranging from 25%-100% of charges. Coinciding with HUD's annual update to the published income limits, Memorial Health Care System appropriately updates the sliding scale. An individual's income under the HUD guidelines is a significant factor in determining eligibility for financial assistance. However, in determining whether to extend discounted or free care to a patient, the patient's assets are also taken into consideration. For example, a patient suffering a catastrophic illness may have an income above the income limits, but high expenses and a low level of liquid assets such that the payment of medical bills would be seriously detrimental to the patient's basic financial (and ultimately physical) well-being and survival. Such a patient may be extended discounted or free care based upon the facts and circumstances.</p> |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part I, Line 7g Subsidized Health Services | There are no physician clinics included in subsidized health services |

| Form and Line Reference | Explanation |
|--|-------------|
| Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation | 30612776 |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | The cost to charge ratio for the year ended 6/30/2016 was computed using a cost report methodology. This resulted in an overall cost to charge ratio of 21.6%. Worksheet 2 was not used to derive the cost to charge ratio. |

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | <p>Bad debt expense reported on the MHCS unaudited financial statements represents an estimate of bad debts based on historical collection results. It does not represent actual write-offs incurred during the period. The provision for bad debts is based upon management's assessment of historical and expected net collections, taking into consideration historical business and economic conditions, trends in health care coverage, and other collection indicators. Management routinely assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category. The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable. After satisfaction of amounts due from insurance, CHI follows established guidelines for placing certain balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility. The provision for bad debts is presented on the consolidated statements of operations as a deduction from patient services revenues (net of contractual allowances and discounts) since CHI accepts and treats substantially all patients without regard to the ability to pay. (B) When discounts are extended to self-pay patients, these patient account discounts are recorded as a reduction in revenue, not as bad debt expense. All patients that do not have insurance receive a discount that is calculated each year as 150% of the cost to charge ratio in accordance with Tennessee State Code. This discount is applied to the patients account prior to billing and is treated as an adjustment to net patient revenue in the same manner as a managed care discount. The provision of this discount to all patients without insurance lowers the amount that is billed to the patient and reduces the amount of any subsequent bad debt expense. In fiscal year 2016, self pay discounts were \$ 19.2 million representing \$ 4.1 million at cost. Memorial Health Care System uses a number of processes as described in Part VI, Item 3 below to identify who can and cannot afford to pay. Patients who are unable to pay are identified in advance of billing or during the billing and collection process, particularly those who are medically indigent or underinsured. At any time in the process that a patient is determined to be eligible for charity care, the patient is re-classified from bad debt and all billing and collection efforts are discontinued. In spite of the best efforts of Memorial Health Care System, some patients do not self-identify as needing assistance or provide enough information to allow the hospital to determine their eligibility and remain classified as bad debt. We are unable to accurately estimate the amount of bad debt expense (at cost) that is attributable to patients that would qualify for financial assistance.</p> |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | Memorial Health Care System, inc DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE |

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | <p>(A) Memorial Health Care System (MHCS) is included in the audited financial statements of its parent organization, Catholic Health Initiatives and does not issue separate audited financial statements, thus there is no footnote The amount reported on the Schedule H, Part III, lines 2 and 3 are the same amounts reported for bad debt in the audited financial statements Please refer to the financial statement footnote below for information regarding the methodology used to determine and report bad debt expense Memorial Health Care System does not issue separate company audited financial statements However, the organization is included in the consolidated financial statements of Catholic Health Initiatives The consolidated footnote reads as follows "The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators Management routinely assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience by payor category The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable After satisfaction of amounts due from insurance, CHI follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility "</p> |

| Form and Line Reference | Explanation |
|--|--|
| <p>Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs</p> | <p>Using essentially the same Medicare cost report principles as to the allocation of general services costs and "apportionment" methods, the "CHI Workbook" calculates a payers' gross allowable costs by service (so as to facilitate a corresponding comparison between gross allowable costs and ultimate payments received) The term "gross allowable costs" means costs before any deductibles or co-insurance are subtracted Memorial Health Care System's ultimate reimbursement will be reduced by any applicable copayment/ deductible Where Medicare is the secondary insurer, amounts due from the insured's primary payer were not subtracted from Medicare allowable costs because the amounts are typically immaterial (A (pt 2)) Although not presented on the Medicare cost report, in order to facilitate a more accurate understanding of the "true" cost of services (for "shortfall" purposes) the CHI Workbook allows a health care facility not to offset costs that Medicare considers to be non-allowable, but for which the facility can legitimately argue are related to the care of the facility's patients In addition, although not reportable on the Medicare cost report, the CHI workbook includes the cost of services that are paid via a set fee-schedule rather than being reimbursed based on costs (e.g. outpatient clinical laboratory) Finally, the CHI Workbook allows a facility to include other health care services performed by a separate facility (such as a physician practice) that are maintained on separate books and records (as opposed to the main facility's books and records which has its costs of service included within a cost report) True costs of Medicare computed using this methodology These costs and reimbursements are not limited to Traditional Medicare plans either but encompass Medicare Managed Care plans Total Medicare Revenue 272,494,423 Total Medicare costs 293,680,730 Surplus of Shortfall (21,186,307) (B) Memorial Health Care System believes that excluding Medicare losses from community benefit makes the overall community benefit report more credible for these reasons Unlike subsidized areas such as burn units or behavioral-health services, Medicare is not a differentiating feature of tax-exempt health care organizations In fact, for-profit hospitals focus on attracting patients with Medicare coverage Significant effort and resources are devoted to ensuring that hospitals are reimbursed appropriately by the Medicare program The Medicare Payment Advisory Commission (MedPAC), an independent Congressional agency, carefully studies Medicare payment and the access to care that Medicare beneficiaries receive The commission recommends payment adjustments to Congress accordingly Though Medicare losses are not included by Catholic hospitals as community benefit, the Catholic Health Association guidelines allow hospitals to count as community benefit some programs that specifically serve the Medicare population For instance, if hospitals operate programs for patients with Medicare benefits that respond to identified community needs, generate losses for the hospital, and meet other criteria, these programs can be included in the CHA framework in Category C as "subsidized health services " Medicare losses are different from Medicaid losses, which are counted in the CHA community benefit framework, because Medicaid reimbursements generally do not receive the level of attention paid to Medicare reimbursement Medicaid payment is largely driven by what states can afford to pay, and is typically substantially less than what Medicare pays</p> |

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance | MEMORIAL HEALTH CARE SYSTEM'S DEBT COLLECTION POLICY PROVIDES THAT MEMORIAL HEALTH WILL PERFORM A REASONABLE REVIEW OF EACH INPATIENT ACCOUNT PRIOR TO TURNING AN ACCOUNT OVER TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NONPAYMENT, TO ASSURE THAT THE PATIENT AND PATIENT GUARANTOR ARE NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM (E G MEDICAID) AND DO NOT QUALIFY FOR COVERAGE THROUGH MEMORIAL HEALTH CARE SYSTEM'S COMMUNITY ASSISTANCE POLICY AFTER HAVING BEEN TURNED OVER TO A THIRD-PARTY COLLECTION AGENT, ANY PATIENT ACCOUNT THAT IS SUBSEQUENTLY DETERMINED TO MEET MEMORIAL COMMUNITY HEALTH CARE SYSTEM'S COMMUNITY ASSISTANCE POLICY IS REQUIRED TO BE RETURNED IMMEDIATELY BY THE THIRD-PARTY COLLECTION AGENCY TO MEMORIAL COMMUNITY HEALTH CARE SYSTEM FOR APPROPRIATE FOLLOW-UP MEMORIAL COMMUNITY HEALTH CARE SYSTEM REQUIRES ITS THIRD-PARTY COLLECTION AGENTS TO INCLUDE A MESSAGE ON ALL STATEMENTS INDICATING THAT IF A PATIENT OR PATIENT GUARANTOR MEETING CERTAIN STIPULATED INCOME REQUIREMENTS, THE PATIENT OR PATIENT GUARANTOR MAY BE ELIGIBLE FOR ASSISTANCE ALL OF CATHOLIC HEALTH INITIATIVES' CONTRACTS WITH THIRD PARTY COLLECTION AGENCIES INCLUDE THE FOLLOWING STANDARDS - NEITHER CHI HOSPITAL NOR THEIR COLLECTION AGENCIES WILL REQUEST BENCH OR ARREST WARRANTS AS A RESULT OF A NON-PAYMENT, -NEITHER CHI HOSPITALS NOR THEIR COLLECTION AGENCIES WILL SEEK LIENS THAT WOULD REQUIRE THE SALE OR FORECLOSURE OF A PRIMARY RESIDENCE, AND - NO CATHOLIC HEALTH INITIATIVES' COLLECTION AGENCY MAY SEEK COURT ACTION WITHOUT HOSPITAL APPROVAL FINALLY, COLLECTION AGENCIES ARE TRAINED ON THE CATHOLIC HEALTH INITIATIVES MISSION, CORE VALUES, AND STANDARD CODE OF CONDUCT TO MAKE SURE ALL PATIENTS ARE TREATED WITH DIGNITY AND RESPECT |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 16a FAP website | A - CHI MEMORIAL HOSPITAL Line 16a URL www.memorial.org/financial-assistance-discount , |

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part V, Section B, Line 16 b F A P Application website | A - CHI MEMORIAL HOSPITAL Line 16 b URL www.memorial.org/financial-assistance-discount , |

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | A - CHI MEMORIAL HOSPITAL Line 16c URL www.memorial.org/financial-assistance-discount , |

| Form and Line Reference | Explanation |
|--|---------------------|
| Schedule H, Part VI, Line 2 Needs assessment | See Narrative above |

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | <p>Memorial Healthcare System Inc , along with its affiliated outpatient facilities are part of Catholic Health Initiatives "CHI" CHI has a written policy (Stewardship policy No 15) governing the procedures for determining and informing patients about the entity's financial assistance policy All hospital facilities included in the filing organization have adopted the policy Memorial Health Care System includes information concerning its financial assistance policy on its website In addition, Memorial Health Care System prominently displays information concerning its charity care policy in both English and Spanish in all waiting areas throughout the hospitals, including the emergency rooms and other patient intake areas, as well as in Memorial Health Care System outpatient facilities In addition, Memorial Health Care System Registrars and Financial Counselors are trained to provide consultation to those who have no insurance or potentially inadequate insurance concerning their financial options including application for Medicaid and for financial assistance under Memorial Health Care System's charity care policy Once all EMTALA requirements are met, patients who are identified as uninsured during the registration process (and not covered by Medicare or Medicaid) are provided with a packet of information that addresses the financial assistance policy and procedures including an application for assistance Memorial Health Care System Registrars and Financial Counselors read the organization's medical assistance policy to those who appear to be incapable of reading, and provide translators for non English-speaking individuals Memorial Health Care System's staff will also assist the patient / guarantor with completing the Financial Assistance Application and applying for other available coverage (such as Medicaid), if necessary After all EMTALA requirements are met, during the registration process uninsured patients are screened in the Emergency Department for possible eligibility for the Medicaid program A TennCare application is faxed to the Department of Human Services in the screening determined that the patient might have a category that would qualify them for Medicaid The patient is given instructions on how to follow-up with the Department of Human services to complete the application process Counselors assist Medicare eligible patients in enrollment by providing referrals to the appropriate government agencies During the billing and collection process, all statements to the patient, including those mailed from the third party collection agency, alert the patient that financial assistance is available if they need it and instructs them on how to obtain an application</p> |

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part VI, Line 4 Community information | <p>The community identified by CHI Memorial Hospital includes medically underserved, low-income or minority populations who live in the geographic areas from which CHI Memorial Hospital draws its patients. 69% of our patients come from three counties and the demographics of each county are disclosed below. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under CHI Memorial Hospital's Financial Assistance Policy.</p> <p>Demographics - Hamilton County * The population of Hamilton County is projected to increase from 2015 to 2020 0.94% per year, more than the rate of TN (0.82%) and the U.S. (0.75%). * Based on 2015 data, Hamilton County was older (40.3 median age) than TN, and the U.S. and had higher median household income (\$45,769) than TN, but lower than the U.S. * The medical care index measures how much the county spent out-of-pocket on medical care services. The U.S. index was 100. Hamilton County (90 index) spent 10% less than the average U.S. household out-of-pocket on medical care (doctor's office visits, prescriptions, hospital). * The racial make-up of Hamilton County was 73% white, 20% black, 4% "other", and 2% were of Hispanic origin. * The income distribution of Hamilton County was 19% higher income (over \$100,000), 44% middle income, and 28% low income (under \$24,999).</p> <p>Catoosa County, GA The population of Catoosa County is projected to increase from 2015 to 2020 0.55% per year, less than the rate of GA (0.90%) and the U.S. (0.75%). * Based on 2015 data, Catoosa County was older (39.6 median age) than GA and the U.S. and had lower median household income (\$48,950) than both GA and the U.S. * The medical care index measures how much the county spends out-of-pocket on medical care services. The U.S. index is 100. Catoosa County (83 index) spent 17% less than the average U.S. household out-of-pocket on medical care (doctor's office visits, prescriptions, hospital). * The racial make-up of Catoosa County was 92% white, 3% black, 4% "other", 1% mixed race, and 3% were of Hispanic origin. * The income distribution of Catoosa County was 15% higher income (over \$100,000), 61% middle income, and 23% lower income (under \$24,999).</p> <p>Walker County, GA * The population of Walker County is projected to remain flat from 2015 to 2020 with 0.01% growth per year, less than the rate of GA (0.90%) and the U.S. (0.75%). * Based on 2015 data, Walker County was older (40.9 median age) than GA and the U.S. and had a median household income (\$37,910) lower than both GA and the U.S. * The medical care index measures how much the county spends out-of-pocket on medical care services. The U.S. index is 100. Walker County (75 index) spent 25% less than the average U.S. household out-of-pocket on medical care (doctor's office visits, prescriptions, hospital). * The racial make-up of Walker County was 92% white, 4% black, 3% "other", 1% mixed race, and 2% were of Hispanic origin. * The income distribution of Walker County was 10% higher income (over \$100,000), 60% middle income, and 30% lower income (under \$24,999).</p> <p>Access to Healthcare Hamilton County is a regional health care center. Health care resources in the three-county region are disproportionately located in Hamilton County. Hamilton County, which comprises approximately 50% of the region's population, has 70% of the region's hospital beds, 76% of its primary care physicians, and 80% of its specialty care physicians. Other notes on access to healthcare: * The Georgia counties tend to have higher percentages of uninsured individuals than those of the nation, while the Tennessee counties are lower. * The Hispanic/Latino population's percentage of uninsured is more than twice that of other groups in the region. * Walker County's percentage of uninsured is also twice that of the region, its percentage of Medicaid recipients is also highest among the three counties. * In Catoosa, Walker, and Hamilton County, African Americans are also more likely to be uninsured.</p> |

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 6 Affiliated health care system | <p>Memorial Health Care System, along with its affiliated outpatient facilities are part of Catholic Health Initiatives. Catholic Health Initiatives (CHI) is a national faith-based nonprofit health care organization with headquarters in Englewood, Colorado. CHI's exempt purpose is to serve as an integral part of its national system of hospitals and other charitable entities, which are described as market-based organizations, or MBOs. An MBO is a direct provider of care or services within a defined market area that may be an integrated health system and/or a stand-alone hospital or other facility or service provider. CHI serves as the parent corporation of its MBOs which are comprised of 92 hospitals including four academic medical centers and 24 critical access facilities, community health service organizations, accredited nursing colleges, home health agencies, and other facilities that span the inpatient and outpatient continuum of care. Together, these facilities provided \$981 million in charity care and community benefit in the 2015 fiscal year, including services for the poor, free clinics, education and research. CHI provides strategic planning and management services as well as centralized "shared services" for the MBOs. The provision of centralized management and shared services - including areas such as accounting, human resources, payroll and supply chain -- provides economies of scale and purchasing power to the MBOs. The cost savings achieved through CHI's centralization enable MBOs to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society. Memorial Health Care System operates with its wholly owned affiliates and community partners, along with its fundraising arm, the Memorial Health Care System Foundation, to serve the health care needs of the Chattanooga, Tennessee communities.</p> |

| Form and Line Reference | Explanation |
|--|-------------|
| Schedule H, Part VI, Line 7 State filing of community benefit report | TN |

Schedule H (Form 990) 2015

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 62-0532345
Name: Memorial Health Care System Inc

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number

| | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|---|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | CHI MEMORIAL HOSPITAL 2525 DESALES AVENUE CHATTANOOGA, TN 37404 www.memorial.org 0000000071 | X | X | | | | | X | | | A |
| 2 | CHI Memorial Hospital Hixson 2051 Hamill Road Hixson, TN 37343 http://www.memorial.org/ 0000000071 | X | X | | | | | X | | | A |

2015

**Open to Public
Inspection**

62-0532345

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part IIIGrants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

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

| Return Reference | Explanation |
|--|---|
| Schedule I, Part III LINE 8 CHARITY CARE ASSISTANCE | Memorial Health Care System RECOGNIZES THE RIGHT TO QUALITY HEALTHCARE REGARDLESS OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR ABILITY TO PAY BUSINESS OFFICE STAFF HELPS PATIENTS SEEK LOCAL, STATE, AND FEDERAL REIMBURSEMENT AT NO CHARGE WHEN NO OTHER SOURCE OF PAYMENT IS AVAILABLE FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH DEMONSTRATED INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE |
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds | GRANT REQUESTS ARE COORDINATED THROUGH THE MEMORIAL HEALTH CARE SYSTEM FOUNDATION THE BENEFICIARY OF THE GRANT IS RESPONSIBLE FOR USING THE FUNDS IN ACCORDANCE WITH THE GRANT REQUIREMENTS ALL GRANT SPENDING IS REVIEWED BY FISCAL SERVICES AND THE FOUNDATION BEFORE GRANT SPENDING IS REIMBURSED THROUGH THE FOUNDATION PERIODIC REPORTING IS COORDINATED BETWEEN THE BENEFICIARY, FISCAL SERVICES, AND THE FOUNDATION |

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 62-0532345
Name: Memorial Health Care System Inc

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ACCESS ONE EAPPARTNERSHIP FOR 1800 MCCALLIE AVE CHATTANOOGA,TN 374043025 | 62-0911679 | 501c3 | 10,000 | | | | COMMUNITY SUPPORT |
| AMER CANCER TNLAMSA V160791 1100 IRELAND WY BIRMINGHAM,AL 352057014 | 64-0329009 | 501c3 | 6,750 | | | | COMMUNITY SUPPORT |
| AMER HEART ASSNAMER STROKE AS 7272 GREENVILLE AVE DALLAS,TX 75231 | 13-5613797 | 501c3 | 37,083 | | | | COMMUNITY SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|---|---|---|
| AMER RED CROSS-ALL CHAP 431 18TH ST NW WASHINGTON,DC 20006 | 53-0196605 | 501c3 | 25,000 | | | | COMMUNITY SUPPORT |
| BREAST CANCER SUPPORT SERVICES 1400 MCCALLIE AVE CHATTANOOGA,TN 37404 | 45-2772331 | 501c3 | 5,000 | | | | COMMUNITY SUPPORT |
| CATHOLIC CHARITIES OF EAST TN 859 MCCALLIE AVE CHATTANOOGA,TN 374032621 | 62-1377551 | 501c3 | 52,500 | | | | COMMUNITY SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|---|---|---|
| CATOOSA COUNTY AREA CHAMBER 264 CATOOSA CIR RINGGOLD,GA 30736 | 58-1721665 | 501c3 | 5,000 | | | | COMMUNITY SUPPORT |
| CHATT CHAMBER FDTN ATTN DIANE PARKS 811 BROAD ST CHATTANOOGA,TN 37402 | 62-0154480 | 501c3 | 25,000 | | | | COMMUNITY SUPPORT |
| CHATT HAMILTON COUNTY GOVT 921 E 3RD ST CHATTANOOGA,TN 374032102 | 62-0000636 | govt | 40,000 | | | | COMMUNITY SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|---|---|---|
| CHATTANOOGA AREA FOOD BANK ATTN MARISA OGLES 2009 CURTAIN POLE RD CHATTANOOGA, TN 37406 | 62-0867645 | 501c3 | 5,000 | | | | COMMUNITY SUPPORT |
| CHATTANOOGA CATHOLIC SCHOOLS C/O STS ATTN KATHLEEN ETHERTON PRESTON CHATTANOOGA, TN 37415 | 43-1694323 | 501c3 | 10,000 | | | | COMMUNITY SUPPORT |
| CHATTANOOGA COMMUNITY KITCHEN PO BOX 11203 727 E 11TH ST CHATTANOOGA, TN 37401 | 62-1151413 | 501c3 | 5,000 | | | | COMMUNITY SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|---|---|---|
| CHATTANOOGA FC INC 1271 MARKET ST CHATTANOOGA, TN 37402 | 27-1880693 | 501c3 | 18,000 | | | | COMMUNITY SUPPORT |
| CHOICES PREGNANCY RESOURCE CTR 6232 VANCE RD CHATTANOOGA, TN 37421 | 30-0400541 | 501c3 | 8,000 | | | | COMMUNITY SUPPORT |
| COMMUNITY FOUNDATION OF GREATER 1270 MARKET ST CHATTANOOGA, TN 37402 | 62-6045999 | 501c3 | 6,600 | | | | COMMUNITY SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAM PROMISE OF GREATER CHATT 1184 BALDWIN ST CHATTANOOGA, TN 37403 | 31-1529222 | 501c3 | 5,000 | | | | COMMUNITY SUPPORT |
| GOODWILL INDUSTRCHATTANOOGA G 3500 DODDS AVE CHATTANOOGA, TN 37407 | 62-0536733 | 501c3 | 10,000 | | | | COMMUNITY SUPPORT |
| LA PAZ DE DIOSLA PAZ CHATTANO 1402 BAILEY AVE CHATTANOOGA, TN 37404 | 20-1115026 | 501c3 | 5,000 | | | | COMMUNITY SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEDICAL FDTN OF CHATTANOOGA 1917 E THIRD ST CHATTANOOGA, TN 37404 | 58-1696660 | 501c3 | 5,000 | | | | COMMUNITY SUPPORT |
| NORTH RIVER YMCA CHAT EPAY HDR 301 W 6TH ST CHATTANOOGA, TN 374021108 | 62-0475699 | 501c3 | 11,500 | | | | COMMUNITY SUPPORT |
| NORTHSIDE NEIGHBORHOOD HOUSE 211 MINOR ST PO BOX 4086 CHATTANOOGA, TN 37405 | 62-0481801 | 501c3 | 10,000 | | | | COMMUNITY SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RICHMONT COMM COUNSELING CTR 1815 MCCALLIE AVE CHATTANOOGA, TN 37404 | 62-0789275 | 501c3 | 5,000 | | | | COMMUNITY SUPPORT |
| TENNESSEE AQUARIUM 5000 ONE BROAD ST CHATTATNOOGA, TN 37402 | 58-1837154 | 501C3 | 10,000 | | | | COMMUNITY SUPPORT |
| SOUTHERN ADVENTISTWSMC EPAY PO BOX 370 COLLEGEDALE, TN 37315 | 62-0536733 | 501c3 | 17,250 | | | | COMMUNITY SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|---|---|---|
| SUSAN G KOMEN FOR THE CURE-TN CHATTANOOGA AFFILIATE PO BOX 11288 CHATTANOOGA, TN 37401 | 72-5875175 | 501c3 | 10,000 | | | | COMMUNITY SUPPORT |
| UNITED STATES SOCCER FEDERATIO 1801 S PRAIRIE AVE CHICAGO, IL 60616 | 13-5591991 | 501C3 | 25,000 | | | | COMMUNITY SUPPORT |
| UNITED WAY CHATTANGIFTS IN KI 630 MARKET ST CHATTANOOGA, TN 37405 | 62-0569562 | 501c3 | 20,137 | | | | COMMUNITY SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF TENNESSEEWUTC 201 ANDY HOLT TOWER KNOXVILLE, TN 379960100 | 62-6001636 | 501c3 | 62,988 | | | | COMMUNITY SUPPORT |
| URBAN LEAGUE OF GREATER CHATT 730 MLK BLVD CHATTANOOGA, TN 37403 | 58-1436933 | | 16,500 | | | | COMMUNITY SUPPORT |
| WALKER COUNTY PO BOX 436 LAFAYETTE, GA 30728 | | govt | 6,000 | | | | COMMUNITY SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WELCOME TO CHATTANOOGA PO BOX 4246 CHATTANOOGA, TN 37405 | 46-2613489 | 501c3 | 10,000 | | | | COMMUNITY SUPPORT |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|--|---------------------------------|---------------------------------|--|--|---|
| VIOLENCE PREVENTION PROGRAM | 250 | 32,274 | | | |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|---|---------------------------------|---------------------------------|--|--|---|
| WE CARE WEEKEND FOR CANCER SURVIVORS AND THEIR FAMILIES | 125 | 31,977 | | | |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|--|---------------------------------|---------------------------------|--|--|---|
| Scholarships | 3 | 6,000 | | | |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|--|---------------------------------|---------------------------------|--|--|---|
| MOBILE COACH HEALTH SERVICES | 2105 | 320,481 | | | |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|--|---------------------------------|---------------------------------|--|--|---|
| LUNG SCREENING | 23 | 1,150 | | | |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| PATIENT ASSISTANCE- TRANSPORTATION, FOOD, LODGING, ETC | 155 | 61,589 | | | |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|--|---------------------------------|---------------------------------|--|--|---|
| Ivy School Programs | 250 | 59,303 | | | |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|--|---------------------------------|---------------------------------|--|--|---|
| CHARITY CARE ASSISTANCE | 8432 | 44,126,327 | | book | FINANCIAL ASSISTANCE |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Memorial Health Care System Inc

Employer identification number
62-0532345

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input 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 indemnification 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 | | |
| 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? | | |
| 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 type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? | Yes | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | Yes | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | No |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? | | No |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. | | No |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? | | No |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. | | No |
| 7 For persons listed on 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. | Yes | |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 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 |
|--|---|
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. |
| Schedule J, Part I, Line 4a Severance or change-of-control payment | POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOs. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION DURING THE 2015 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON SCHEDULE J: James Hobson \$228,786. |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | During the 2015 calendar year, Catholic Health Initiatives ("CHI"), a related organization, maintained a supplemental non-qualified deferred compensation plan for MBO CEOs and other CHI employees at the level of Senior Vice President and above. The following reportable individuals were eligible to participate in that plan: Peter Banko, James Hobson, Deb Moore, Rick Napper. DURING 2015, THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN: Deb Moore - \$23,600; Rick Napper - \$34,200. During 2015, the following distributions were made by CHI from the deferred compensation plan: Peter Banko \$44,168; James Hobson \$44,011. Due to the "super" vesting rules under the CHI deferred compensation plan, participants who have met certain requirements such as age, years of service, or more than 5 years of plan participation are eligible to receive their 2015 contributions in cash. These cash payouts are included in the participant's reportable compensation in column (iii) Other Reportable Compensation on Schedule J, Part II. During 2015, the following contributions that would have been made by CHI to the deferred compensation plan were paid in cash: Peter Banko \$62,514; James Hobson \$68,137. |
| Schedule J, Part I, Line 7 Non-fixed payments | MEMORIAL HEALTH CARE SYSTEM (MHCS) ISSUED BONUSES BASED ON INDIVIDUAL PERFORMANCE AND SPECIFIED EVENTS. Bonuses are subject to management and board approval. |

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 62-0532345

Name: Memorial Health Care System Inc

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1JAMES HOBSON FORMER PRESIDENT/CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 278,072 | 0 | 458,745 | 15,775 | -874 | -753,466 | -44,011 |
| 1RICKY NAPPER Interim CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 425,661 | 144,433 | 73,080 | 49,975 | -12,934 | -706,083 | -0 |
| 2TROY HAMMETT BOARD TREASURER/SR VP/CFO | (i) | 5,646 | 0 | 0 | 0 | 2,880 | 8,526 | 0 |
| | (ii) | 163,612 | 0 | 50,106 | 0 | -10,569 | -224,287 | -0 |
| 3PETER BANKO Board Member, Sr VP Operations, Ex-Officio | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 704,989 | 399,205 | 276,631 | 15,775 | -18,372 | -1,414,972 | -44,168 |
| 4WILLIAM WARREN MD Board Member/Cardiologist | (i) | 643,553 | 96,300 | 1,343 | 15,775 | 14,500 | 771,471 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | -0 | -0 | -0 |
| 5MICHAEL SUTTON FORMER CFO | (i) | 202,217 | 47,884 | 36,528 | 12,196 | 11,585 | 310,410 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | -0 | -0 | -0 |
| 6DEBRA MOORE SVP/ADMINISTRATOR OF Memonal Hospital Hixson | (i) | 5,267 | 0 | 0 | 0 | 2,618 | 7,885 | 0 |
| | (ii) | 265,243 | 38,623 | 16,440 | 39,025 | -12,200 | -371,531 | -0 |
| 7ROBERT BERGLUND Cardiologist | (i) | 633,789 | 96,300 | 8,783 | 15,775 | 9,678 | 764,325 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | -0 | -0 | -0 |
| 8GORDON GRAHAM Cardiologist | (i) | 638,692 | 96,300 | 4,791 | 16,992 | 252 | 757,027 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | -0 | -0 | -0 |
| 9CALVIN LEDFORD Cardiologist | (i) | 633,856 | 96,300 | 1,679 | 15,775 | 14,500 | 762,110 | 0 |
| | (ii) | 13,500 | 0 | 0 | 0 | -0 | -13,500 | -0 |
| 10GREGG SHANDER Electrophysiologist | (i) | 638,656 | 96,300 | 1,853 | 15,950 | 15,698 | 768,457 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | -0 | -0 | -0 |
| 11ROBERT MILLS MD Cardiologist | (i) | 634,759 | 96,300 | 4,852 | 15,775 | 15,684 | 767,370 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | -0 | -0 | -0 |

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

2015**Open to Public
Inspection**Name of the organization
Memorial Health Care System Inc**Employer identification number**

62-0532345

**Return
Reference****Explanation**Form 990, Part
III, Line 1
MISSION
STATEMENT

(CONTINUED FROM LINE 1) THE CORPORATION, SPONSORED BY A LAY-RELIGIOUS PARTNERSHIP, CALLS OTHER CATHOLIC SPONSORS AND SYSTEMS TO UNITE TO ENSURE THE FUTURE OF CATHOLIC HEALTH CARE TO FULFILL THIS MISSION, THE CORPORATION, AS A VALUES-BASED ORGANIZATION, WILL ASSURE THE INTEGRITY OF THE MINISTRY IN BOTH CURRENT AND DEVELOPING ORGANIZATIONS AND ACTIVITIES, RESEARCH AND DEVELOP NEW MINISTRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL, AND SOCIAL SERVICES, PROMOTE LEADERSHIP DEVELOPMENT AND FORMATION FOR MINISTRY THROUGHOUT THE ENTIRE ORGANIZATION, ADVOCATE FOR SYSTEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED, AND UNDERSERVED, AND STEWARD RESOURCES BY GENERAL OVERSIGHT OF THE ENTIRE ORGANIZATION

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 16b JOINT VENTURE POLICY | <p>MHCS HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER CHI'S SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL</p> |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15a PROCESS FOR DETERMINING CEO'S COMPENSATION | <p>The organization's top management official's compensation is paid by Catholic Health Initiatives (CHI), a related organization. CHI has a defined compensation philosophy. Both the executive and non-executive compensation structures and ranges are reviewed annually in comparison to market data. CHI uses The Korn Ferry Hay Group as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages. Compensation of the senior most executives is reviewed annually. The Korn Ferry Hay Group reviews both cash and total compensation for overall reasonableness, for adherence to CHI's compensation philosophy, and for comparability to the not-for-profit healthcare market. This independent review is delivered by Korn Ferry Hay Group to the HR committee of the CHI Board of Stewardship Trustees annually at their September meeting and minutes are shared with the full board at the December meeting. The last review was September 13, 2016. In addition, Korn Ferry Hay Group completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 to determine and validate appropriate compensation levels. These levels have been reviewed annually since and revised based on market data, where applicable.</p> |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 14 DOCUMENT RETENTION POLICY | WHILE THE ORGANIZATION DOES HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY IT HAS NOT BEEN FORMALLY ADOPTED BY THE BOARD |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 1a Delegate broad authority to a committee | <p>Pursuant to Section 8 6 of the Bylaw s of Memorial Health Care System, the Executive Committee shall consist of only directors of the Corporation and shall be composed of the Chairperson of the Board, the Vice Chairperson of the Board, the Immediate Past Chairperson of the Board, the President and Chief Executive Officer, and the Secretary, w ith one (1) or tw o (2) other directors, provided that the Executive Committee shall include (1) to the extent possible, at least one member of a Participating Congregation or other Religious Institute of the Roman Catholic Church, and (2) at least one director w ho is a physician member of the Medical Staff Each individual appointed to the Executive Committee shall serve for a term of one (1) year or until his or her successor is duly appointed by the Board of Directors Any vacancy of an appointed Executive Committee membership may be filled for the unexpired portion of the term in the manner that the original committee member w as appointed Pursuant to Section 8 1 of the Corporations bylaw s, the Board of Directors may, by resolution adopted by a majority of the Directors then in office, establish one of more committees, as needed or required to conduct and transact the business of the corporation Except as otherw ise provided in these Bylaw s, the Board of Directors may set the qualifications for membership on any committee it may establish, provided that each committee shall consist of at least tw o (2) Board members Committees may include persons other than Directors, except that a committee that has the authority to act on behalf of the Board of Directors must include only Directors of the Corporation Committee Members shall serve for a term of one (1) year or until their successors are duly appointed and qualified Further, pursuant to Section 8 6 of the Corporation's bylaw s, the executive committee has and may exercise such pow ers as may be delegated to it by the board of directors The Executive Committee also possesses the pow er to transact routine business of the corporation in the interim period betw een regularly scheduled meetings of the board of directors</p> |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 6 Classes of members or stockholders | ACCORDING TO THE BYLAWS OF MEMORIAL HEALTH CARE SYSTEM, THE ENTITY'S SOLE MEMBER IS CATHOLIC HEALTH INITIATIVES ("CHI"), A COLORADO NONPROFIT CORPORATION |

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30TH OF EACH YEAR THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS THE CORPORATE MEMBER MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS |

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | <p>MEMORIAL HEALTH CARE SYSTEM'S ("MHCS"), CORPORATE MEMBER IS CATHOLIC HEALTH INITIATIVES ("CHI") PURSUANT TO SECTION 5 4 OF MHCS'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER *</p> <ul style="list-style-type: none"> SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF MHCS * AMENDMENT OF THE CORPORATE DOCUMENTS OF MHCS * APPROVE MEMBERS OF THE MHCS BOARD * REMOVAL OF A MEMBER OF THE GOVERNING BODY OF MHCS * APPROVAL OF ISSUANCE OF DEBT BY MHCS * APPROVAL OF PARTICIPATION OF MHCS IN A JOINT VENTURE * APPROVAL OF FORMATION OF A NEW CORPORATION BY MHCS * APPROVAL OF A MERGER INVOLVING MHCS * APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF MHCS * <p>TO REQUIRE THE TRANSFER OF ASSETS BY MHCS TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS *</p> <ul style="list-style-type: none"> ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR MHCS <p>IN ADDITION, PURSUANT TO SECTION 5 5 2 OF THE ORGANIZATION'S BYLAWS, CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE</p> |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | MHCS'S FORM 990 IS PREPARED AND REVIEWED BY THE INTERNAL TAX DEPARTMENT OF ITS PARENT ORGANIZATION, CHI THE RETURN IS THEN REVIEWED BY MHCS'S FISCAL SERVICES DEPARTMENT AND ITS CHIEF FINANCIAL OFFICER PRIOR TO FILING, a copy of the return is provided to each member of the board electronically Subsequent to presentation to the board the tax department files the return with the appropriate federal and state agencies, making any non-substantive changes necessary to effect e-filing Any such changes are not re-submitted to the board |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>Catholic Health Initiatives ("CHI") has a Conflicts of Interest ("COI") policy in place to maintain the integrity of all of its activities. The policy applies to CHI Board of Stewardship Trustees and members of its committees, all board and board committee members of CHI Entities, all CHI employees, all CHI physicians (both employed and non-employed) and all physician administrators and leaders, advanced practice clinicians (both employed and non-employed), and all CHI research personnel (both employed and non-employed). Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure process. Each person has a general ongoing obligation to promptly and fully report to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest. The person must report the actual or potential conflict as soon as she/he becomes aware of it. In any situation where the person may be in doubt, a full disclosure should be made to permit an impartial and objective determination. In addition to the general ongoing obligation, there are initial disclosure obligations. The board, board committee members, and new employees are required to make disclosures at the time of their initial hiring/appointment. All non-employed, credentialed or contracted physicians are required to make disclosures at the time of their credentialing and during any subsequent reappointment or recredentialing. All researchers are required to make disclosures upon consideration of affiliation with a research sponsor. In addition to the general ongoing and initial disclosure obligations, there is an annual disclosure obligation. All corporate officers, board and board committee members, employees at the level of manager and above, researchers, supply chain employees, employed physicians, physician administrators and leaders, and employed advanced practice clinicians must complete a new conflict of interest disclosure annually. Disclosures of perceived, potential or actual conflicts involving financial interests are forwarded to the Conflicts of Interest Review Committee ("C-CIRC") or Legal Services Group for review depending on the position of the person involved. The C-CIRC reviews COI questionnaires containing disclosures of perceived or possible conflicts for employees at a level of manager or above, supply chain employees, researchers and physicians, physician administrators and leaders, and advanced practice clinicians (both employed and non-employed). In the determination of a conflict, a COI management plan will be developed for that person. With respect to those audiences for which the C-CIRC has review responsibility, the C-CIRC will facilitate development of any such conflict of interest management plan in collaboration with local CRP staff. A designated CHI Entity staff will be responsible for monitoring the COI management plan and for documenting monitoring activities. At its sole discretion, a CHI Entity may reject a Person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential COI. If the C-CIRC determines that there is a potential or actual conflict of interest that does not currently have appropriate controls to address the conflict of interest, it may recommend that the disclosing person be allowed to participate in the activity or transaction subject to restrictions as outlined in the COI management plan. If a Person does not agree with a determination made by the C-CIRC, its interpretation of the Policy or Addenda, or seeks an exemption or exception, the following steps should be followed. The Employee disputing the review decision, interpretation of the Policy, or seeking exemption or exception must present the matter to the Employee's immediate direct manager or supervisor for review and determination. If the Employee and the manager do not agree with the review decision, interpretation of the Policy, or seek exemption or exception, the manager shall consult with the manager's Vice President (or higher if the manager is a Vice President) to reach a determination. If the matter remains unresolved, it shall be referred to the CHI Vice President of Human Resources and the CHI Corporate Responsibility Officer. If they are unable to reach agreement, the matter shall be referred to the CHI General Counsel, whose decision shall be final. Reviews and determinations involving board and board committee members and corporate officers will be the responsibility of the board, board executive committee, or board chair, with guidance from the Legal Services Group (LSG). Annual COI disclosures of all trustee and corporate officers will be reviewed by the CHI Senior Vice President, Legal Services, and General Counsel or his or her designee who will report potential conflicts to the applicable Board Chair. The Board Chair or designee shall make such further investigation of any conflict of interest disclosures as he or she may deem appropriate. If the conflict involves the Board Chair, the Vice Chair will assume the Chair's role. Based on review and evaluation of the relevant facts and circumstances, the Board Chair will make an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI Policy, review and approval or other action by the Board is required. A written record of the Board Chair's determination, including relevant facts and circumstances, will be made. The Board Chair shall then make an appropriate report to the Executive Committee of the Board concerning such review, evaluation and determination. If a difference of opinion exists between the Board Chair and another Trustee as to whether the facts and circumstances of a given situation constitute a conflict of interest or whether Board review and approval or other action is required within the COI Policy, the matter shall be submitted to the Board's Executive Committee, which shall make a final determination as to the matter presented. Such determination, including relevant facts and circumstances, will be reflected in the Executive Committee minutes and will be reported to the Board. When any conflict of interest is considered by the board, the trustee or corporate officer, as appropriate, must disclose all of the material facts to the Board. The trustee shall not vote and the trustee or corporate officer shall not use his or her personal influence on the matter. The trustee or corporate officer shall be excused from the meeting during discussion and vote on the conflict of interest. In reviewing such transactions between CHI or CHI Entities and vendors or other contractors who are, or are affiliated with, Trustees or Corporate Officers, the Board will act as it would in reviewing transactions with unrelated third parties. The transaction is not be approved unless the Board determines that the transaction is fair to CHI or the CHI Entity. The Board must approve the transaction by a majority of the Trustees on the Board, without counting the vote of any individual who has an interest in the transaction. All determinations of conflicts of interest are reported as required by law, regulations, and CHI policy.</p> |

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | ON AN ANNUAL BASIS MHCS ENGAGES AN EXTERNAL CONSULTANT TO REVIEW THE COMPENSATION OF ITS EXECUTIVES THE REVIEW IS PERFORMED TO ENSURE THAT EXECUTIVE SALARIES ARE WITHIN COMPARABLE MARKET RANGES FOR THAT POSITION THE RESULTS OF THE REVIEW ARE PRESENTED TO THE EXECUTIVE COMPENSATION HUMAN RESOURCES COMMITTEE FOR REVIEW AND RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 19 Required documents available to the public | THE ORGANIZING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG or at WWW DACBOND ORG THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE THROUGH ANNUAL REPORTS FILED WITH THE STATE OF TENNESSEE |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VIII, Line 2f Other Program Service Revenue | Other Program Service Revenue - Total Revenue 278507, Related or Exempt Function Revenue 278507, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | Other Miscellaneous Revenue - Total Revenue 1155746, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1155746, |

Return Reference

Explanation

Form 990, Part XI, Line 9 Other changes in net assets or
fund balances

NONCONTROLLING INTEREST - -45767, CAPITAL RESOURCE POOL
CONTRIBUTIONS - -835615,

SCHEDULE R
(Form 990)

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Memorial Health Care System Inc

Employer identification number
62-0532345

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 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 62-1784262 | CONTRACT SERVICES | TN | 0 | 0 | MHCS |
| (2) MEMORIAL HEART INSTITUTE LLC DBA THE CHATTANOOGA HEART INSTITUTE 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 | PHYSICIAN SERVICES | TN | -10,425,166 | 3,942,560 | MHCS |
| (3) MISSION HEALTH CARE NETWORK 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 46-4236212 | CLINICALLY INTEGRATED NETWORK | TN | -1,205,018 | 207,477 | MHCS |
| (4) ORTHOPEDIC SERVICE LINE MANAGEMENT LLC 2525 DE SALES AVENUE CHATTANOOGA, TN 37404 | ORTHOPEDIC MGMT | TN | 0 | 0 | MCHS |
| | | | | | |
| | | | | | |

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 | | | | | | | |
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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) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| See Additional Data Table | | | | | | | | | | | | |
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Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" 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 |
| See Additional Data Table | | | | | | | | | |
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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 | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | Yes | |
| | | |
| 1k | | No |
| 1l | | No |
| | | |
| 1m | Yes | |
| 1n | Yes | |
| 1o | Yes | |
| | | |
| 1p | | No |
| 1q | Yes | |
| | | |
| 1r | | No |
| 1s | | No |

| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | |
|--|----------------------------------|------------------------|--|
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
| See Additional Data Table | | | |
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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

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

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 62-0532345

Name: Memorial Health Care System Inc

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| ALEAGENT CREIGHTON CLINIC 12809 W DODGE RD OMAHA, NE 68154 47-0765154 | HEALTHCARE | NE | 501(c)(3 | 3 | ACH | Yes | |
| ALEAGENT CREIGHTON HEALTH 12809 W DODGE RD OMAHA, NE 68154 47-0757164 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALEAGENT CREIGHTON HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154 47-0648586 | FUNDRAISING | NE | 501(c)(3 | 7 | ACH | Yes | |
| ALEAGENT HEALTH - BERGAN MERCY HEALTH SYSTEM 7500 MERCY RD OMAHA, NE 68124 47-0484764 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALEAGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568 | HEALTHCARE | IA | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALEAGENT HEALTH - IMMANUEL MEDICAL CENTER 6901 N 72ND ST OMAHA, NE 68122 47-0376615 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALEAGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER 104 W 17TH ST SCHUYLER, NE 68661 47-0399853 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALEAGENT HEALTH - MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518 | HEALTHCARE | IA | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ALVERNA APARTMENTS 300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177 | LTERM CARE | MN | 501(c)(3 | 9 | CHI | Yes | |
| APPLETREE COURT 601 OAK ST BRECKENRIDGE, MN 56520 41-1850500 | SENIOR LIVING | MN | 501(c)(3 | 9 | SFH | Yes | |
| BAYLOR ST LUKE'S HEALTH VENTURES 17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340 | PHYSICIANS | TX | 501(c)(3 | 9 | SLCHS | Yes | |
| BELLEVILLE ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 27-4005511 | HEALTHCARE | TX | 501(c)(3 | 3 | SHSC | Yes | |
| BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVE DES MOINES, IA 50314 42-0725196 | LTERM CARE | IA | 501(c)(3 | 9 | CHI-IA CORP | Yes | |
| BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242 | HEALTHCARE | PA | 501(c)(3 | Type I | CHI | Yes | |
| BRAZOSPORT HEALTH FOUNDATION INC 129 CIRCLE WAY STE 102 LAKE JACKSON, TX 77566 76-0080110 | FUNDRAISING | TX | 501(c)(3 | Type I | BRHS | Yes | |
| BRAZOSPORT REGIONAL PHYSICIAN SERVICES 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261 | HEALTHCARE | TX | 501(c)(3 | 3 | BRHS | Yes | |
| BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890 | HEALTHCARE | TX | 501(c)(3 | 3 | SJSC | Yes | |
| BURLESON ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931 | HEALTHCARE | TX | 501(c)(3 | 9 | SJSC | Yes | |
| CARRINGTON HEALTH CENTER 800 N 4TH ST CARRINGTON, ND 58421 45-0227311 | HEALTHCARE | ND | 501(c)(3 | 3 | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373 | HEALTHCARE | CO | 501(c)(3 | Type I | NA | Yes | |

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 |
| CATHOLIC HEALTH INITIATIVES - COLORADO 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257 | HEALTHCARE | CO | 501(c)(3) | 3 | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES - IOWA CORP 1111 6TH AVE DES MOINES, IA 50314 42-0680448 | HEALTHCARE | IA | 501(c)(3) | 3 | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211 | FUNDRAISING | CO | 501(c)(3) | 7 | CHIC | Yes | |
| CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004 | FUNDRAISING | CO | 501(c)(3) | Type I | CHI | Yes | |
| CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796 | HEALTHCARE | CO | 501(c)(3) | Type I | CHINS | Yes | |
| CENTENNIAL MEDICAL GROUP INC 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191 | PHYSICIANS | OR | 501(c)(3) | 9 | MMC | Yes | |
| CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724 | SURGERY CENTER | KS | 501(c)(3) | 3 | CHI | Yes | |
| CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847 | HEALTHCARE | MN | 501(c)(3) | 9 | CHI | Yes | |
| CHI INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565 | HEALTHCARE | CO | 501(c)(3) | Type I | CHI | Yes | |
| CHI KENTUCKY INC 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651 | HEALTHCARE | KY | 501(c)(3) | Type I | CHI | Yes | |
| CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716 | HEALTHCARE | CO | 501(c)(3) | 9 | CHI NS | Yes | |
| CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084 | HEALTHCARE | CO | 501(c)(3) | Type I | CHI | Yes | |
| CHI NEBRASKA 6940 O ST STE 200 LINCOLN, NE 68510 36-3233121 | HEALTHCARE | NE | 501(c)(3) | Type I | CHI | Yes | |
| CHI ST JOSEPH CHILDREN'S HEALTH 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997 | HEALTHCARE | PA | 501(c)(3) | Type I | CHI | Yes | |
| CHI ST JOSEPH'S CHILDREN 1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107 | COMMUNITY | NM | 501(c)(3) | Type I | CHI | Yes | |
| CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER 6624 FANNIN ST HOUSTON, TX 77030 74-1161938 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |
| CHI ST VINCENT HOSPITAL HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 71-0236913 | HEALTHCARE | AR | 501(c)(3) | 3 | CHISVHS | Yes | |
| CHI ST VINCENT HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 26-1125064 | HOLDING CO | AR | 501(c)(3) | Type II | SVIMC | Yes | |
| CHI ST VINCENT MEDICAL GROUP HOT SPRINGS 1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131 | HEALTHCARE | AR | 501(c)(3) | 3 | CHISVHS | Yes | |
| COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853 | HOLDING CO | OH | 501(c)(2) | | GSH | Yes | |

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 |
| COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399 | FUNDRAISING | IA | 501(c)(3 | Type I | AH-CMHMV | Yes | |
| CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619 | LT ACH | KY | 501(c)(3 | 3 | SJHS | Yes | |
| COVENANT HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429 | HOME HEALTH | PA | 501(c)(3 | Type II | CHI NHC | Yes | |
| ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805 | HEALTHCARE | WA | 501(c)(3 | 3 | FHS | Yes | |
| FLAGET HEALTHCARE INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363 | HEALTHCARE | KY | 501(c)(3 | 3 | KOH | Yes | |
| FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341 | FUNDRAISING | KY | 501(c)(3 | Type I | FH | Yes | |
| FRANCISCAN CARE CENTER 4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806 | HEALTHCARE | OH | 501(c)(3 | 9 | FLC | Yes | |
| FRANCISCAN FOUNDATION 1717 SOUTH J ST TACOMA, WA 98405 91-1145592 | FUNDRAISING | WA | 501(c)(3 | 9 | FHS | Yes | |
| FRANCISCAN HEALTH SYSTEM 1717 SOUTH J ST TACOMA, WA 98405 91-0564491 | HEALTHCARE | WA | 501(c)(3 | 3 | CHI | Yes | |
| FRANCISCAN HEALTH VENTURES FKA SJMGROUP TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377 | PHYSICIANS | MO | 501(c)(3 | 9 | CHI | Yes | |
| FRANCISCAN LIVING COMMUNITIES 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096 | HEALTHCARE | OH | 501(c)(3 | Type I | SFH | Yes | |
| FRANCISCAN MEDICAL GROUP 1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739 | HEALTHCARE | WA | 501(c)(3 | 9 | FHS | Yes | |
| FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829 | HEALTHCARE | WI | 501(c)(3 | 9 | CHI | Yes | |
| GARRISON MEMORIAL HOSPITAL 407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752 | HEALTHCARE | ND | 501(c)(3 | 3 | SAMC | Yes | |
| GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108 | MINISTRIES | CO | 501(c)(3 | Type I | CHI | Yes | |
| GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403 | EDUCATION | OH | 501(c)(3 | 2 | GSH | Yes | |
| GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047 | FUNDRAISING | OH | 501(c)(3 | Type I | GSH | Yes | |
| GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST ST KEARNEY, NE 68847 47-0659443 | FUNDRAISING | NE | 501(c)(3 | 7 | GSH | Yes | |
| GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON 110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923 | FUNDRAISING | OH | 501(c)(3 | 7 | SHP | Yes | |

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

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|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| HARRISON MEDICAL CENTER 2520 CHERRY AVE BREMERTON, WA 98310 91-0565546 | HEALTHCARE | WA | 501(c)(3) | 3 | FHS | Yes | |
| HARRISON MEDICAL CENTER FOUNDATION 2520 CHERRY AVE BREMERTON, WA 98310 91-1197626 | FUNDRAISING | WA | 501(c)(3) | 7 | HMC | Yes | |
| HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782 | FUNDRAISING | MN | 501(c)(3) | Type I | SFMC | Yes | |
| HIGHLINE MEDICAL CENTER 16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166 | HEALTHCARE | WA | 501(c)(3) | 3 | FHS | Yes | |
| HOUSE OF MERCY 1111 6TH AVE DES MOINES, IA 50314 42-1323808 | SHELTER | IA | 501(c)(3) | 7 | CHI-IA CORP | Yes | |
| JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768 | HEALTHCARE | KY | 501(c)(3) | 3 | KOH | Yes | |
| KENTUCKYONE HEALTH MEDICAL GROUP INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1352729 | HEALTHCARE | KY | 501(c)(3) | 9 | JHSMH | Yes | |
| KENTUCKYONE HEALTH INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769 | HEALTHCARE | KY | 501(c)(3) | 9 | CHI | Yes | |
| LAKEWOOD HEALTH CENTER 600 MAIN AVE S BAUDETTE, MN 56623 41-0758434 | HEALTHCARE | MN | 501(c)(3) | 3 | CHI | Yes | |
| LAKEWOOD REGIONAL HEALTHCARE FOUNDATION 600 MAIN AVE S BAUDETTE, MN 56623 41-1893795 | FUNDRAISING | ND | 501(c)(3) | 7 | LHC | Yes | |
| LINUS OAKES INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381 | SENIOR LIVING | OR | 501(c)(3) | 9 | MMC | Yes | |
| LISBON AREA HEALTH SERVICES 905 MAIN ST LISBON, ND 58054 82-0558836 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| LUFKIN VISION ACQUISITIONS PO BOX 1447 LUFKIN, TX 75901 82-0563768 | PROPERTY MGMT | TX | 501(c)(3) | Type III-FI | MHSET | Yes | |
| MADISON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| MADONNA MANOR INC 2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635 | LIVING ASSIST | KY | 501(c)(3) | 1 | FLC | Yes | |
| MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548 | FUNDRAISING | TN | 501(c)(3) | 7 | MHCS | Yes | |
| MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345 | HEALTHCARE | TN | 501(c)(3) | 3 | CHI | Yes | |
| MEMORIAL HEALTH PARTNERS FOUNDATION INC 5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049 | HEALTHCARE | TN | 501(c)(3) | 9 | MHCS | Yes | |
| MEMORIAL HEALTH SYSTEM OF EAST TEXAS PO BOX 1447 LUFKIN, TX 75902 75-0755367 | HEALTHCARE | TX | 501(c)(3) | 3 | CHI | Yes | |
| MEMORIAL MEDICAL CENTER - LIVINGSTON PO BOX 1447 LUFKIN, TX 75902 76-0436439 | HEALTHCARE | TX | 501(c)(3) | 3 | MHSET | Yes | |

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|--|-------------------------|---|----------------------------|--|----------------------------------|---|----|
| | | | | | | Yes | No |
| MEMORIAL MEDICAL CENTER - SAN AUGUSTINE PO BOX 1447 LUFKIN, TX 75902 75-2663904 | HEALTHCARE | TX | 501(c)(3 | 3 | MHSET | Yes | |
| MEMORIAL MULTISPECIALTY ASSOCIATES 1201 FRANK AVE LUFKIN, TX 95904 75-2721155 | PHYSICIANS | TX | 501(c)(3 | Type III-FI | MHSET | Yes | |
| MEMORIAL SPECIALTY HOSPITAL PO BOX 1447 LUFKIN, TX 95902 75-2492741 | HEALTHCARE | TX | 501(c)(3 | 3 | MHSET | Yes | |
| MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVE DES MOINES, IA 50314 42-6076069 | AUXILIARY | IA | 501(c)(3 | Type I | MF-DM IA | Yes | |
| MERCY CLINICS INC 1111 6TH AVE DES MOINES, IA 50314 42-1193699 | PHYSICIANS | IA | 501(c)(3 | 9 | CHI-IA CORP | Yes | |
| MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVE DES MOINES, IA 50314 42-1511682 | EDUCATION | IA | 501(c)(3 | 2 | CHI-IA CORP | Yes | |
| MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVE DES MOINES, IA 50314 23-7358794 | FUNDRAISING | IA | 501(c)(3 | 7 | CHI-IA CORP | Yes | |
| MERCY FOUNDATION INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946 | FUNDRAISING | OR | 501(c)(3 | 7 | MMC | Yes | |
| MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064 | FUNDRAISING | IA | 501(c)(3 | Type I | AHMH-Corning | Yes | |
| MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338 | FUNDRAISING | ND | 501(c)(3 | Type I | MHVC | Yes | |
| MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204 | FUNDRAISING | IA | 501(c)(3 | Type I | AHBMHS | Yes | |
| MERCY HOSPITAL OF DEVILS LAKE 1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012 | HEALTHCARE | ND | 501(c)(3 | 3 | CHI | Yes | |
| MERCY HOSPITAL OF DEVILS LAKE FOUNDATION 1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360 | FUNDRAISING | ND | 501(c)(3 | 7 | MHDL | Yes | |
| MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553 | HEALTHCARE | ND | 501(c)(3 | 3 | CHI | Yes | |
| MERCY MEDICAL CENTER 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183 | HEALTHCARE | ND | 501(c)(3 | 3 | CHI | Yes | |
| MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308 | HEALTHCARE | IA | 501(c)(3 | 3 | CHI-IA CORP | Yes | |
| MERCY MEDICAL CENTER - NEWTON DBA SKIFF MEDICAL CENTER 1111 6TH AVE DES MOINES, IA 50314 42-1470935 | PHYSICIANS | IA | 501(c)(3 | 9 | CHI-IA CORP | Yes | |
| MERCY MEDICAL CENTER INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868 | HEALTHCARE | OR | 501(c)(3 | 3 | CHI | Yes | |
| MERCY MEDICAL FOUNDATION 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803 | FUNDRAISING | ND | 501(c)(3 | Type I | MMC | Yes | |
| NEBRASKA HEART HOSPITAL 7500 S 91ST ST LINCOLN, NE 68526 39-2031968 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |

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|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| North Central Health Care Alliance dba PrimeCare Health Group 401 N 9th St BISMARCK, ND 585014507 45-0439894 | HEALTHCARE | ND | 501(c)(3 | 9 | NHCA | Yes | |
| OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES, ND 58474 45-0231675 | HEALTHCARE | ND | 501(c)(3 | 3 | CHI | Yes | |
| OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH ST OAKES, ND 58474 71-0966606 | FUNDRAISING | ND | 501(c)(3 | Type I | OCH | Yes | |
| PINEYWOODS MEDICAL DEVELOPMENT CORP PO BOX 1447 LUFKIN, TX 75902 75-2493116 | PROPERTY MGMT | TX | 501(c)(3 | Type III-FI | MHSET | Yes | |
| PROVIDENCE CARE CENTER 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625 | HEALTHCARE | OH | 501(c)(3 | 9 | FLC | Yes | |
| PROVIDENCE CARE CENTERS 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099 | HOLDING CO | OH | 501(c)(3 | Type II | FLC | Yes | |
| PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION 5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807 | LIVING COMM | OH | 501(c)(3 | 9 | FLC | Yes | |
| PUEBLO STEPUP 1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295 | COMMUNITY | CO | 501(c)(3 | 7 | CHIC | Yes | |
| REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE 12844 MILITARY RD S TUKWILA, WA 98168 91-1170040 | HEALTHCARE | WA | 501(c)(3 | 3 | FHS | Yes | |
| SET OF COLORADO SPRINGS INC 2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335 | LTERM CARE | CO | 501(c)(3 | 7 | CHIC | Yes | |
| SAINT CLARE'S COMMUNITY CARE INC 25 POCONO RD DENVER, NJ 07834 22-2876836 | HEALTHCARE | NJ | 501(c)(3 | Type II | SCHS | Yes | |
| SAINT CLARE'S FOUNDATION INC 25 POCONO RD DENVER, NJ 07834 22-2502997 | FUNDRAISING | NJ | 501(c)(3 | 7 | SCHS | Yes | |
| SAINT CLARE'S HEALTH SERVICES INC 25 POCONO RD DENVER, NJ 07834 22-3639733 | MANAGEMENT | NJ | 501(c)(3 | Type II | CHI | Yes | |
| SAINT CLARE'S HOSPITAL INC 25 POCONO RD DENVER, NJ 07834 22-3319886 | HEALTHCARE | NJ | 501(c)(3 | 3 | SCHS | Yes | |
| SAINT ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510 47-0625523 | FUNDRAISING | NE | 501(c)(3 | 7 | SERMC | Yes | |
| SAINT ELIZABETH HEALTH SERVICES 555 S 70TH ST LINCOLN, NE 68510 36-3233120 | HEALTHCARE | NE | 501(c)(3 | 3 | SERMC | Yes | |
| SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 S 70TH ST LINCOLN, NE 68510 47-0379836 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267 | FUNDRAISING | NE | 501(c)(3 | 7 | SFMC | Yes | |
| SAINT JOSEPH BEREА HOSPITAL FOUNDATION INC 305 ESTILL ST BEREA, KY 40403 26-0152877 | FUNDRAISING | KY | 501(c)(3 | 7 | SJHS | Yes | |

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|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| SAINT JOSEPH HEALTH SYSTEM INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601 | HEALTHCARE | KY | 501(c)(3) | 3 | KOH | Yes | |
| SAINT JOSEPH HOSPITAL FOUNDATION INC ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649 | FUNDRAISING | KY | 501(c)(3) | Type I | SJHS | Yes | |
| SAINT JOSEPH LONDON FOUNDATION INC 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748 | FUNDRAISING | KY | 501(c)(3) | 7 | SJHS | Yes | |
| SAINT JOSEPH MOUNT STERLING FOUNDATION INC 225 FALCON DR MOUNT STERLING, KY 40353 27-2884584 | FUNDRAISING | KY | 501(c)(3) | 7 | SJHS | Yes | |
| SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH ST DICKINSON, ND 58601 36-3418207 | FUNDRAISING | ND | 501(c)(3) | Type I | SJHHC | Yes | |
| SAMARITAN BEHAVIORAL HEALTH INC 601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634 | HEALTHCARE | OH | 501(c)(3) | 7 | SHP | Yes | |
| SAMARITAN HEALTH PARTNERS 110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411 | HEALTHCARE | OH | 501(c)(3) | Type I | CHI | Yes | |
| SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH ST SCHUYLER, NE 68661 36-3630014 | FUNDRAISING | NE | 501(c)(3) | Type I | AHMHS | Yes | |
| SJRCM JOPLIN MISSOURI 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809 | HEALTHCARE | MO | 501(c)(3) | 3 | CHI | Yes | |
| SL AUGUSTA CORP PO BOX 20269 HOUSTON, TX 77225 76-0226623 | TITLE HOLDING | TX | 501(c)(2) | | SLPC | Yes | |
| ST ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| ST ANTHONY HOSPITAL 1601 SE COURT AVE PENDLETON, OR 97801 93-0391614 | HEALTHCARE | OR | 501(c)(3) | 3 | CHI | Yes | |
| ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVE PENDLETON, OR 97801 93-0992727 | FUNDRAISING | OR | 501(c)(3) | Type I | SAH | Yes | |
| ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507 | HEALTHCARE | AR | 501(c)(3) | 3 | SVIMC | Yes | |
| ST CATHERINE HOSPITAL 401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721 | HEALTHCARE | KS | 501(c)(3) | 3 | CHI | Yes | |
| ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702 | FUNDRAISING | KS | 501(c)(3) | Type I | SCH | Yes | |
| ST CLARE COMMONS 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 27-0163752 | LIVING COMM | OH | 501(c)(3) | 9 | FLC | Yes | |
| ST DOMINIC OF ONTARIO OREGON 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692 | HEALTHCARE | OR | 501(c)(4) | | CHI | Yes | |
| ST FRANCIS HOME 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978 | LTERM CARE | MN | 501(c)(3) | 9 | CHI | Yes | |
| ST FRANCIS LIFE CARE CORPORATION 19 POCONO RD DENVER, NJ 07834 22-2536017 | ELDERLY CARE | NJ | 501(c)(3) | 9 | SCHS | Yes | |

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|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598 | HEALTHCARE | MN | 501(c)(3 | 3 | CHI | Yes | |
| ST FRANCIS OF BAKER CITY 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495 | HEALTHCARE | OR | 501(c)(3 | 3 | CHI | Yes | |
| ST JOSEPH FOUNDATION OF BRYAN TEXAS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158 | FUNDRAISING | TX | 501(c)(3 | Type I | SJSC | Yes | |
| ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594 | HEALTHCARE | TX | 501(c)(3 | 9 | SJSC | Yes | |
| ST JOSEPH MEDICAL CENTER INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461 | HEALTHCARE | MD | 501(c)(3 | 3 | CHI | Yes | |
| ST JOSEPH PHYSICIAN ASSOCIATES 2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302 | HEALTHCARE | TX | 501(c)(3 | 3 | SJSC | Yes | |
| ST JOSEPH PHYSICIAN ENTERPRISE INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775 | PHYSICIANS | MD | 501(c)(3 | Type I | SJMC | Yes | |
| ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696 | HEALTHCARE | TX | 501(c)(3 | 3 | SJSC | Yes | |
| ST JOSEPH REGIONAL HEALTH PARTNERS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170 | HEALTHCARE | TX | 501(c)(3 | 3 | SJSC | Yes | |
| ST JOSEPH REGIONAL HEALTH PARTNERS ACO 2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423 | HEALTHCARE | TX | 501(c)(3 | 3 | SJSC | Yes | |
| ST JOSEPH SERVICES CORPORATION 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161 | MANAGEMENT | TX | 501(c)(3 | Type I | SFH | Yes | |
| ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603 | HEALTHCARE | MN | 501(c)(3 | 3 | CHI | Yes | |
| ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH ST DICKINSON, ND 58601 45-0226429 | HEALTHCARE | ND | 501(c)(3 | 3 | CHI | Yes | |
| ST LEONARD 8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863 | LIVING COMM | OH | 501(c)(3 | 9 | FLC | Yes | |
| ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0274448 | MANAGEMENT | TX | 501(c)(3 | Type I | SLHS | Yes | |
| ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278 | HEALTHCARE | TX | 501(c)(3 | 3 | SLCDC | Yes | |
| ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374 | HEALTHCARE | TX | 501(c)(3 | 3 | SLHS | Yes | |
| ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902 | HEALTHCARE | TX | 501(c)(3 | 3 | SLCDC | Yes | |
| ST LUKE'S COMMUNITY HEALTH SERVICES 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234 | HEALTHCARE | TX | 501(c)(3 | 3 | SLHS | Yes | |
| ST LUKE'S FOUNDATION 1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485 | FUNDRAISING | TX | 501(c)(3 | 7 | SLHS | Yes | |

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|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| ST LUKE'S HEALTH SYSTEM CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232 | MANAGEMENT | TX | 501(c)(3 | Type I | CHI | Yes | |
| ST LUKE'S HOSPITAL AT THE VINTAGE 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606 | HEALTHCARE | TX | 501(c)(3 | 3 | SLHS | Yes | |
| ST LUKE'S MEDICAL GROUP 6624 FANNIN ST HOUSTON, TX 77030 76-0458535 | PHYSICIANS | TX | 501(c)(3 | 3 | SLHS | Yes | |
| ST LUKE'S MEDICAL TOWER CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713 | PROPERTY MGMT | TX | 501(c)(3 | Type I | CHI-SLH | Yes | |
| ST LUKE'S PROPERTIES CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716 | PROPERTY MGMT | TX | 501(c)(3 | Type I | SLHS | Yes | |
| ST LUKE'S SUGAR LAND PROPERTIES CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549 | PROPERTY MGMT | TX | 501(c)(3 | Type I | SLCDC-SL | Yes | |
| ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636 | HEALTHCARE | NE | 501(c)(3 | 3 | CHI NEBRASKA | Yes | |
| ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604 | FUNDRAISING | NE | 501(c)(3 | 7 | SMCH | Yes | |
| ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537 | FUNDRAISING | AR | 501(c)(3 | Type I | SVIMC | Yes | |
| ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917 | HEALTHCARE | AR | 501(c)(3 | 3 | CHI | Yes | |
| ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696 | HEALTHCARE | AR | 501(c)(3 | 9 | SVIMC | Yes | |
| SYLVANIA FRANCISCAN HEALTH 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964 | HEALTHCARE | OH | 501(c)(3 | Type I | CHI | Yes | |
| SYLVANIA FRANCISCAN HEALTH FOUNDATION 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161 | FUNDRAISING | OH | 501(c)(3 | Type I | FLC | Yes | |
| THE COMMONS OF PROVIDENCE 5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097 | ASSIST LIVING | OH | 501(c)(3 | 9 | FLC | Yes | |
| THE COMMUNITY HOSPITAL OF BRAZOSPORT 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192 | HEALTHCARE | TX | 501(c)(3 | 3 | SLHS | Yes | |
| THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486 | HEALTHCARE | OH | 501(c)(3 | 3 | CHI | Yes | |
| THE PHYSICIAN NETWORK 2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857 | PHYSICIANS | NE | 501(c)(3 | Type I | CHI NEBRASKA | Yes | |
| TOTAL HEALTHCARE 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232 | HEALTHCARE | CO | 501(c)(3 | 3 | CHIC | Yes | |
| TRINITY HEALTH FOUNDATION 380 SUMMIT AVENUE STEBENVILLE, OH 43952 31-1329423 | FUNDRAISING | OH | 501(c)(3 | Type I | THS | Yes | |
| TRINITY HEALTH SYSTEM 380 SUMMIT AVENUE STEBENVILLE, OH 43952 34-1818681 | HEALTHCARE | OH | 501(c)(3 | Type I | SFH | Yes | |

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 |
| TRINITY HEALTH SYSTEM GROUP 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 30-0752920 | HEALTHCARE | OH | 501(c)(3) | 3 | THS | Yes | |
| TRINITY HOSPITAL HOLDING COMPANY 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1842025 | HEALTHCARE | OH | 501(c)(3) | 3 | THS | Yes | |
| TRINITY HOSPITAL TWIN CITY 819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105 | HEALTHCARE | OH | 501(c)(3) | 3 | CHI | Yes | |
| TRI-STATE HEALTH SERVICES INC ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484 | ASSIST LIVING | OH | 501(c)(3) | | THS | Yes | |
| UNITY FAMILY HEALTHCARE 815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642 | HEALTHCARE | MN | 501(c)(3) | 3 | CHI | Yes | |
| VILLA NAZARETH INC 801 PAGE DR FARGO, ND 58103 45-0226714 | LTERM CARE | ND | 501(c)(3) | 9 | CHI | Yes | |
| VISITING NURSE ASSOCIATION OF ST CLARE'S INC 191 WOODPORT RD SPARTA, NJ 07871 22-1768334 | HOME HEALTH | NJ | 501(c)(3) | 9 | SCHS | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Dispropportionate 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 | |
| Alegent Health Northwest Imaging Center LLC 3606 N 156th St OMAHA, NE 68116 06-1786985 | OP Diagnostics | NE | ACH | Related | -7,263 | 485,853 | | No | 0 | Yes | | 51 % |
| Audubon Land Company LLC 5390 N Academy Blvd STE 300 COLORADO SPRINGS, CO 80918 84-1513085 | Real Estate | CO | CHIC | Related | 250,214 | 23,193,712 | | No | 0 | | No | 50 % |
| AVON EMERGENCY AND URGENT CARE CENTER LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 81-1727282 | HEALTHCARE SRVC | CO | CHIC | Related | 0 | 0 | | No | 0 | Yes | | 77 % |
| BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184 | HEALTHCARE SRVC | TX | SLHS | Related | 0 | 0 | | No | 0 | Yes | | 65 % |
| BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994 | AMBUL SURG CTR | NE | ACH | Related | 709,407 | 1,953,385 | | No | 0 | | No | 58 % |
| BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199 | PHYS OFFICE | TN | MHCS | Related | 127,778 | 958,445 | | No | 0 | Yes | | 63 % |
| BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736 | DIAGNOSTIC IMAGING | KY | SJHS | Related | 312,944 | 3,261,145 | | No | 0 | | No | 65 % |
| CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938 | PRACTICE MGMT SRVC | DE | CHI | Related | -572,758 | 28,961,482 | | No | 0 | Yes | | 80 % |
| CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146 4502 N SECOND AVE KEARNEY, NE 68848 47-0692112 | HEALTHCARE SRVC | NE | na | Related | -33,398 | 156,208 | | No | 0 | Yes | | 100 % |
| CENTRAL NEBRASKA REHABILITATION SERVICES LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461 | Physical Therapy | NE | SFMC | Related | 2,441,607 | 3,412,341 | | No | 0 | | No | 51 % |
| CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023 | OP SURGERY CENTER | AL | CHIC | Related | 525,814 | 1,305,299 | | No | 0 | Yes | | 65 % |
| CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942 | INVESTMENTS | CO | CHI | Unrelated | 332,023,271 | 6,703,637,716 | | No | 515,470 | Yes | | 100 % |
| CHI ST LUKE'S HEALTH EMERGENCY CENTER LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 81-0743412 | URGENT CARE | TX | SLHS | Related | 0 | 0 | | No | 0 | Yes | | 65 % |
| CHICAMSURG Surgery Centers LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 46-5683027 | SURGERY CENTER | CO | CHIC | Related | 0 | 0 | | No | 0 | | No | 51 % |
| CHICLARKIN VENTURES LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 47-4210888 | URGENT CARE | CO | CHIC | Related | 0 | 0 | | No | 0 | Yes | | 87 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Dispropportionate 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 | |
| Colorado Springs CK Leasing LLC 8770 W Bryn Mawr Ste 1370 CHICAGO, IL 60631 26-2982714 | REAL ESTATE | CO | CHIC | Related | 599,151 | 425,148 | | No | 0 | Yes | | 40 % |
| HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767 | PROPERTY HOLDING | WI | SL HOSP-VINTAGE | Related | 1,365,254 | 375,590,761 | | No | 0 | | No | 51 % |
| HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196 | LAUNDRY | NE | na | Related | 256,166 | 3,371,484 | | No | 0 | | No | 100 % |
| Heartland Oncology LLC 2337 E Crawford St SALINA, KS 67401 46-4265403 | ONCOLOGY | KS | SCH | Related | -457,809 | 1,985,911 | | No | 0 | | No | 51 % |
| HIGHLINE IMAGING LLC PO BOX 184 BRUSH PRAIRIE, WA 98606 20-0460005 | DIAGNOSTIC IMAGING | WA | HMC | Related | 65,074 | 1,408,012 | | No | 0 | | No | 80 % |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902 | AMBUL SURG CTR | NE | ACH | Related | 4,111,597 | 2,474,455 | | No | 0 | | No | 54 % |
| LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496 | ENDOSCOPY SRVC | NE | ACH | Related | 670,348 | 721,021 | | No | 0 | | No | 51 % |
| LINCOLN CK LEASING LLC 6003 Old Cheney Rd Lincoln, NE 68516 26-2496856 | Real Estate | NE | SERMC | Related | 488,450 | 230,998 | | No | 0 | | No | 54 % |
| NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST OMAHA, NE 68122 27-0263191 | SPINE HOSPITAL | NE | ACH | Related | 10,386,143 | 19,795,974 | | No | 0 | | No | 51 % |
| NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771 | AMBUL SURG CTR | AR | SVIMC | Related | 163,900 | 1,280,229 | | No | 0 | | No | 57 % |
| ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105 | ORTHO HOSPITAL | CO | THC | Related | 9,902,290 | 2,561,198 | | No | 0 | | No | 60 % |
| PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610 | HEALTHCARE SRVC | WA | FHS | Related | 343,465 | 2,173,284 | | No | 0 | | No | 60 % |
| Penrad Imaging 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619 | Medical Imaging | CO | CHIC | Related | 1,160,221 | 2,168,695 | | No | 0 | | No | 70 % |
| PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598 | HOSPITAL | TX | SL CDC-PMC | Related | 5,287,747 | 67,411,280 | | No | 0 | Yes | | 51 % |
| PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST STE 102 LINCOLN, NE 68508 20-4962103 | TECH SRVC | NE | AH-IMC | Related | 1,126,606 | 2,905,862 | | No | 0 | Yes | | 66 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) 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 | |
| Pueblo Ambulatory Surgery Center LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 62-1488737 | SURGERY CENTER | CO | CHIC | Related | -155,230 | 107,312 | | No | 0 | | No | 51 % |
| Saint JOSEPH - PAML LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 45-2116736 | MGMT SVCS | KY | SJHS | Related | 57,681 | 589,808 | | No | 0 | Yes | | 63 % |
| SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157 | OP SURGERY | DE | SJHS | Related | 0 | 0 | | No | 0 | Yes | | 51 % |
| SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545 | HOME HEALTH | KY | JHSMH | Related | 5,517,685 | 7,112,135 | | No | 0 | | No | 100 % |
| SCA Premier Surgery Center of Louisville LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 72-1386840 | SURGERY CENTER | KY | JHSMH | Related | -177,796 | 2,205,015 | | No | 0 | | No | 51 % |
| ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100 | REAL ESTATE | CO | CHIC | Related | -82,977 | 14,572,659 | | No | 0 | | No | 51 % |
| ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J ST TACOMA, WA 98405 91-1352698 | MED OFFICE | WA | FHS | Related | 265,442 | 1,984,098 | | No | 0 | | No | 61 % |
| ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365 | DIAGNOSTICS | TX | SLHS HOLDINGS | Related | 611,532 | 1,117,217 | | No | 0 | | No | 57 % |
| ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437 | HOSPITAL | TX | SL CDC-W | Related | 277,867 | 42,485,184 | | No | 0 | Yes | | 51 % |
| ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726 | DIAGNOSTICS | TX | SLHSH | Related | -76,879 | 1,171,971 | | No | 0 | Yes | | 51 % |
| Superior Medical Imaging LLC 5000 North 26th ST LINCOLN, NE 68521 26-2884555 | OP Diagnostics | NE | SERMC | Related | 9,528 | 402,804 | | No | 0 | Yes | | 51 % |
| SURGERY CENTER OF LEXINGTON LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179539 | SURGERY CENTER | KY | SJHS | Related | 187,315 | 2,777,419 | | No | 0 | Yes | | 51 % |
| SURGERY CENTER OF LOUISVILLE LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 62-1179537 | SURGERY CENTER | KY | JHSMH | Related | 11,207 | 803,899 | | No | 0 | Yes | | 51 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|--|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| Alegent HealthCreighton St Joseph (1) Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396 | Managed Care | NE | CHI Nebraska | C Corporation | 8,129,445 | 5,108,822 | 100 % | Yes | |
| (1) All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913 | Insurance | CJ | CHI | C Corporation | 0 | 0 | 100 % | Yes | |
| ALLIANCE HEALTH PROVIDERS OF (2) BRAZOS Valley Inc 2801 FRACNISCAN DRIVE BRYAN, TX 77802 74-2466914 | Healthcare | TX | SJSC | C Corporation | 204,115 | 535,165 | 100 % | Yes | |
| Alternative Insurance Management (3) Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049 | Management Services | CO | CHI | C Corporation | 0 | 6,056,338 | 100 % | Yes | |
| (4) AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414 | HOME HEALTH | OH | CHS | C Corporation | 91,903,143 | 55,758,044 | 100 % | Yes | |
| (5) AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699 | HOME HEALTH | OH | ANC | C Corporation | 21,464,273 | 12,744,198 | 100 % | Yes | |
| (6) BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851 | Fitness Club | KY | JHSMH | C Corporation | 0 | 0 | 100 % | Yes | |
| (7) BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376 | Health Care | TX | BRHS | C Corporation | 0 | 0 | 100 % | Yes | |
| (8) Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736 | Healthcare | TN | MHCS | C Corporation | 0 | 1,008 | 100 % | Yes | |
| (9) Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022 | Captive Management | CJ | CHI | C Corporation | 29,750 | 112,461 | 100 % | Yes | |
| Carmona-DeSoto Building Horizontal (10) Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0771076 | Healthcare | AR | CHI-SVHS | C Corporation | 0 | 0 | 100 % | Yes | |
| (11) Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511 | Research | CO | CIRI | C Corporation | 510,763 | 3,054,989 | 100 % | Yes | |
| (12) CHI St Luke's Health Baylor College of Medicine Medical Center Condominium Assoc 6624 Fannin STE 1100 Houston, TX 77030 46-5079545 | Condo Assoc | TX | CHI-SLHBCM | C Corporation | 0 | 0 | 100 % | Yes | |
| (13) ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960 | Insurance | TN | PHPSI | C Corporation | -186,666 | 6,973,984 | 100 % | Yes | |
| (14) Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813 | Inactive | CO | CHIC | C Corporation | 0 | 0 | 100 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (16) CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212 | HOME HEALTH | OH | CHI | C Corporation | 247,400 | 51,845,030 | 100 % | Yes | |
| (1) Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382 | Real Estate | IA | CHI-IA Corp | C Corporation | 71,628 | 1,151,078 | 93 % | Yes | |
| (2) Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679 | Health Care | TX | BRHS | C Corporation | 0 | 0 | 100 % | Yes | |
| (3) East Texas Clinical Services Inc 2801 Via Fortuna 500 Austin, TX 78746 45-4736213 | Healthcare | TX | MHSET | C Corporation | 0 | 16,782 | 100 % | Yes | |
| (4) First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038 | Insurance | CJ | CHI | C Corporation | 0 | 0 | 100 % | Yes | |
| (5) Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967 | Healthcare | CO | CHI | C Corporation | 318,497 | 11,891,645 | 100 % | Yes | |
| (6) Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440 | Medical Clinic | NE | CHI Nebraska | C Corporation | 0 | 0 | 100 % | Yes | |
| (7) HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750 | Insurance | WA | QCHPS | C Corporation | 2,182 | 3,002,182 | 100 % | Yes | |
| (8) Health Systems Enterprises Inc 1700 EDISON DR MILFORD, OH 45150 47-0664558 | MGMT | NE | GSH | C Corporation | 84,269 | 1,115,210 | 100 % | Yes | |
| (9) Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474 | Health Org | WA | FHS | C Corporation | 0 | 0 | 100 % | Yes | |
| (10) HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223 | Insurance | NE | PHPSI | C Corporation | 1,755,860 | 3,679,133 | 100 % | Yes | |
| (11) Highline Medical Group 15811 AMBUAN Blvd SW STE A Burien, WA 98166 91-1407026 | Medical Services | WA | HMC | C Corporation | 0 | 0 | 100 % | Yes | |
| (12) Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137 | Sale of DME | ND | MMC Williston | C Corporation | 677,839 | 1,583,325 | 100 % | Yes | |
| (13) Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849 | Heath Care | TX | MHSET | C Corporation | 0 | 0 | 100 % | Yes | |
| (14) Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422 | Housing | IA | CHI-IA Corp | C Corporation | 1,888,173 | 2,376,812 | 100 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|--|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (31) Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308 | Retail Sales | OR | MMC | C Corporation | 2,502,051 | 1,446,108 | 100 % | Yes | |
| (1) MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952 | Healthcare | TX | MHSET | C Corporation | 10,063,699 | 1,339,619 | 100 % | Yes | |
| (2) Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739 | MGMT SVC ORG | TN | MHCS | C Corporation | 31,344,101 | 6,237,932 | 100 % | Yes | |
| (3) Nazareth Assurance Company PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 03-0304831 | Insurance | CJ | CHI | C Corporation | 0 | 0 | 100 % | Yes | |
| (4) PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798 | HOME HEALTH | OH | ANC | C Corporation | 9,010,987 | 6,688,783 | 100 % | Yes | |
| (5) PhysicianHealth System Network 1149 MARKET ST Tacoma, WA 98402 91-1746721 | Health Org | WA | FHS | C Corporation | 0 | 0 | 100 % | Yes | |
| (6) QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605 | Insurance | AR | QCHI | C Corporation | 104,106,960 | 86,204,029 | 100 % | Yes | |
| (7) QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912 | Insurance | WA | QCPS | C Corporation | 2,767 | 3,502,767 | 100 % | Yes | |
| (8) QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037 | Admin Services | CO | QCHI | C Corporation | 17,917,443 | 64,152,898 | 100 % | Yes | |
| (9) QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808 | Holding Co | CO | CHI | C Corporation | 2,010,400 | -2,237,656 | 100 % | Yes | |
| (10) QualChoice Holdings Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 27-4075520 | Holding Co | AR | PHPS | C Corporation | 0 | 10,190 | 100 % | Yes | |
| (11) QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640 | Insurance | AR | QCH | C Corporation | 19,949,469 | 19,444,633 | 100 % | Yes | |
| (12) QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827 | Insurance | NE | QCH | C Corporation | 0 | 0 | 100 % | Yes | |
| (13) RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824 | Insurance | OH | PHPS | C Corporation | 2,069,874 | 3,679,879 | 100 % | Yes | |
| (14) RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332 | Insurance | KY | PHPS | C Corporation | 1,590,037 | 5,958,786 | 100 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|--|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (46) Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654 | Pharmacy | OH | THS | C Corporation | 1,104,611 | 2,024,431 | 100 % | Yes | |
| (1) Saint Clare's Primary Care Inc 66 FORD RD Denville, NJ 07834 22-2441202 | Billing Services | NJ | SCCC | C Corporation | 499,042 | 1,183,247 | 100 % | Yes | |
| (2) SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 Dayton, OH 45402 31-1299450 | Healthcare | OH | SHP | C Corporation | 0 | 0 | 100 % | Yes | |
| (3) SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408 | Healthcare | CO | FSI | C Corporation | 2,007,370 | 2,441,286 | 100 % | Yes | |
| SJL PHYSICIAN MANAGEMENT (4) SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198 | Mgmt | KY | SJHS | C Corporation | 41 | 0 | 100 % | Yes | |
| (5) SLMT Parking Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637140 | Parking | TX | SLHS | C Corporation | 3,345,698 | 205,200 | 100 % | Yes | |
| (6) SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801 | Insurance | WA | PHPS | C Corporation | 138,106,211 | 32,840,909 | 100 % | Yes | |
| (7) St Alexius Health Services Inc 900 East Broadway Avenue Bismarck, ND 58501 45-0402812 | Healthcare | ND | SAMC | C Corporation | 0 | 0 | 100 % | Yes | |
| (8) St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943 | Athletic Club | OR | SAH | C Corporation | 1,541,465 | 2,192,287 | 100 % | Yes | |
| (9) St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569 | Rental | WA | FSI | C Corporation | 3,758,845 | 12,828,493 | 100 % | Yes | |
| ST JOSEPH OFFICE PARK (10) ASSOCIATION 1401 HARRODSBURG RD BLDG B70 Lexington, KY 40504 61-1079899 | Mgmt | KY | SJHS | C Corporation | 200,108 | 1,137,660 | 85 % | Yes | |
| St Luke's 6620 Main Condominium (11) Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355517 | Condo Assoc | TX | SLPC | C Corporation | 0 | 0 | 100 % | Yes | |
| (12) St Luke's Anesthesiology Associates 6624 Fannin STE 1100 Houston, TX 77030 46-1517163 | Medical Clinic | TX | CHI-SLH | C Corporation | 0 | 0 | 100 % | Yes | |
| (13) St Luke's Episcopal Hospital Physician Hospital Organization Inc 6720 Bertner MC4-262 Houston, TX 77030 76-0377932 | PHO | TX | CHI-SLH | C Corporation | 0 | 0 | 60 % | Yes | |
| (14) St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138 | Holding Co | TX | SLHS | C Corporation | 2,163,924 | 4,389,084 | 100 % | Yes | |

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

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|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| St Luke's Medical Arts Center I (61) Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355518 | Condo Assoc | TX | SLPC | C Corporation | 0 | 0 | 100 % | Yes | |
| St Luke's Medical Tower Condominium (1) Association 6624 Fannin STE 1100 Houston, TX 77030 76-0298751 | Condo Assoc | TX | SLMTC | C Corporation | 0 | 0 | 100 % | Yes | |
| (2) St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785 | Healthcare | AR | SVIMC | C Corporation | 4,033,444 | 16,764,150 | 100 % | Yes | |
| (3) StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713 | Insurance | KY | PHPS | C Corporation | 301,615 | 5,787,296 | 100 % | Yes | |
| (4) Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163 | Medical Clinic | TX | SLCDC-SL | C Corporation | 0 | 0 | 100 % | Yes | |
| The Texas Heart Institute at St Luke's (5) Episcopal Hospital Denton A Cooley B uilding Comdominium Association 6624 Fannin STE 1100 Houston, TX 77030 90-0064009 | Condo Assoc | TX | CHI-SLH | C Corporation | 0 | 0 | 100 % | Yes | |
| (6) Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750 | Mgmt Services | MD | FSI | C Corporation | 0 | 0 | 100 % | Yes | |
| TRINITY MANAGEMENT SERVICES (7) ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026 | Mgmt Services | OH | THS | C Corporation | -76,969 | 259,991 | 100 % | Yes | |
| (8) Vintage Doctor Group 6624 Fannin STE 1100 Houston, TX 77030 | Medical Clinic | TX | CHI-SLH | C Corporation | 0 | 0 | 100 % | 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 |
|--|--|--|-------------------------------|--|
| (1) | Memorial Health Care System Foundation | Q | 1,027,818 | fmv |
| (1) | Memorial Health Care System Foundation | C | 10,027,862 | fmv |
| (2) | Memorial Health Care System Foundation | J | 65,474 | fmv |
| (3) | Memorial Health Care System Foundation | M | 293,002 | fmv |
| (4) | Memorial Health Partners Foundation | A | 1,757,354 | fmv |
| (5) | Memorial Health Partners Foundation | J | 1,223,159 | fmv |
| (6) | Memorial Health Partners Foundation | Q | 34,213,829 | fmv |
| (7) | Memorial Health Partner Foundation | B | 18,669,098 | fmv |
| (8) | Mountain Management | Q | 6,117,899 | fmv |