



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



A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MEMORIAL HEALTH SYSTEM GROUP

Doing business as

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

Room/suite

701 NORTH FIRST STREET

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

SPRINGFIELD, IL 62781

F Name and address of principal officer

EDGAR J CURTIS

701 NORTH FIRST STREET

SPRINGFIELD,IL 62781

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

5670

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website: WWW MHSIL COM

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

M State of legal domicile

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	148
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	109
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	7,708
	6 Total number of volunteers (estimate if necessary)	6	1,816
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,663,896
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,380,918	5,562,374
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	922,007,292	963,143,815
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,380,713	17,001,842
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,152,938	22,524,922
		973,921,861	1,008,232,953
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,125,027	7,869,125
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	380,440,157	419,015,218
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 382,827		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	498,267,928	541,339,546
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	884,833,112	968,223,889
	19 Revenue less expenses Subtract line 18 from line 12	89,088,749	40,009,064
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,283,117,786	1,325,701,893
	21 Total liabilities (Part X, line 26)	576,930,437	575,315,489
	22 Net assets or fund balances Subtract line 21 from line 20	706,187,349	750,386,404

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

2017-08-10

Signature of officer

Date

ROBERT W KAY SR VICE PRESIDENT & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

ZACHARY A FORTSCH

Preparer's signature

ZACHARY A FORTSCH

Date

Check ☐ if self-employed

PTIN P00052725

Firm's name RSM US LLP

Firm's EIN 42-0714325

Firm's address 1 SOUTH WACKER SUITE 800

CHICAGO, IL 60606

Phone no (312) 634-3400

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

☒ Yes

☐ No

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

TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE

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 \$ 103,003,732 including grants of \$) (Revenue \$ 106,559,793)

See Additional Data

4b

(Code) (Expenses \$ 96,980,927 including grants of \$) (Revenue \$ 109,259,332)

See Additional Data

4c

(Code) (Expenses \$ 93,766,707 including grants of \$) (Revenue \$ 103,703,786)

See Additional Data

See Additional Data

4d











Other program services (Describe in Schedule O)

(Expenses \$ 518,768,260 including grants of \$ 7,869,125) (Revenue \$ 643,811,478)

4e

Total program service expenses ▶ 812,519,626

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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19 Yes	
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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		No
		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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	148	
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	109	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records ROBERT W KAY SVP & CFO 701 NORTH FIRST STREET SPRINGFIELD, IL 62781 (217) 788-3198	

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

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

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	9,576,204	7,449,282	3,748,189

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 ► 348

		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
HAROLD O'SHEA BUILDERS INC 3401 CONSTITUTION DR SPRINGFIELD, IL 62711	CONSTRUCTION	57,746,190
SIU SCHOOL OF MEDICINE PO BOX 19607 SPRINGFIELD, IL 627949607	PHYSICIAN SERVICES	28,862,966
SPRINGFIELD CLINIC PO BOX 19260 SPRINGFIELD, IL 627049260	PHYSICIAN SERVICES	10,191,922
MID-AMERICA EMERGENCY PHYSICIANS INC KERBER ECKBRAECKEL LLP SPRINGFIELD, IL 62701	ER STAFFING	8,080,570
CERNER CORPORATION PO BOX 959156 ST LOUIS, MO 631959156	HEALTH INFORMATION TECHNOLOGY	6,427,556

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 ► 138

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	6,766				
	b	Membership dues	1b					
	c	Fundraising events	1c	257,243				
	d	Related organizations	1d	871,789				
	e	Government grants (contributions)	1e	2,688,503				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,738,073				
	g	Noncash contributions included in lines 1a-1f \$		72,171				
	h	Total. Add lines 1a-1f ▶			5,562,374			
Program Service Revenue	2a	PATIENT SERVICE REV	Business Code	900099	885,057,966	885,057,966		
	b	PROGRAM RELATED REV		900099	54,831,458	54,831,458		
	c	HOSPICE SERVICES		621610	7,177,923	7,177,923		
	d	HOME HEALTH SERVICES		621610	7,148,138	7,148,138		
	e	PROGRAM RELATED RENT		621110	4,609,459	4,609,459		
	f	All other program service revenue			4,318,871	4,318,871		
	g	Total. Add lines 2a-2f ▶			963,143,815			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		9,317,477			9,317,477
4		Income from investment of tax-exempt bond proceeds . . ▶		494			494	
5		Royalties ▶						
6a		Gross rents	(i) Real	(ii) Personal				
			3,422,847					
		b	Less rental expenses		975,607			
		c	Rental income or (loss)		2,447,240			
d		Net rental income or (loss) ▶			2,447,240	190,574	24,749	2,231,917
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			51,218,073	519,000				
		b	Less cost or other basis and sales expenses		43,119,730	933,472		
		c	Gain or (loss)		8,098,343	-414,472		
d		Net gain or (loss) ▶			7,683,871			7,683,871
8a		Gross income from fundraising events (not including \$ 257,243 of contributions reported on line 1c) See Part IV, line 18	a	421,692				
		b	Less direct expenses	b	315,549			
		c	Net income or (loss) from fundraising events . . ▶			106,143		106,143
9a		Gross income from gaming activities See Part IV, line 19	a	23,593				
		b	Less direct expenses	b	6,388			
		c	Net income or (loss) from gaming activities . . . ▶			17,205		17,205
10a		Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue		Business Code						
11a	REFERENCE LAB REVENUE		621500	6,207,772		6,207,772		
b	CAFETERIA REVENUE		722320	5,381,976		222,078	5,159,898	
c	EMPLOYMENT SERVICES		561300	369,021		369,021		
d	All other revenue			7,995,565		840,276	7,155,289	
e	Total. Add lines 11a-11d ▶				19,954,334			
12	Total revenue. See Instructions ▶				1,008,232,953	963,334,389	7,663,896	31,672,294

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	6,369,616	6,369,616		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,499,509	1,499,509		
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	8,032,809	5,461,791	2,458,294	112,724
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	183,343	104,485	78,858	
7	Other salaries and wages	306,071,805	272,153,249	33,758,459	160,097
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,141,873	22,432,174	2,709,699	
9	Other employee benefits	58,183,426	51,685,832	6,447,445	50,149
10	Payroll taxes	21,401,962	18,735,758	2,654,397	11,807
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,554,535		1,554,535	
c	Accounting	88,940		88,940	
d	Lobbying	125,418		125,418	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,079,292		1,079,292	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	126,833,214	115,633,539	11,199,675	
12	Advertising and promotion	2,775,029	265,427	2,509,162	440
13	Office expenses	17,298,435	14,425,275	2,859,889	13,271
14	Information technology	16,668,715	14,971,950	1,696,275	490
15	Royalties				
16	Occupancy	17,241,591	15,622,217	1,619,374	
17	Travel	1,326,462	1,115,840	210,622	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	720,480	312,532	407,948	
20	Interest	13,001,403	13,001,403		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,925,252	41,067,254	9,857,998	
23	Insurance	4,568,088	11,571	4,556,517	
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	PATIENT SERV. SUPPLIES	98,000,993	98,000,993		
b	MANAGEMENT FEE	63,218,519		63,218,519	
c	PHARMACEUTICAL SUPPLIES	36,585,156	36,585,156		
d	PURCHASED MEDICAL SERVI	32,927,906	32,927,906		
e	All other expenses	56,400,118	50,136,149	6,230,120	33,849
25	Total functional expenses. Add lines 1 through 24e	968,223,889	812,519,626	155,321,436	382,827
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		7,272,016	1	4,428,480
	2	Savings and temporary cash investments		126,079,299	2	116,504,133
	3	Pledges and grants receivable, net		277,369	3	181,231
	4	Accounts receivable, net		170,380,446	4	236,722,442
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		455,755	7	11,865,524
	8	Inventories for sale or use		12,665,247	8	13,910,605
	9	Prepaid expenses and deferred charges		8,176,023	9	8,741,208
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 807,413,034			
	b	Less: accumulated depreciation	10b 400,765,125	412,345,757	10c	406,647,909
	11	Investments—publicly traded securities		410,622,571	11	399,196,024
	12	Investments—other securities. See Part IV, line 11		24,869,340	12	25,059,145
	13	Investments—program-related. See Part IV, line 11		9,596,933	13	10,558,130
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		100,377,030	15	91,887,062
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,283,117,786	16	1,325,701,893	
Liabilities	17	Accounts payable and accrued expenses		109,373,235	17	90,740,752
	18	Grants payable		624,636	18	644,954
	19	Deferred revenue		376,062	19	569,310
	20	Tax-exempt bond liabilities		302,377,653	20	355,290,371
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		6,444,871	23	1,653,114
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		157,733,980	25	126,416,988
26	Total liabilities. Add lines 17 through 25		576,930,437	26	575,315,489	
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		603,539,449	27	652,479,668
	28	Temporarily restricted net assets		73,941,103	28	71,555,700
	29	Permanently restricted net assets		28,706,797	29	26,351,036
	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		706,187,349	33	750,386,404
	34	Total liabilities and net assets/fund balances		1,283,117,786	34	1,325,701,893

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	1,008,232,953
2	Total expenses (must equal Part IX, column (A), line 25)	2	968,223,889
3	Revenue less expenses Subtract line 2 from line 1	3	40,009,064
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	706,187,349
5	Net unrealized gains (losses) on investments	5	13,475,453
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,285,462
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	750,386,404

Part XII

Financial Statements and Reporting

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

☐

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

Additional Data

Software ID:

Software Version:

EIN: 90-0756744

Name: MEMORIAL HEALTH SYSTEM GROUP

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	103,003,732	including grants of \$) (Revenue \$	106,559,793)
	<p>MEDICALMEDICAL SERVICES INCLUDE A WIDE VARIETY OF HEALTH CARE SERVICES PROVIDED TO INPATIENTS, OUTPATIENTS AND EMERGENCY DEPARTMENT SERVICES A TOTAL OF 142,911 ENCOUNTERS WERE PROVIDED BY MEMORIAL MEDICAL CENTER IN FY2016, 5,011 INPATIENT STAYS AND 137,900 OUTPATIENT ENCOUNTERS THE MAJOR DISEASE CLASSES FOR MEDICAL SERVICES INCLUDE DIABETES, OBESITY, BACTERIAL AND VIRAL INFECTIONS, MALIGNANCIES OF THE SKIN, BLOOD DISORDERS, ENDOCRINE DISORDERS, SLEEP DISORDERS, STOMACH ULCERS AND GASTROINTESTINAL UPSET, HERNIAS, SKIN DISORDERS AND DISEASES OF THE CONNECTIVE TISSUE, INFLAMMATORY DISEASES, VENEREAL DISEASES, OPEN WOUNDS, POISONING BY DRUGS, PHYSICAL ABUSE, GENETIC SUSCEPTIBILITY TO HEREDITARY DISEASE, AND SCREENING AND PREVENTION ACTIVITIES FOR A VARIETY OF ACUTE AND CHRONIC DISEASES MANY PATIENTS USE MEDICAL SERVICES TO ACCESS EMERGENCY DEPARTMENT SERVICES AND OUTPATIENT LABORATORY AND IMAGING STUDIES FOR DIAGNOSIS AND TREATMENT OF TRAUMA AND ACUTE AND CHRONIC ILLNESSES THAT ARE NOT UNDER THE MANAGEMENT OF A PRIMARY CARE PROVIDER THESE PATIENTS RELY ON URGENT AND EMERGENCY CARE FOR DISEASES THAT FLARE UP OR BECOME UNMANAGEABLE IN THE COMMUNITY OR HOME SETTING 55 0% OF SERVICES WERE DELIVERED TO PATIENTS WITH MEDICARE AND MEDICAID, AND AN ADDITIONAL 1 5% OF ENCOUNTERS WERE FOR PATIENTS WITH SELF-PAY STATUS THE PERCENTAGE OF SELF-PAY PATIENTS SHOWED A SLIGHT DECREASE FROM FY2015 AS A RESULT OF ACCESS TO STATE SPONSORED MEDICAID AND THE FEDERALLY RUN INSURANCE EXCHANGE OPERATING IN THE STATE OF ILLINOIS \$1 MILLION IN CHARITY CARE WAS PROVIDED TO THE MEDICAL SERVICES POPULATION AND THE HOSPITAL WROTE OFF AN ADDITIONAL \$1 9 MILLION IN BAD DEBT FOR CARE PROVIDED</p>					

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 96,980,927 including grants of \$) (Revenue \$ 109,259,332)

ORTHOPEDICS MEMORIAL MEDICAL CENTER'S ORTHOPEDICS SERVICE OFFERS STATE-OF-THE-ART INTERDISCIPLINARY CARE FOR BONE AND JOINT DISORDERS. WORKING WITH COMMUNITY ORTHOPEDIC SURGEONS, MMC'S TEAM OF HEALTHCARE PROFESSIONALS PROVIDES COMPREHENSIVE PATIENT EDUCATION, DIAGNOSTIC, SURGICAL AND REHABILITATION SERVICES FOR PATIENTS OF ALL AGES. THESE SERVICES ARE PROVIDED IN THE PREMIER TREATMENT FACILITIES IN THE REGION. MEMORIAL'S INNOVATIVE JOINTWORKS PROGRAM IS PART OF ORTHOPEDIC SERVICES. THROUGH JOINTWORKS, OVER 1,300 PATIENTS UNDERGO HIP AND KNEE REPLACEMENTS AT MEMORIAL MEDICAL CENTER ANNUALLY. AN EXPERIENCED TEAM OF ORTHOPEDIC SURGEONS, ANESTHESIOLOGISTS, NURSES, THERAPISTS, AND SOCIAL WORKERS GUIDE PATIENTS FROM PRE-SURGERY EDUCATION THROUGH POST-SURGERY REHABILITATION. PRIOR TO JOINT REPLACEMENT SURGERY, MEMORIAL'S ORTHOPEDIC SERVICES OFFERED 122 FREE PATIENT AND FAMILY EDUCATION CLASSES IN FY2016. DURING FY2016, MEMORIAL MEDICAL CENTER'S ORTHOPEDICS SERVICES COMPLETED 5,095 INPATIENT AND OUTPATIENT ORTHOPEDIC PROCEDURES. THE JOINTWORKS PROGRAM SERVED 852 KNEE REPLACEMENT PATIENTS AND 458 HIP REPLACEMENT PATIENTS. OTHER SERVICES INCLUDED 269 CERVICAL FUSION PROCEDURES, 181 FEMUR FRACTURE SURGICAL REPAIRS, AND 302 LUMBAR FUSION PROCEDURES. IN ADDITION, MORE THAN 806 FREE BONE DENSITY SCREENINGS WERE PROVIDED AT VARIOUS HEALTH FAIRS WITHIN THE COMMUNITY AND COLLABORATION WITH AREA PHYSICIANS RESULTED IN NINE COMMUNITY EVENTS IN WHICH THEY SHARED THEIR EXPERTISE ON A VARIETY OF TOPICS WITHIN THE FIELD OF ORTHOPEDICS. THE JOINTWORKS PATIENT AND FAMILY ADVISORY PANEL CONVENED SEVEN TIMES THROUGHOUT FY2016 AND CONTRIBUTED TO SEVERAL PROCESS IMPROVEMENTS FOR OUR PATIENTS.

Form 990, Part III, Line 4c

4c	(Code) (Expenses \$	93,766,707	including grants of \$) (Revenue \$	103,703,786)
	<p>CARDIOVASCULARHE PROGRAMS OF MEMORIAL MEDICAL CENTER'S HEART & VASCULAR SERVICES FOCUS ON REDUCING THE INCIDENCE OF CARDIAC AND VASCULAR DISEASE THROUGH PREVENTION PROGRAMS AND THE LATEST DIAGNOSTIC AND TREATMENT PROCEDURES, ITS GOAL IS TO WORK WITH PATIENTS TO ACHIEVE GREAT PATIENT OUTCOMES AND OPTIMUM LONG-TERM HEALTH IN FY2016, MEMORIAL MEDICAL CENTER'S CARDIAC CATH LAB PERFORMED 3,158 HEART CATHS, 1,377 CORONARY INTERVENTIONS, 1,309 ELECTROPHYSIOLOGY (EP) PROCEDURES, AND 1,799 VASCULAR CASES ALSO, IN FY2016 THE CARDIAC CATH LAB IMPLEMENTED THREE NEW PROCEDURES TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR), WATCHMAN AND CARDIOMEMS HF SYSTEM PROCEDURES TAVR IS A MINIMALLY INVASIVE SURGICAL PROCEDURE THAT REPAIRS THE VALVE WITHOUT REMOVING THE OLD, DAMAGED VALVE A REPLACEMENT VALVE IS INSERTED INTO THE AORTIC VALVE'S PLACE THE WATCHMAN PROCEDURE IS A PROCEDURE DESIGNED TO PREVENT LAA BLOOD CLOTS FROM ENTERING THE BLOODSTREAM AND POTENTIALLY CAUSING A STROKE DURING THE CARDIOMEMS PROCEDURE, A SMALL PRESSURE-SENSING DEVICE IS IMPLANTED DIRECTLY INTO THE PATIENT'S PULMONARY ARTERY THIS DEVICE SENDS INFORMATION TO THE PATIENT'S DOCTOR ALLOWING THE DOCTOR TO ALTER THE PATIENT'S TREATMENT AND MEDICATIONS, IF NECESSARY THE CARDIAC CATH LAB PERFORMED 15 TAVR PROCEDURES, 12 WATCHMAN CASES, AND 4 CARDIOMEMS PROCEDURES RECOGNIZED AS A LEADER AND INNOVATOR IN HEART AND VASCULAR TECHNOLOGY, THE MEMORIAL HEART & VASCULAR SERVICES TEAM ALSO PERFORMED 379 CORONARY BYPASS AND VALVE SURGERIES OTHER SERVICES INCLUDE NON-INVASIVE CARDIAC AND VASCULAR TESTING, CARDIAC AND PULMONARY REHABILITATION, HEART FAILURE CLINIC, NUTRITION COUNSELING, AND SUPPORT GROUPS ONCE A PATIENT IS DIAGNOSED AND TREATED, CARDIAC AND PULMONARY REHABILITATION CARE CONTINUES UTILIZING A TEAM OF REGISTERED NURSES, EXERCISE PHYSIOLOGISTS AND SUPPORT STAFF, THREE PHASES OF REHABILITATION ARE OFFERED PHASE I OCCURS WITHIN 24 HOURS OF SURGERY, HELPING PATIENTS TO BECOME AMBULATORY AND PREPARE TO GO HOME PHASE II TAKES PLACE IN THE HOSPITAL'S EXERCISE AREA, WHERE REHABILITATION EFFORTS ARE PRESCRIBED AND CLOSELY MONITORED BY THERAPISTS, PHYSIOLOGISTS, AND OTHER TEAM MEMBERS, PHASE III HAPPENS AT THE GUS AND FLORA KERASOTES YMCA, WHERE SESSIONS ARE SUPERVISED BY A REGISTERED NURSE AND INCLUDE AEROBIC CLASSES, RECUMBENT BICYCLES, TREADMILLS, STAIR MACHINES AND WHIRLPOOLS FY2016 VISITS FOR CARDIAC AND PULMONARY REHAB FOR PHASE I WAS 26,453, PHASE II WAS 11,751, PHASE III WAS 14,955 TELESCALES HOME MONITORING SYSTEM PROVIDES A TWO-WAY COMMUNICATION BETWEEN HEART FAILURE PATIENTS AND THEIR HEALTH CARE PROVIDERS AT MEMORIAL HEART AND VASCULAR SERVICES THIS SYSTEM HAS BEEN ESPECIALLY BENEFICIAL FOR OUR PATIENTS IN OUTLYING AREAS TO REDUCE THE NUMBER OF TRIPS THAT ARE MADE TO THE HOSPITAL FY2016 PATIENTS MONITORED USING TELESCALES WAS 42 MEMORIAL MEDICAL CENTER'S COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED AND ADOPTED CARDIOVASCULAR DISEASE AS ONE OF THE AREAS OF FOCUS IN MEETING THE NEEDS OF THE COMMUNITY -HEART FAILURE SUPPORT GROUP - 72 PARTICIPANTS, \$4,779 COMMUNITY BENEFIT-COMMUNITY HEALTH EVENTS - 1,241 PARTICIPANTS, \$14,402 COMMUNITY BENEFIT -CELEBRATE THE HEART OF A WOMAN -BE AWARE WOMEN'S FAIR -CHOLESTEROL / BLOOD PRESSURE SCREENING PROVIDED AT COMMUNITY HEALTH FAIRS-AMERICAN HEART ASSOCIATION HEART WALK EVENT PLANNING - ESTIMATED 1500 PARTICIPANTS-HEALTH PRO EDUCATION - \$8,559 COMMUNITY BENEFIT-LVRS REUNION - 53 PARTICIPANTS</p>					

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

(Code) (Expenses \$ 518,768,260 including grants of \$ 7,869,125) (Revenue \$ 643,811,478)

OTHER PROGRAM SERVICES INCLUDE SURGICAL (14,142 CASES, 28,031 PATIENT DAYS), PULMONARY/THORACIC (13,725 CASES, 28,790 DAYS), HEMATOLOGY/ONCOLOGY (33,788 CASES, 196,442 DAYS), NEUROLOGY (16,012 CASES, 31,938 DAYS), HOSPICE, AND HOME HEALTH SERVICES

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			
MARY ROSE MOREHEAD BOARD MEMBER ALMH	0 70	X						0	0	0
BRADLEY NEAL BOARD MEMBER ALMH (THRU JAN 16)	0 70	X						0	0	0
KEITH SNYDER BOARD MEMBER ALMH (FROM FEB 16)	0 70	X						0	0	0
PAUL KASA MD BOARD MEMBER ALMH MPS	50 00	X						339,731	0	76,280
AMIR JOHN WAHAB BOARD MEMBER ALMH (FROM FEB 16)	50 00	X						560,356	0	89,029
RICHARD BIVIN MD BOARD MEMBER ALMH (THRU JAN 16)	50 00	X						345,835	0	85,066
GREG EIMER BOARD MEMBER ALMH	0 70	X						0	0	0
BRADLEY NIKLES BOARD MEMBER ALMH	0 70	X						0	0	0
MELISSA COX MD BOARD MEMBER ALMH	0 70	X						0	0	0
DAVE IRWIN BOARD MEMBER ALMH	0 70	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA KRAMER BRDMEMALMH(THRUJAN16)/TREAS	0 70	X		X				0	0	0
A PATRICK DOOLIN IMMEDPASTCHRALMH(THRUJAN16)/BRDMEM	0 70	X		X				0	0	0
RONALD SCHILLING CHRALMH(THRUJAN15)/IMMEDPASTCHR	0 70	X		X				0	0	0
BILL BATES SECALMH(THRUJAN16)/CHRELECT	0 70	X		X				0	0	0
DAVID CAMPBELL TREASALMH(THRUJAN15)/SEC(FROMFEB16)	0 70	X		X				0	0	0
DERON POWELL CHRELECTALMH(THRUJAN16)/CHR	0 70	X		X				0	0	0
SUSAN KOCH EDD BOARD MEMBER MMC	0 70	X						0	0	0
LYNNE BARKMEIER MD BOARD MEMBER MMC (FROM JAN 16)	0 70	X						0	0	0
JAMES BRUNER BOARD MEMBER MMC (THRU DEC 15)	1 70	X						0	0	0
JOSEPH HURWITZ BOARD MEMBER MMC	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
MARK FERGUSON BOARD MEMBER MMC (THRU DEC 15)	1 60	X						0	0	0
CRAIG SCHERMERHORN BOARD MEMBER MMC	0 70	X						0	0	0
KEVIN COAKLEY MD BOARD MEMBER MMC	0 70	X						0	0	0
NINA HARRIS BOARD MEMBER MMC	1 00	X						0	0	0
TODD WISE BOARD MEMBER MMC	0 70	X						0	0	0
MARK KUHNKE MD BOARD MEMBER MMC	0 70	X						0	0	0
DEAN ROBERT JR BRDMMEMMC/2NDVICECHR(FROMJAN16)	0 70	X		X				0	0	0
LISA HARTZLER BOARD MEMBER MMC (FROM JAN 16)	0 80	X		X				0	0	0
DALE BECKER TREASURER MMC	1 50	X		X				0	0	0
DIANE RUTLEDGE PHD 2VCHRMCC(THRUDEC15)/1VCHR(THRUJAN16)	1 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BLACKBURN CHRMCM(THRUDEC15)/BRDMEM(FROMJAN16)	1 70	X		X				0	0	0
GEOFFREY ISRINGHAUSEN SECRETARY MMC	0 70	X		X				0	0	0
RANDALL GERMERAAD 1VCMCM(THRUDEC15)/CHR/BRDMEMSR	0 80	X		X				0	0	0
JAMES REED JR BRDMEMMCM(FROMJAN16)/BRDMEMMCMCF	0 20	X						0	0	0
JENNIFER ISRINGHAUSEN BOARD MEMBER MMCF	0 30	X						0	0	0
DAVID GRIFFEN MD PHD BOARD MEMBER MMCF	0 20	X						0	0	0
J WILLIAM ROBERTS BOARD MEMBER MMCF	0 20	X						0	0	0
R LEE ALLEN BOARD MEMBER MMCF	0 10	X						0	0	0
J MARTIN GREEN BOARD MEMBER MMCF	0 10	X						0	0	0
HENRY DALE SMITH JR BOARD MEMBER MMCF	0 40	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VALERA YAZELL BOARD MEMBER MMCF	0 40	X						0	0	0
DONALD YURDIN MD BOARD MEMBER MMCF	0 30	X						0	0	0
CHERYL MARTIN BOARD MEMBER MMCF (FROM JAN 16)	0 30	X						0	0	0
CHERRILYN MAYFIELD BRDMEMMMCF(THRUDEC15)/TREAS	0 50	X		X				0	0	0
ANN COOMBE TREASURER MMCF (THRU DEC 15)	0 00	X		X				0	0	0
G VIRGINIA CONLEE SECRETARY MMCF	0 40	X		X				0	0	0
BRIDGET LAMONT CHAIR MMCF	0 50	X		X				0	0	0
ROB PIETROBURGO VICE CHAIR MMCF	0 40	X		X				0	0	0
MARK HANSEN MD BOARD MEMBER MPS	50 00	X						605,263	0	94,507
MARSHALL HALE MD CHAIR MPS	50 00	X		X				518,467	0	93,522

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			
LINDA SMITH BOARD MEMBER TMH (FROM JAN 16)	0 70	X						0	0	0
CARL NIEMANN BOARD MEMBER TMH	0 70	X						0	0	0
PAVI GILL MD JD BOARD MEMBER TMH	0 70	X						0	0	0
RONALD MIZER DDS BOARD MEMBER TMH	0 70	X						0	0	0
LORETTA KAHLE BOARD MEMBER TMH (THRU DEC 15)	0 70	X						0	0	0
MARGARET PEG FRY BOARD MEMBER TMH	0 70	X						0	0	0
YASER FREDJ MD BOARD MEMBER TMH (THRU DEC 15)	0 70	X						0	0	0
JOHN FERRY DDS BOARD MEMBER TMH	0 70	X						0	0	0
JUDGE RONALD SPEARS BOARD MEMBER TMH (FROM JAN 16)	0 70	X						0	0	0
RICHARD WILSON BOARD MEMBER TMH (FROM JAN 16)	0 70	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL AUSTIN CHAIR TMH (THRU DEC 15)	0 70	X		X				0	0	0
GARY SPURLING VCTMH(THRUDEC15)/CHRTMH(FROMJAN16)	0 70	X		X				0	0	0
JAMES ADCOCK SECTMH(THRUDEC15)/VCTMH(FROMJAN16)	0 70	X		X				0	0	0
JOHN DANIEL LITTEKEN BOARD MEMBER TMH/SECTMH(FROM JAN 16)	0 70	X		X				0	0	0
THOMAS FORD TREASURER TMH	0 70	X		X				0	0	0
WILLIAM COPE BOARD MEMBER TMHF	0 70	X						0	0	0
MEG KETTLEKAMP BOARD MEMBER TMHF (THRU DEC 15)	0 70	X						0	0	0
ROGER HICKMAN BOARD MEMBER TMHF (THRU DEC 15)	0 70	X						0	0	0
JUDY SWIGERT BOARD MEMBER TMHF	0 70	X						0	0	0
SR ANGELA LAQUET ASC BOARD MEMBER TMHF	40 00	X						89,150	0	12,923

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			
KENT RICHARDSON BOARD MEMBER TMHF	0 70	X						0	0	0
WILLIAM APPLETON BOARD MEMBER TMHF	0 70	X						0	0	0
PENNY BLIER BOARD MEMBER TMHF	0 70	X						0	0	0
RICHARD SHAW BOARD MEMBER TMHF	0 70	X						0	0	0
GREGG FUERSTENAU EDD BOARD MEMBER TMHF	0 70	X						0	0	0
MARY MCNEELY BOARD MEMBER TMHF	0 70	X						0	0	0
JERRY GARDNER DDS BOARD MEMBER TMHF	0 70	X						0	0	0
JOYCE LANGEN BOARD MEMBER TMHF	0 70	X						0	0	0
DENNIS KENNEDY BOARD MEMBER TMHF (THRU DEC 15)	0 70	X						0	0	0
DAVID HIXENBAUGH BOARD MEMBER TMHF	0 70	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY HANDEGAN BOARD MEMBER TMHF (FROM JAN 16)	0 70	X						0	0	0
MELISSA LIVINGSTON BOARD MEMBER TMHF (FROM JAN 16)	0 70	X						0	0	0
BILLY WILLIAMS BOARD MEMBER TMHF (FROM JAN 16)	0 70	X						0	0	0
ERIC KAHLE CHRTMHF(THRUDEC15)/BRDMEMTMHF	0 70	X		X				0	0	0
MICHELLE CAPELLIN VCTMHF(THRUDEC15)/PRESTMHF(FRMJAN16)	0 70	X		X				0	0	0
MIKE BLAKEMAN BRDMEMTMHF(THRUDEC15)/TREAS	0 70	X		X				0	0	0
GLORIA BRUMMER SECRETARY TMHF	0 70	X		X				0	0	0
SCOTT MCCLURE TREASTMHF(THRUDEC15)/VPTMHF	0 70	X		X				0	0	0
LEIGH STEINER BOARD MEMBER SRS	0 70	X						0	0	7,000
JOHN MILHISER BOARD MEMBER SRS	0 70	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WANDA LEE ROHLFS BOARD MEMBER SRS	0 70	X						0	0	0
BRENT BORAH BOARD MEMBER SRS	0 70	X						0	0	0
JANICE GAMBACH PRESIDENT SRS	0 70 49 30	X		X				0	200,998	22,078
JENNIFER MORRISON VICE CHAIR SRS	0 70	X		X				0	0	0
CATHERINE GONZALEZ JD TREASURER SRS	0 70	X		X				0	0	0
MICHAEL O'SHEA CHAIR SRS	0 70	X		X				0	0	0
SANDY ROBINSON II SECRETARY SRS	0 70	X		X				0	0	0
JAMESON ROSZHART BRDMEM MHV/BRDMEM MHSVC	35 00 15 00	X						0	190,494	38,810
J TRAVIS DOWELL PRESIDENT MPS	50 00	X		X				0	339,058	69,463
R SCOTT KIRIAKOS SVPCLININTMMC/BRDMMMHV/CHAIR MHSVC	50 00	X		X				416,215	0	116,640

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			
DOLAN DALPOAS PRESIDENT ALMH/BRDMEM MHSVC	49 30 0 70	X		X				0	404,920	53,419
KIMBERLY BOURNE PRES TMH&TMHF/BRDMMHMSVC	50 00	X		X				0	256,133	58,773
DOUGLAS RAHN DBA MHSVCBRDMEM/PRES PAH&CRNA	50 00	X		X				0	665,844	174,949
EDGAR CURTIS PRES&CEOMHS/PRESMMC/BRDMMEMPS	25 00 25 00	X		X				0	1,638,194	298,081
ROBERT KAY SVP/CFO SEC/TREAS MHSVC MHV MPS	25 00 25 00	X		X				0	604,312	210,666
KEVIN ENGLAND VP BUS DEVELOP/VC/PRES MHV/VC MHSVC	25 00 25 00	X		X				0	335,068	156,732
CHARLES CALLAHAN PHD EVPCOOMMC/CHRMHV/MPSBRDMEM/PRESMHSVC	25 00 25 00	X		X				697,718	0	109,010
BABU ELADASARI MD PPA PHYSICIAN, PAH BRDMEM	0 70 50 00	X						6,625	312,155	44,396
DOUGLAS AWE BRDMEM PAH	0 70	X						0	0	0
KEITH BRADBURY BRDMEM PAH	0 70 0 70	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA FARLEY PHD BRDMEM PAH (FROM OCT 15)	0 70	X						0	0	0
ERIC GIEBELHAUSEN MD BRDMEM PAH	0 70	X						0	0	0
DONALD HEADEN BRDMEM PAH	0 70	X						0	0	0
JAMES HINCHEN MD BRDMEM PAH	0 70	X						0	0	0
GILBERT JOEHL BRDMEM PAH/BRDMEM PAHF	0 70	X						0	0	0
PHYLLIS LAPE PHD BRDMEM PAH	0 70	X						0	0	0
STEVEN LILLOPOP MD BRDMEM PAH	0 70 50 00	X						616,876	0	114,350
NANCY SPANGENBERG BRDMEM PAH	0 70	X						0	0	0
KELLY STAAKE BRDMEM PAH	0 70	X						0	0	0
GINNY FANNING BRDMEM PAH/VP OF NOMINATIONS PAHF	0 70 0 70	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG LEPPER CHRCR/NA/CHRP/PAH/BRD/ME/MP/PAHF	0 70 1 40	X		X				0	0	0
REGINALD BENTON VCHRCR/NA/CHR-ELECT/PAH(FROMJAN16)	0 70 1 40	X		X				0	0	0
GARY SCOTT SEC CR/NA/SEC PAH/BRD MEM PAHF	0 70 1 40	X		X				0	0	0
THOMAS VEITH TREASURER CR/NA/TREASURER PAH	0 70 1 40	X		X				0	0	0
MARY FERGURSON PRESIDENT PAHF	0 70	X		X				0	0	0
LINDA DONOVAN VP OF STEWARDSHIP AND GIFTS PAHF	0 70	X		X				0	0	0
CHESTER WYNN SECRETARY PAHF	0 70	X		X				0	0	0
STEVE TURNER TREASURER PAHF	0 70	X		X				0	0	0
FRANK CUMMINGS BRD/ME/MP/PAHF	0 70	X						0	0	0
ALBAN HAXHINASTO BRD/ME/MP/PAHF	0 70	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOBART HINDERLITER BRDMEM PAHF (THRU FEB 16)	0 70	X						0	0	0
KEITH R LAPE PHD BRDMEM PAHF	0 70	X						0	0	0
LISA MUSCH BRDMEM PAHF	0 70	X						0	0	0
RON TENDICK BRDMEM PAHF (THRU MAR 16)	0 70	X						0	0	0
JAN TERRY BRDMEM PAHF (THRU DEC 15)	0 70	X						0	0	0
CARRIE COLE BRDMEM PAHF (FROM JAN 16)	0 70	X						0	0	0
DIANA OLINGER BRDMEM PAHF (FROM JAN 16)	0 70	X						0	0	0
ANN PRATHER BRDMEM PAHF (FROM JAN 16)	0 70	X						0	0	0
ELENA KEZELIS EXEC DIR MMCf	50 00				X			188,079	0	34,569
MARSHA PRATER PHD SVP & CNO MMC	50 00				X			583,810	0	265,126

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			
LINDA JONES DNS VP OPERATIONS MMC	50 00				X			337,502	0	63,012
HARRY SCHMIDT VP FACILITIES MANAGEMENT MMC	50 00				X			230,586	0	60,590
ANNA EVANS JD GEN COUNSEL/VP INT AUDIT & COMPL MHS	25 00				X			0	321,959	209,408
RAJESH GOVINDAIAH MD SVP & CMO MHS	25 00 25 00				X			0	583,666	79,924
DAVID GRAHAM MD SVP & CIO MHS	25 00 25 00				X			0	551,715	150,310
MITCHELL JOHNSON SVP & CHIEF STRATEGY OFFICER MHS	25 00 25 00				X			0	382,883	202,282
ROBERT SCOTT VP & CHRO MHS	25 00 25 00				X			0	327,000	57,611
JENNIFER HARRIS ADMIN PERIOPERATIVE SERVICES	50 00				X			192,841	0	10,381
MITCHELL ROGERS ADMIN CARDIOVASCULAR SERVICES	50 00				X			285,589	0	37,194
FERDINAND SALVACION MD PHYSICIAN MMC	50 00					X		685,417	0	119,942

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			
JAMES GILDNER MD PHYSICIAN MPS	50 00					X		626,435	0	117,040
CHRISTINA SCHEIBLER-VENTRESS MD PHYSICIAN MPS	50 00					X		596,425	0	92,590
JAMES BOHAN MD PHYSICIAN MPS	50 00					X		579,891	0	92,758
DAVID SANDERCOCK MD PHYSICIAN MPS	50 00					X		567,322	0	95,704
DANIEL RAAB PRES TMH&TMHF/BRDMMMHVSC(THRUDEC14)	50 00						X	0	262,260	46,244
DREW EARLY ADMIN ED/CARDIO (THRU JUNE 14) MMC	50 00						X	219,771	0	38,292
CHARLES SHEAFF MD PHYSICIAN AND MEDICAL DIRECTOR	0 70 50 00						X	286,300	72,623	49,518

TY 2015 Affiliate Listing

Name: MEMORIAL HEALTH SYSTEM GROUP

EIN: 90-0756744

TY 2015 Affiliate Listing

Name	Address	EIN	Name control
MEMORIAL MEDICAL CENTER	701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	MEMO
THE ABRAHAM LINCOLN MEMORIAL HOSPITAL	200 STAHLHUT DRIVE LINCOLN, IL 62656	37-0723793	ABRA
TAYLORVILLE MEMORIAL HOSPITAL	201 EAST PLEASANT TAYLORVILLE, IL 62568	37-0661250	TAYL
MEMORIAL HEALTH VENTURES	701 NORTH FIRST STREET SPRINGFIELD, IL 62781	36-3492266	MEMO
MEMORIAL HOME SERVICES	720 NORTH BOND SPRINGFIELD, IL 62702	37-0714225	MEMO
MEMORIAL PHYSICIAN SERVICES	701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-1181194	MEMO
MEMORIAL MEDICAL CENTER FOUNDATION	1 MEMORIAL PLAZA SPRINGFIELD, IL 62781	37-1110301	MEMO
TAYLORVILLE MEMORIAL HOSPITAL FOUNDATION INC	201 EAST PLEASANT TAYLORVILLE, IL 62568	37-1337485	TAYL
SPRINGFIELD RESIDENTIAL SERVICES	710 NORTH EIGHTH STREET SPRINGFIELD, IL 62702	37-1298589	SPRI
PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION	1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	37-0661230	PASS
JACKSONVILLE CRNA'S INC	1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	27-3083265	JACK
PASSAVANT AREA HOSPITAL FOUNDATION	1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	46-1037396	PASS

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEM GROUP

Employer identification number
90-0756744

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 ►						

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						►
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						►
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						►
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						►
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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

	Yes	No
<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><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><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>2</div> <div>Activities Test. Answer (a) and (b) below.</div> <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> <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>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div> <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> <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></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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART I	MEMBERS OF THE GROUP REASON FOR PUBLIC CHARITY STATUS BELOW ABRAHAM LINCOLN MEMORIAL HOSPITAL PART I LINE 3 HOSPITALS OR COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) MEMORIAL MEDICAL CENTER PART I LINE 3 HOSPITALS OR COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION PART I LINE 3 HOSPITALS OR COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) TAYLORVILLE MEMORIAL HOSPITAL PART I LINE 3 HOSPITALS OR COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) MEMORIAL MEDICAL CENTER FOUNDATION PART I LINE 7 IS 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) MEMORIAL HOME SERVICES PART I LINE 7 IS 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) SPRINGFIELD RESIDENTIAL SERVICES PART I LINE 7 IS 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) MEMORIAL HEALTH VENTURES PART I LINE 9 AN ORGANIZATION THAT THE SUPPORT CRITERIA OF 509 (A)(2) AS SUPPORTED BY PART III OF SCHEDULE A MEMORIAL PHYSICIAN SERVICES PART I LINE 9 AN ORGANIZATION THAT THE SUPPORT CRITERIA OF 509 (A)(2) AS SUPPORTED BY PART III OF SCHEDULE A TAYLORVILLE MEMORIAL HOSPITAL FOUNDATION PART I LINE 7 IS 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) JACKSONVILLE CRNA'S PART I LINE 9 AN ORGANIZATION THAT THE SUPPORT CRITERIA OF 509 (A)(2) AS SUPPORTED BY PART III OF SCHEDULE A PASSAVANT AREA HOSPITAL FOUNDATION PART I LINE 7 IS 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) THE SOFTWARE USED TO PREPARE THE MHS GROUP RETURN DOES NOT ALLOW FOR MULTIPLE PUBLIC CHARITY STATUS ACCORDINGLY, THE ABOVE ORGANIZATIONS HAVE SEPARATELY DOCUMENTED THEIR PUBLIC SUPPORT PERCENTAGES AGGREGATED AS FOLLOWS SCHEDULE A PART II LINE 14-PUBLIC SUPPORT PERCENTAGES FOR 2015 SRS 95 2%, MHSVC 45 2%, MMCF 66 5%, TMHF 75 8%, PAHF 98 9% LINE 15-PUBLIC SUPPORT PERCENTAGES FOR 2014 SRS 93 8%, MHSVC 41 6%, MMCF 68 4%, TMHF 78 1%, PAHF NA

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III	LINE 15-PUBLIC SUPPORT PERCENTAGE FOR 2015 MPS 99 4%,MHV 99 6%,CRNA 100 0% LINE 16-PUBLIC SUPPORT PERCENTAGE FOR 2014 MPS 99 5%,MHV 99 5%,CRNA NA LINE 17-PUBLIC SUPPORT PERCENTAGE FOR 2015 MPS 57%,MHV 39%,CRNA 0 00% LINE 18-PUBLIC SUPPORT PERCENTAGE FOR 2014 MPS 49%,MHV 47%,CRNA NA

Schedule A (Form 990 or 990-EZ) 2015

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 SYSTEM GROUP	Employer identification number 90-0756744
----------------------------------------------------------	----------------------------------------------

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><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **Y e s** ☐ **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

1

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

a

Volunteers?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total. Add lines 1c through 1i.

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

(a)

Yes

(b)

No

Amount

No

No

No

No

No

Yes

125,418

No

No

No

No

125,418

No

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

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

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

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

5

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	MEMORIAL HEALTH SYSTEM ENGAGES LOBBYISTS TO ASSIST IT IN SECURING FEDERAL GRANTS AND MONITORING STATE REGULATIONS IN SUPPORT OF FURTHERING MEMORIAL HEALTH SYSTEM'S MISSION, WHICH IS "TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE" THIS INCLUDES ASSISTING MEMORIAL HEALTH SYSTEM IN DEVELOPING PRESENTATIONS TO THE ILLINOIS CONGRESSIONAL DELEGATION REQUESTING APPROPRIATIONS FOR PRIORITY PROJECTS INVOLVING LOCAL PATIENT SAFETY, QUALITY IMPROVEMENT AND IMPROVED LOCAL ACCESS TO MEDICAL CARE. THE LOBBYISTS ALSO ASSIST MEMORIAL IN COMMUNICATING THE IMPORTANCE OF ADEQUATE MEDICAID FUNDING IN SUPPORT OF THE SUBSTANTIAL SERVICES MEMORIAL'S AFFILIATES PROVIDE TO THOSE IN POVERTY AND IN MONITORING LEGISLATIVE AND REGULATORY DEVELOPMENTS THAT WOULD AFFECT MEMORIAL MEDICAL CENTER'S ABILITY TO CONTINUE DELIVERING ITS ALREADY SUBSTANTIAL COMMUNITY BENEFIT. THE FOLLOWING ORGANIZATIONS PAID FUNDS TO HEALTHCARE ASSOCIATIONS TO AID AND ASSIST HOSPITALS AND HEALTHCARE ENTITIES REGARDING LEGISLATIVE CHANGES. THESE COSTS INCLUDE AMOUNTS PAID DIRECTLY TO LOBBYISTS FROM THE VARIOUS ENTITIES AND ALSO INCLUDE AMOUNTS PAID INDIRECTLY TO LOBBYISTS THROUGH ASSOCIATION DUES. MEMORIAL MEDICAL CENTER \$46,033 PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION \$29,386 ABRAHAM LINCOLN MEMORIAL HOSPITAL \$19,350 MEMORIAL PHYSICIAN SERVICES \$ 2,757 MEMORIAL HOME SERVICES \$ 4,325 TAYLORVILLE MEMORIAL HOSPITAL \$23,567

Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEM GROUP

Employer identification number
90-0756744

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)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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
► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2015

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	12,661,077	12,566,252	11,521,169	10,981,342	10,073,124
b Contributions	14,970	1,107,070	501,283	264,661	22,786
c Net investment earnings, gains, and losses	677,746	-470,568	1,052,498	723,768	1,148,366
d Grants or scholarships	904,938	189,207	123,660		31,300
e Other expenditures for facilities and programs	280,079	263,145	304,976	374,978	170,435
f Administrative expenses	92,169	89,325	80,062	73,624	61,199
g End of year balance	12,076,607	12,661,077	12,566,252	11,521,169	10,981,342

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

a Board designated or quasi-endowment ▶ 9 900 %

b Permanent endowment ▶ 70 400 %

c Temporarily restricted endowment ▶ 19 700 %

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)

3b

Yes

No

Yes

No

Yes

No

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	5,122,052	7,870,624		12,992,676
b Buildings	3,025,061	449,548,868	196,967,180	255,606,749
c Leasehold improvements		11,490,604	5,426,041	6,064,563
d Equipment	4,978	258,745,249	179,192,698	79,557,529
e Other		71,605,598	19,179,206	52,426,392
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				406,647,909

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		2e		
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		4c		
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				
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		2e		
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:		4c		
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				
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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 90-0756744

Name: MEMORIAL HEALTH SYSTEM GROUP

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) UNAMORTIZED BOND DISCOUNTS AND ISSUE COSTS	1,462,908
(2) DUE FROM AFFILIATES	809,698
(3) BENEFICIAL INTEREST IN TRUSTS	55,138,608
(4) INSURANCE RECOVERIES	3,603,750
(5) NET EDUCATIONAL GRANTS/TUITION REIMBURSEMENT RECEIVABLE	55,351
(6) AR CLEARING	198,596
(7) CHARITABLE REMAINDER TRUST	756,153
(8) CASH SURRENDER VALUE OF LIFE INSURANCE	144,822
(9) REAL ESTATE INVESTMENT	2,301,973
(10) LONG TERM ASSET	157,400
(11) LONG TERM PLEDGE RECEIVABLE	2,233,226
(12) PHYSICIAN LOANS	189,567
(13) FARM LAND	16,045,636
(14) INTEREST IN NET ASSETS OF PAHF	4,165,584
(15) ACCRUED INTEREST	289,447
(16) MEANINGFUL USE RECEIVABLE	431,724
(17) MALPRACTICE RECEIVABLE	3,506,200
(18) WORKERS COMP RECEIVABLE	396,419

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

1 (a) Description of Liability	(b) Book Value
DEFERRED COMPENSATION	3,512,305
ESTIMATED THIRD PARTY PAYOR SETTLEMENTS	40,603,024
MINIMUM PENSION LIABILITY	22,547,117
RESERVE FOR POST EMPLOYMENT BENEFITS	13,131,015
SWAP LIABILITY	4,251,598
WORKERS' COMPENSATION AND PROFESSIONAL LIABILITY	35,587,723
ENVIRONMENTAL HAZARDS LIABILITY	2,088,980
DUE TO AFFILIATES	1,029,787
CHARITABLE GIFT ANNUITY PAYABLE	208,326
TENANT SECURITY DEPOSITS	3,877
OTHER PAYABLES	207,076
SELF INSURANCE ACCRUAL	1,122,601
SERP/RESTORATION PENSION PLAN	2,123,559

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION'S ENDOWMENT CONSISTS OF 10 DONOR-RESTRICTED FUNDS WITH INCOME TO BE USED FOR CAPITAL PURCHASES, OPERATIONS, SCHOLARSHIPS, AND INDIGENT CARE. MEMORIAL HOME SERVICES PERMANENTLY RESTRICTED ENDOWMENT FUND WITH INCOME TO BE USED FOR OPERATING EXPENSES. MEMORIAL MEDICAL CENTER'S FOUNDATION ENDOWMENT CONSISTS OF 36 INDIVIDUAL DONOR-RESTRICTED FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE FOUNDATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 5% OF ITS ENDOWMENT FUND'S MOVING AVERAGE FAIR VALUE OVER THE PRIOR 36 MONTHS AS OF SEPTEMBER 30 OF THE PRECEDING FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED. IN ESTABLISHING THIS POLICY, THE FOUNDATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENTS. ACCORDINGLY, OVER THE LONG TERM THE FOUNDATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF THE LONG-TERM RATE OF INFLATION. TAYLORVILLE MEMORIAL HOSPITAL FOUNDATION'S NET INCOME REALIZED FROM THE FUND SHALL BE DISTRIBUTED AT LEAST ANNUALLY TO, FOR OR ON BEHALF OF ONE OR MORE GRADUATES FROM HIGH SCHOOLS IN CHRISTIAN COUNTY, ILLINOIS, WHO ARE ENROLLED IN ADVANCED STUDY AND EXHIBIT A DESIRE TO PURSUE A COURSE LEADING TO A DEGREE THAT WOULD BENEFIT TAYLORVILLE MEMORIAL HOSPITAL. PASSAVANT AREA HOSPITAL FOUNDATION (PAHF) HAS TWO PERMANENTLY RESTRICTED ENDOWMENT FUNDS WITH INCOME TO BE USED AS THE GOVERNING BODY DEEMS FIT. PAHF HAS ONE TEMPORARILY RESTRICTED ENDOWMENT FUND THAT'S INCOME IS TO BE USED FOR A SPECIFIC PURPOSE.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE AUTHORITATIVE GUIDANCE IN ASC 740, INCOME TAXES, CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS UNDER THE REQUIREMENTS OF THIS GUIDANCE, TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS EACH OF MHS'S SUBSIDIARIES, EXCLUDING THOSE DESCRIBED IN THE FOLLOWING PARAGRAPH, IS A SEPARATELY INCORPORATED NOT-FOR-PROFIT CORPORATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE CODE AND IS TAX-EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE THEY DO, HOWEVER, OPERATE CERTAIN PROGRAMS THAT MAY RESULT IN UNRELATED BUSINESS INCOME UPON REVIEW AS REQUIRED BY ASC 740, INCOME TAX NO TAX PROVISION WAS RECORDED FOR THE YEARS ENDED SEPTEMBER 30, 2016 OR 2015 MEMORIAL PROPERTIES (MP), MEMORIAL HEALTH PARTNERS (MHP), AND MHS QALICB, LLC (QALICB) ARE CONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES AND ARE EXEMPT FROM INCOME TAXES. MEMORIAL HOME SERVICES OF CENTRAL ILLINOIS (MHSCI) IS A TAXABLE FOR-PROFIT CORPORATION AND PASSAVANT PHYSICIAN ASSOCIATION (PPA) IS A TAXABLE NOT-FOR-PROFIT CORPORATION BOTH ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (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 SYSTEM GROUP

Employer identification number
90-0756744

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1 <div>FESTIVAL OF TREES (MMCF)</div> <div>(event type)</div>	(b)Event #2 <div>SHARING WISHES HOSPICE GALA</div> <div>(event type)</div>	(c)Other events <div>5</div> <div>(total number)</div>	(d) Total events (add col (a) through col (c))	
	1	Gross receipts	573,870	61,556	43,509	678,935
	2	Less Contributions	186,760	49,936	20,547	257,243
	3	Gross income (line 1 minus line 2)	387,110	11,620	22,962	421,692
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	62,195		15,490	77,685
	6	Rent/facility costs	12,785	5,872	1,802	20,459
	7	Food and beverages	60,171	8,466	2,666	71,303
	8	Entertainment	700	14,622	200	15,522
	9	Other direct expenses	105,912	4,589	20,079	130,580
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				315,549
	11	Net income summary Subtract line 10 from line 3, column (d) ▶				106,143

Part III Gaming.

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue		23,593	23,593
Direct Expenses	2	Cash prizes		1,986	1,986
	3	Noncash prizes		643	643
	4	Rent/facility costs			
	5	Other direct expenses		3,759	3,759
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			6,388
	8	Net gaming income summary Subtract line 7 from line 1, column (d). ▶			17,205

9 Enter the state(s) in which the organization conducts gaming activities IL

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☒Yes☐No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐Yes☒No

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	0 %
b	An outside facility	13b	100 000 %

14

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

Name ▶

JAN FELLHAUER

Address ▶

1600 W WALNUT
JACKSONVILLE,IL 62650

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐Yes☒No

b

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

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

JAN FELLHAUER

Gaming manager compensation ▶ \$

103,226

Description of services provided ▶

MANAING DUCK RACE EVENT

☐ Director/officer

☒ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐Yes☒No

b

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

Part IV

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

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

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 MEMORIAL HEALTH SYSTEM GROUP	Employer identification number 90-0756744
----------------------------------------------------------	----------------------------------------------

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 <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000 0000000000 %</u> 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 <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>30100 0000000000 %</u>	3a	Yes	
	3b	Yes	
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)	4	2,461	7,724,188		7,724,188	0 810 %
b Medicaid (from Worksheet 3, column a)	1	105,374	157,158,866	113,474,680	43,684,186	4 590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	5	107,835	164,883,054	113,474,680	51,408,374	5 400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	53	14,191	1,681,392	440	1,680,952	0 180 %
f Health professions education (from Worksheet 5)	29	2,578	11,861,932	3,524,350	8,337,582	0 880 %
g Subsidized health services (from Worksheet 6)	3	98	19,361,096		19,361,096	2 030 %
h Research (from Worksheet 7)	7		436,280		436,280	0 050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	53	14,373	42,424,068		42,424,068	4 450 %
j Total. Other Benefits	145	31,240	75,764,768	3,524,790	72,239,978	7 590 %
k Total. Add lines 7d and 7j	150	139,075	240,647,822	116,999,470	123,648,352	12 990 %

Part II Community 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
1	Physical improvements and housing	2	4,126		4,126	0 %
2	Economic development	6	57,167		57,167	0 010 %
3	Community support	20	50,703		50,703	0 010 %
4	Environmental improvements					
5	Leadership development and training for community members	10	10,102		10,102	0 %
6	Coalition building	5	7,263		7,263	0 %
7	Community health improvement advocacy	6	11,139		11,139	0 %
8	Workforce development	7	120,965		120,965	0 010 %
9	Other	1	471		471	0 %
10	Total	57	261,936		261,936	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

No

2

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

2

15,871,414

3

Enter 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

4

Provide 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

5

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

5

218,420,134

6

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

6

246,522,849

7

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

7

-28,102,715

8

Describe 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

9a

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

9a

Yes

No

b

If "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

No

Part IV Management 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

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?

4
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)

	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
See Additional Data Table										

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)

MEMORIAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

1

		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)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14		
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	5	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	6a	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	6b	Yes
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) HTTPS://WWW.CHOOSEMEMORIAL.ORG/HEALTHYCOMMUNITIES 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)	7	Yes
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	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) HTTPS://WWW.CHOOSEMEMORIAL.ORG/HEALTHYCOMMUNITIES		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
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)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

MEMORIAL MEDICAL CENTER

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 checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input 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?	15 Yes	
	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)		
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?	16 Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.MEMORIALMEDICAL.COM/FINANCIAL-ASSISTANCE-BILLING</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.MEMORIALMEDICAL.COM/FINANCIAL-ASSISTANCE-BILLING</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.MEMORIALMEDICAL.COM/FINANCIAL-ASSISTANCE-BILLING</u>		
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 type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

MEMORIAL MEDICAL CENTER

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 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)	19		No
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 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)	21	Yes	
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

Section B. Facility Policies and Practices

ABRAHAM LINCOLN MEMORIAL HOSPITAL

ities in a facility 2

2

Schedule H (Form 990) 2015

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

ABRAHAM LINCOLN MEMORIAL HOSPITAL

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 checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300 000000000000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input 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?	15 Yes	
	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)		
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?	16 Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW ALMH ORG/FINANCIAL-ASSISTANCE-BILLING</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW ALMH ORG/FINANCIAL-ASSISTANCE-BILLING</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW ALMH ORG/FINANCIAL-ASSISTANCE-BILLING</u>		
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 type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

ABRAHAM LINCOLN MEMORIAL HOSPITAL

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 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)	19		No
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 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)	21	Yes	
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 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)

TAYLORVILLE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

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

3

		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)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14		
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	5	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	6a	No
6b	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	6b	Yes
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) HTTPS://WWW.CHOOSEMEMORIAL.ORG/HEALTHYCOMMUNITIES 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)	7	Yes
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	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
10a	If "Yes" (list url) HTTPS://WWW.CHOOSEMEMORIAL.ORG/HEALTHYCOMMUNITIES		
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
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)?	12a	No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	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? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

TAYLORVILLE MEMORIAL HOSPITAL

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 a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of % b <input 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)	13	Yes	
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) 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)	15	Yes	
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) a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW TAYLORVILLEMEMORIAL ORG b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW TAYLORVILLEMEMORIAL ORG c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW TAYLORVILLEMEMORIAL ORG 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)	16	Yes	
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 type="checkbox"/> None of these actions or other similar actions were permitted			

Part V Facility Information (continued)

TAYLORVILLE MEMORIAL HOSPITAL

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 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)	19		No
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 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)	21	Yes	
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 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)

PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIA

Name of hospital facility or letter of facility reporting group

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

4

		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)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14		
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	5	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	6a	No
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	6b	Yes
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) WWW CHOOSEMEMORIAL ORG/HEALTHYCOMMUNITIES 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)	7	Yes
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	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) WWW CHOOSEMEMORIAL ORG/HEALTHYCOMMUNITIES b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b		10b	No
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)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$ _____		

Part V

Facility Information (continued)

PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIA

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 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)	19		No
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 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)	21	Yes	
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

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? **17**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
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
PART I, LINE 3C	MEMORIAL HEALTH SYSTEM QUALIFIES UNINSURED PATIENTS FOR 100% FINANCIAL ASSISTANCE USING THE PRESUMPTIVE ELIGIBILITY CRITERIA AS DEFINED IN THE ILLINOIS FAIR BILLING ACT MEMORIAL HEALTH SYSTEM ADDS THE FOLLOWING ASSETS TO THE APPLICANT'S INCOME BEFORE COMPARISON TO THE FPG GUIDELINES CHECKING AND SAVINGS ACCOUNT BALANCES, STOCKS, CERTIFICATE OF DEPOSIT AND MUTUAL FUNDS AN ASSET EXCLUSION OF \$2,000 IF SINGLE OR \$3,000 IF MARRIED PLUS \$500 FOR EACH ADDITIONAL DEPENDENT IS APPLIED

Form and Line Reference	Explanation
PART I, LINE 6A	MEMORIAL HEALTH SYSTEM (EIN 37-1110690) PREPARED A COMMUNITY BENEFIT ANNUAL REPORT FOR THE ENTIRE HEALTH SYSTEM A LINK TO THE REPORT IS AVAILABLE ONLINE FROM ALL FOUR HOSPITAL WEBSITES AS WELL AS THE WEBSITES OF OTHER MHS AFFILIATES HTTPS //WWW MEMORIALMEDICAL COM/PORTALS/0/MASTER-DOCUMENTS/COMMUNITY%20BENEFIT/FY16-MHS-COMMUNITY-BENEFIT-ANNUAL-REPORT PDF A PDF VERSION IS AVAILABLE TO ANYONE UPON REQUEST THE COMMUNITY BENEFIT ANNUAL REPORT IS ALSO INCLUDED WITHIN MEMORIAL HEALTH SYSTEM'S COMPLETE ANNUAL REPORT, WHICH IS DISTRIBUTED IN PRINT TO MEMBERS OF THE COMMUNITY AT LARGE

Form and Line Reference	Explanation
PART I, LINE 7	FOR MEMORIAL MEDICAL CENTER, THE COSTING METHODOLOGY FOR CHARITY CARE, MEDICAID, AND OTHER MEANS TESTED PROGRAMS WAS DERIVED FROM MEMORIAL MEDICAL CENTER'S COST ACCOUNTING SYSTEM THIS SYSTEM HAS THE ABILITY TO COMPUTE THE ACTUAL COST OF ALL MEDICAL PROCEDURES AT THE PATIENT-ACCOUNT LEVEL REGARDLESS OF PAYOR TYPE OR WHETHER THE PATIENT WAS INPATIENT OR OUTPATIENT ABRAHAM LINCOLN MEMORIAL HOSPITAL, PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION AND TAYLORVILLE MEMORIAL HOSPITAL UTILIZED MEDICARE COSTING DATA FROM THE FISCAL YEAR ENDED 9/30/2015 MEDICARE COST REPORT AS FILED THE ONLY CATEGORY BY WHICH MEMORIAL MEDICAL CENTER USED A COST TO CHARGE RATIO FOR SCHEDULE H IS FOR THE DETERMINATION OF BAD DEBT EXPENSE AT COST IN PART III, SECTION A, LINE 2

Form and Line Reference	Explanation
PART I, LINE 7G	MEMORIAL HEALTH SYSTEM INCLUDED SUBSIDIZED HEALTH SERVICES FOR MEMORIAL PHYSICIAN SERVICES WHICH HAS PHYSICIAN CLINICS FOR \$17,765,355

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	TOTAL EXPENSE LESS BAD DEBT EXPENSE TOTALED \$952,352,475 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F)

Form and Line Reference	Explanation
PART I, LINE 3B	MEMORIAL HEALTH SYSTEM USES AN AMOUNT IN EXCESS OF 300% OF THE FPG AS A FACTOR IN DETERMINING ELIGIBILITY FOR PROVIDING DISCOUNTED CARE THE VALUE OF 301% WAS ENTERED TO SATISFY A MANDATORY FIELD ENTRY REQUIREMENT TO QUALIFY FOR ELECTRONIC FILING

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>MEMORIAL MEDICAL CENTER PARTICIPATES IN NUMEROUS COMMUNITY BUILDING ACTIVITIES THAT ARE NOT ACCOUNTED FOR ELSEWHERE ON SCHEDULE H. MMC SUPPORTED PHYSICAL IMPROVEMENTS AND HOUSING WITH DONATIONS TO A NEIGHBORHOOD ASSOCIATION THAT IS ADDRESSING BLIGHTED PROPERTIES AND LOCAL CRIME. ECONOMIC DEVELOPMENT WAS SUPPORTED THROUGH VOLUNTEER LEADERSHIP INVOLVEMENT IN THE GREATER SPRINGFIELD CHAMBER OF COMMERCE, THE MID-ILLINOIS MEDICAL DISTRICT AND DOWNTOWN SPRINGFIELD. COMMUNITY SUPPORT INCLUDED LEADERSHIP PARTICIPATION ON BOARDS AND COMMITTEES FOR SALVATION ARMY, BOY SCOUTS, SPARC, MERCY COMMUNITIES SHELTER, HELPING HANDS HOMELESS SHELTER, CENTRAL ILLINOIS FOOD BANK, YMCA, ILL. DEPARTMENT OF PUBLIC HEALTH ABUSE PREVENTION, AND UNITED WAY OF CENTRAL ILLINOIS. COMMUNITY SUPPORT ALSO INCLUDED CONTRIBUTION TO SPRINGFIELD URBAN LEAGUE, GIRL SCOUTS, BOY SCOUTS, SPRINGFIELD PUBLIC SCHOOLS FOUNDATION, AND THE CENTRAL ILLINOIS AFRICAN AMERICAN HISTORY MUSEUM. LEADERSHIP DEVELOPMENT INCLUDED LEADING AND EDUCATION FOR ILLINOIS WOMEN IN LEADERSHIP, YOUNG PROFESSIONALS NETWORK AND THE CENTRAL ILLINOIS ORGANIZATION DEVELOPMENT NETWORK. COALITION BUILDING INCLUDED PARTICIPATION ON THE BOARD OF YMCA OF SPRINGFIELD TO IMPROVE COMMUNITY ACCESS TO HEALTHY ACTIVITIES, WORK WITH THE AMERICAN CANCER SOCIETY, THE BREASTFEEDING TASK FORCE OF WEST CENTRAL ILLINOIS, AND PARTICIPATION IN ADDRESSING THE ISSUE OF HIGH SPEED RAILROADS. COMMUNITY HEALTH IMPROVEMENT ADVOCACY WAS SUPPORTED THROUGH LEADERSHIP INVOLVEMENT IN THE ILLINOIS HEALTH AND HOSPITAL ASSOCIATION, VHA MID-AMERICA, SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE, THE FOUNDATION FOR REHABILITATION PSYCHOLOGY, AND THE UNITED WAY HEALTH VISION COUNCIL. A DONATION WAS ALSO MADE TO FAITH COALITION FOR THE COMMON GOOD. AS THE LARGEST LOCAL EMPLOYER OUTSIDE OF STATE GOVERNMENT, MMC IS AN IMPORTANT ECONOMIC LINK THAT PROVIDES EMPLOYMENT AND BENEFITS FOR THOUSANDS OF FAMILIES. WORKFORCE DEVELOPMENT IS A KEY AREA OF COMMUNITY BUILDING. MMC SUPPORTS ECONOMIC DEVELOPMENT THROUGH FINANCIAL SUPPORT OF SPRINGFIELD CHAMBER OF COMMERCE'S QUANTUM GROWTH PARTNERSHIP, A COLLABORATIVE COMMUNITY INITIATIVE WORKING TOWARD LONG-TERM IMPROVEMENT OF WORK AND EDUCATIONAL OPPORTUNITIES THROUGHOUT THE COMMUNITY, AND ALSO SUPPORTS THE SANGAMON CEO YOUTH MENTORSHIP PROGRAM. MMC WORKS WITH OTHER ORGANIZATIONS TO EXPAND OPPORTUNITIES TO TRAIN AND RECRUIT HEALTHCARE PROFESSIONALS TO INCREASE ACCESS TO CARE IN RURAL AREAS. MMC AND SIU SCHOOL OF MEDICINE JOINTLY OFFERED AN EXPLORER POST PROGRAM FOR HIGH SCHOOL YOUTH TO EXPLORE HEALTHCARE CAREER OPPORTUNITIES. MMC ALSO COLLABORATES WITH LOCAL SCHOOLS TO OFFER MULTIPLE OPPORTUNITIES FOR STUDENTS TO EXPLORE HEALTHCARE CAREER OPTIONS, INCLUDING TEENS EXPERIENCING NURSING SUMMER CAMP AND JOB SHADOWING. AS ONE OF THE LARGEST EMPLOYERS IN LOGAN COUNTY, ABRAHAM LINCOLN MEMORIAL HOSPITAL (ALMH) IS AN IMPORTANT ECONOMIC LINK THAT PROVIDES EMPLOYMENT AND BENEFITS FOR APPROXIMATELY 315 FAMILIES. EACH YEAR, ALMH PROVIDES DONATIONS TO THE LINCOLN/LOGAN COUNTY FOOD PANTRY. SUPPORT IS ALSO PROVIDED FOR THE LOCAL MULTIPLE SCLEROSIS WALK, UNITED WAY OF LOGAN COUNTY, THE AMERICAN CANCER SOCIETY'S RELAY FOR LIFE AND THE COLON CANCER 5K HELD IN LOGAN COUNTY. ALMH IS A MEMBER OF THE LINCOLN/LOGAN COUNTY CHAMBER OF COMMERCE WHICH IS ACTIVELY WORKING TO IMPROVE THE ECONOMIC VITALITY OF LOGAN COUNTY. ALMH ALSO PROVIDES IN-KIND SUPPORT IN THE FORM OF MEETING SPACE FOR THE CHAMBER OF COMMERCE AND VARIOUS COMMUNITY GROUPS. ABRAHAM LINCOLN MEMORIAL HOSPITAL'S COMMUNITY BUILDING ACTIVITIES INCLUDE STAFF WHO VOLUNTEER FOR LOCAL NONPROFIT ORGANIZATIONS AND INITIATIVES THAT IMPACT THE HEALTH AND QUALITY OF LIFE FOR THE COMMUNITY INCLUDING THE, LINCOLN ROTARY CLUB, COMMUNITY/CHILDREN'S WELLNESS EXPO, COMMUNITY ACTION PARTNERSHIP OF CENTRAL ILLINOIS' HEALTH ADVISORY COMMITTEE, ZONTA CLUB AND THE LOCAL EMERGENCY PLANNING COMMITTEE. TAYLORVILLE MEMORIAL HOSPITAL (TMH) IS ONE OF THE LARGEST EMPLOYERS IN CHRISTIAN COUNTY AND PROVIDES EMPLOYMENT AND BENEFITS FOR APPROXIMATELY 350 FAMILIES. TMH IS A MEMBER OF THE GREATER TAYLORVILLE CHAMBER OF COMMERCE AND THE CHRISTIAN COUNTY ECONOMIC DEVELOPMENT CORPORATION, WHICH ARE WORKING TO IMPROVE THE ECONOMIC VITALITY OF CHRISTIAN COUNTY. COMMUNITY SUPPORT IS PROVIDED BY LEADERSHIP ON THE BOARD OF THE UNITED WAY OF CHRISTIAN COUNTY. COALITION BUILDING WAS DONE THROUGH MEMBERSHIP IN THE CHRISTIAN COUNTY PREVENTION COALITION, WHICH IS DEDICATED TO STOPPING DRUG AND ALCOHOL ABUSE, ESPECIALLY ON THE PART OF YOUNG PEOPLE. COMMUNITY HEALTH IMPROVEMENT ADVOCACY IS SUPPORTED THROUGH LEADERSHIP INVOLVEMENT IN THE ILLINOIS HOSPITAL SMALL AND RURAL CONSTITUENCY SECTION. THIS SECTION OF THE ILLINOIS HOSPITAL ASSOCIATION SUPPORTS SMALL AND RURAL HOSPITALS AS THEY STRIVE TO PROVIDE NEEDED HEALTHCARE SERVICES TO THE COMMUNITIES THEY SERVE. LEADERS AND EMPLOYEES OF TMH SERVE ON SEVERAL OTHER COMMITTEES AND BOARDS, SUCH AS SPRINGFIELD REGIONAL EMERGENCY PREPAREDNESS, LOCAL EMERGE</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	NCY PLANNING COMMITTEE OF CHRISTIAN COUNTY, AND CHRISTIAN COUNTY ECONOMIC DEVELOPMENT CORPORATION PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION'S COMMUNITY BUILDING ACTIVITIES INCLUDE PROMOTING ECONOMIC DEVELOPMENT BY SUPPORTING THE JACKSONVILLE AREA CHAMBER OF COMMERCE , JACKSONVILLE MAIN STREET, AND THE JACKSONVILLE REGIONAL ECONOMIC DEVELOPMENT CORPORATION , SUPPORTING ORGANIZATIONS WHO PROMOTE AND ADVOCATE FOR COMMUNITY HEALTH IMPROVEMENT, ALONG WITH SUPPORTING LOCAL SCHOOLS AND OTHER LOCAL NON-PROFIT ORGANIZATIONS

Form and Line Reference	Explanation
PART III, LINE 4	MEMORIAL HEALTH SYSTEM'S ACCOUNTING POLICY FOR BAD DEBT EXPENSE IS DESCRIBED ON PAGE 15 OF THE NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS IN THE MEMORIAL HEALTH SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8	<p>THE COSTING METHODOLOGY UTILIZED FOR THE DETERMINATION OF MEMORIAL HEALTH SYSTEM'S MEDICARE ALLOWABLE COST (SCHEDULE H, PART III, LINE 6) WAS CALCULATED AS FOLLOWS MEMORIAL MEDICAL CENTER, PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION, ABRAHAM LINCOLN MEMORIAL HOSPITAL, AND TAYLORVILLE MEMORIAL HOSPITAL UTILIZED MEDICARE COSTING DATA FROM THE FISCAL YEAR ENDED 9/30/2016 MEDICARE COST REPORT AS FILED MEMORIAL MEDICAL CENTER WAS ABLE TO CAPTURE THE MEDICARE COSTING FOR INPATIENT MEDICAL SURGICAL, INPATIENT PSYCHIATRIC, INPATIENT REHABILITATION AND OUTPATIENT MEDICAL SURGICAL SERVICES DURING THAT FISCAL PERIOD THIS COSTING DATA EXCLUDED THE DIRECT MEDICAL EDUCATION COST FOR THE RESIDENCY PROGRAM ASSOCIATED WITH THE SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE THIS COST WAS INCLUDED IN THE HEALTH PROFESSIONAL EDUCATION SECTION OF PART I, LINE 7 (F) OF SCHEDULE H OTHER SECTIONS OF MEDICARE COSTS THAT WOULD NORMALLY BE EXCLUDED FROM THE MEDICARE COST REPORT BUT SHOULD BE INCLUDED FOR PURPOSES OF THIS SCHEDULE ARE THE FOLLOWING 1 MEMORIAL MEDICAL CENTER'S ESRD PROGRAM-THIS PROGRAM IS RELATED TO THE END-STAGE RENAL DIALYSIS PROGRAM THE PROGRAM IS REFLECTED ON THE W/S I OF THE COST REPORT BUT DOES NOT HAVE A SETTLEMENT 2 MEMORIAL MEDICAL CENTER'S OUTPATIENT CLINICAL LAB CHARGES-THESE MEDICARE OUTPATIENT CHARGES ARE PAID ON A FEE-FOR-SERVICE BASIS AND ARE NOT REFLECTED ON THE AS FILED MEDICARE COST REPORT 3 MEMORIAL MEDICAL CENTER'S OUTPATIENT THERAPY SERVICES-THESE MEDICARE OUTPATIENT CHARGES RELATED TO THERAPEUTIC SERVICES, SUCH AS PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH THERAPY SERVICES, ARE SUBJECT TO A FEE-FOR-SERVICE PAYMENT METHOD AND NOT FILED ON THE MEDICARE COST REPORT 4 PART B PROFESSIONAL FEES-MEMORIAL MEDICAL CENTER HAS ITS PART B MEDICARE PROFESSIONAL FEES BILLED THROUGH A SEPARATE CORPORATION OF MEMORIAL HEALTH SYSTEM THE BILLING SERVICE IS CALLED PHYSICIAN BILLING SERVICE IT BILLS FOR THE PROFESSIONAL FEES ON BEHALF OF MEMORIAL MEDICAL CENTER AND SWEEPS THE MEDICARE PAYMENTS BACK TO IT SOME OF THE PROFESSIONAL FEES BILLED BY PHYSICIAN BILLING SERVICE ARE CRNA, HEARING CENTER, SPINWORKS CLINIC, HEART FAILURE CLINIC, CLINICAL PSYCHOLOGISTS, DIETARY CONSULTING, BARIATRIC SURGERY AND EKG INTERPRETATIONS THESE SERVICES ARE TYPICALLY EXCLUDED FROM THE MEDICARE COST REPORT BUT SHOULD BE INCLUDED FOR PURPOSE OF SCHEDULE H THE MEDICARE CHARGES ASSOCIATED WITH BULLET POINTS 1 THROUGH 4 ABOVE WERE APPLIED TO THE CALCULATED COST TO CHARGE RATIOS FROM THE MEDICARE COST REPORT TO DETERMINE ITS COST THIS COST DATA, ALONG WITH THE COST DATA ALREADY COMPILED FROM THE AS FILED MEDICARE COST REPORT WAS THE BASIS FOR ALLOWABLE MEDICARE COST OF \$246,522,849 THE TOTAL SHORTFALL REPORTED ON SCHEDULE H, PART III, LINE 7 WAS \$28,303,547 THE ENTIRE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT FOR MEMORIAL MEDICAL CENTER, PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION, ABRAHAM LINCOLN MEMORIAL HOSPITAL, AND TAYLORVILLE MEMORIAL HOSPITAL THIS SHORTFALL REFLECTS THE EXCESS COSTS INCURRED BY THE FOUR HOSPITALS THAT CURRENT FEE-FOR-SERVICE PAYMENTS PRESENTLY DO NOT COVER THESE ARE VITAL SERVICES TO THE COMMUNITY THESE THREE HOSPITALS SERVE THAT CURRENT MEDICARE PAYMENTS DO NOT COVER MEDICARE IS AN IMPORTANT PAYER TO THE COMMUNITIES OF SPRINGFIELD, LINCOLN, JACKSONVILLE, AND TAYLORVILLE ACCORDINGLY, ALL FOUR HOSPITALS ACCEPT MEDICARE PATIENTS REGARDLESS OF WHETHER THEIR TREATMENT WILL RESULT IN A PAYMENT OR NOT BY PROVIDING THESE SERVICES TO MEDICARE PATIENTS, THE MHS HOSPITALS PROMOTE ACCESS TO HEALTH CARE THAT MIGHT NOT BE PROVIDED OTHERWISE ELDERLY ARE OFTEN CONSIDERED AN UNDERSERVED POPULATION WHO EXPERIENCE ISSUES WITH ACCESS TO HEALTHCARE SERVICES, BOTH AT THE URBAN AND RURAL COMMUNITY LEVEL WITHOUT TAX EXEMPT HOSPITALS, CMS AND THE U S GOVERNMENT WOULD HAVE TO BEAR THE BURDEN OF DIRECTLY PROVIDING SERVICES TO THE ELDERLY</p>

Form and Line Reference	Explanation
PART III, LINE 9B	<p>PER THE FINANCIAL ASSISTANCE POLICY, MEMORIAL MEDICAL CENTER, PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION, ABRAHAM LINCOLN MEMORIAL HOSPITAL, AND TAYLORVILLE MEMORIAL HOSPITAL WILL NOT PURSUE COLLECTION ACTION IN COURT AGAINST A PATIENT WHO QUALIFIES FOR FINANCIAL ASSISTANCE IF THE PATIENT HAS CLEARLY DEMONSTRATED THAT HE OR SHE DOES NOT HAVE SUFFICIENT INCOME OR ASSETS TO MEET ANY PART OF THEIR FINANCIAL OBLIGATION TO THE APPLICABLE HOSPITAL PER THE FINANCIAL ASSISTANCE POLICY, IF AN UNINSURED PATIENT HAS REQUESTED FINANCIAL ASSISTANCE AND/OR APPLIED FOR OTHER COVERAGE AND IS COOPERATING WITH THE HOSPITAL, THE HOSPITAL WILL NOT PURSUE COLLECTION ACTION UNTIL A DECISION HAS BEEN MADE THAT THERE IS NO LONGER A REASONABLE BASIS TO BELIEVE THE PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE OR OTHER COVERAGE PER THE FINANCIAL ASSISTANCE POLICY, IF AN UNINSURED PATIENT COMPLIES WITH A PAYMENT PLAN THAT HAS BEEN AGREED UPON BY THE HOSPITAL, THE HOSPITAL WILL NOT PURSUE COLLECTION ACTION PER THE FINANCIAL ASSISTANCE POLICY, IF THE HOSPITAL HAS GIVEN THE PATIENT THE OPPORTUNITY TO ASSESS THE ACCURACY OF THE BILL AND HAS SUFFICIENT REASON TO BELIEVE THAT THE PATIENT DOES NOT QUALIFY FOR ADDITIONAL FINANCIAL ASSISTANCE UNDER ALL TERMS OF THIS POLICY REGARDING HIS OR HER PARTIAL OBLIGATION, AND THE PATIENT CONTINUES WITH NON-PAYMENT, COLLECTION ACTION MAY BE TAKEN BY THE HOSPITAL TO ENFORCE THE TERMS OF ANY PAYMENT PLAN ONCE FINANCIAL ASSISTANCE STATUS IS DETERMINED, IT WILL BE APPLIED TO ALL OPEN ACCOUNTS AND WILL BE VALID FOR A PERIOD OF 6 MONTHS FROM DATE OF DETERMINATION AND 6 MONTHS RETROACTIVELY</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>IN ADDITION TO THE COMMUNITY HEALTH NEED ASSESSMENT PROCESS DESCRIBED IN PART V, SECTION B, MEMORIAL HEALTH SYSTEM HAS ALWAYS REVIEWED A VARIETY OF INFORMATION TO IDENTIFY COMMUNITY NEEDS THESE INCLUDE HOSPITAL ADMISSIONS AND DISCHARGES, LEADING CAUSES OF MORTALITY AND MORBIDITY IN EACH COUNTY AS REPORTED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH, AND THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTHY PEOPLE 2020 ADDITIONAL INFORMATION IS GLEANED FROM CONSUMER SURVEYS, PATIENT SURVEYS, MEDICAL STAFF SURVEYS, EVALUATIONS FROM COMMUNITY EDUCATION EVENTS, SUPPORT GROUP FEEDBACK, WEBMASTER AND SOCIAL MEDIA QUESTIONS AND FEEDBACK, VOLUNTEER BOARD MEMBER AND COMMUNITY BENEFIT COMMITTEE FEEDBACK, REQUESTS FROM THE COMMUNITY AND GRANT APPLICATIONS TO THE MEMORIAL MEDICAL CENTER FOUNDATION INFORMATION FROM ALL THESE SOURCES HELPED PRIORITIZE MHS'S COMMUNITY BENEFIT INITIATIVES IN TY15/FY16, AND TO ASSURE THAT THOSE INITIATIVES ARE ALIGNED WITH MHS'S MISSION, STATEMENT OF VALUES, STRATEGIC PLAN AND BUDGET PRIORITIES ARE ESTABLISHED BASED ON OVERALL NEED, LEADING CAUSES OF DEATH, IMPACT ON HEALTH STATUS, ORGANIZATIONAL CORE COMPETENCIES, RESOURCES AND WHEREWITHAL TO MEANINGFULLY ADDRESS THE NEED EACH MEMORIAL AFFILIATE HAS THE FLEXIBILITY TO DEVELOP SPECIFIC COMMUNITY BENEFIT PROGRAMS AND INITIATIVES THAT ARE DESIGNED TO RESPOND TO THE NEEDS OF ITS PARTICULAR COMMUNITY MEMORIAL HEALTH SYSTEM UNDERSTANDS THAT COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS IS AN IMPORTANT COMPONENT OF COMMUNITY HEALTH IMPROVEMENT EFFORTS AND RESPONDS TO DIRECT COMMUNITY REQUESTS FOR PROGRAMS AND ASSISTANCE TO FACILITATE THIS PROCESS, MEMORIAL HEALTH SYSTEM NOW HAS A LINK ON ITS WEBSITE FOR COMMUNITY ORGANIZATIONS TO ELECTRONICALLY REQUEST SUPPORT FOR THEIR PROGRAMS, SERVICES AND INITIATIVES THAT ALIGN WITH IDENTIFIED COMMUNITY HEALTH NEED PRIORITIES</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>MEMORIAL MEDICAL CENTER, PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION, ABRAHAM LINCOLN MEMORIAL HOSPITAL AND TAYLORVILLE MEMORIAL HOSPITAL PROACTIVELY INFORM PATIENTS ABOUT THEIR FINANCIAL ASSISTANCE POLICY AND THE ELIGIBILITY CRITERIA. A FINANCIAL ASSISTANCE LINK ON EACH HOSPITAL'S WEBSITE GOES TO THE FINANCIAL ASSISTANCE POLICY AND APPLICATION. THE POLICY AND APPLICATION FORM ARE AVAILABLE IN ENGLISH AND SPANISH. FOREIGN LANGUAGE TRANSLATION ASSISTANCE IS AVAILABLE UPON REQUEST. INFORMATION ON THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED AT PRIMARY REGISTRATION SITES, INCLUDING THE EMERGENCY DEPARTMENT. THE "PEACE OF MIND REGARDING PAYMENT" BROCHURE IS AVAILABLE TO EVERY PATIENT AT EVERY VISIT AND IS AVAILABLE IN BOTH ENGLISH AND SPANISH. EMPLOYEES IN PATIENT REGISTRATION, PATIENT FINANCIAL SERVICES AND SOCIAL SERVICES ARE TRAINED TO UNDERSTAND THE FINANCIAL ASSISTANCE POLICY AND KNOW HOW TO DIRECT QUESTIONS TO THE APPROPRIATE HOSPITAL REPRESENTATIVE WHO CAN ANSWER SPECIFIC QUESTIONS ABOUT THE FINANCIAL ASSISTANCE POLICY. THEY ALSO REFER PATIENTS TO MEDICAID COORDINATORS WHO CAN EXPLAIN THE AVAILABILITY OF VARIOUS GOVERNMENT PROGRAMS, SUCH AS MEDICAID OR OTHER STATE PROGRAMS AND ASSIST THE PATIENT WITH QUALIFICATION FOR SUCH PROGRAMS. MEMORIAL MEDICAL CENTER AND PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION CONTRACT WITH FULL-TIME MEDICAID COORDINATORS. THEIR GOAL IS TO VISIT ALL INPATIENTS WHO ARE IDENTIFIED AS SELF-PAY WITHIN ONE DAY OF ADMISSION. IF AN INPATIENT IS IDENTIFIED AS BEING POTENTIALLY ELIGIBLE FOR MEDICAID OR OTHER GOVERNMENT BENEFITS, THE APPLICATION PROCESS IS STARTED IMMEDIATELY. THE MEDICAID COORDINATORS WILL CONTINUE TO WORK WITH A PATIENT POST-DISCHARGE TO WALK THEM THROUGH THE ENTIRE APPLICATION PROCESS. THEY ALSO CONTACT A SELF-PAY OUTPATIENT WITH OVER \$1,000 IN CHARGES AND OFFER TO HELP THEM WITH THE MEDICAID APPLICATION PROCESS. IF THE MEDICAID COORDINATORS DETERMINE THAT THE PATIENT IS OVER INCOME FOR MEDICAID, THEY CONTACT THE FINANCIAL ASSISTANCE REPRESENTATIVE SO THAT A FINANCIAL ASSISTANCE APPLICATION CAN BE SENT TO THE PATIENT. EVERY HOSPITAL BILLING STATEMENT INCLUDES FINANCIAL ASSISTANCE INFORMATION WITH A PHONE NUMBER TO CALL FOR INFORMATION. PATIENTS ARE ENCOURAGED TO INQUIRE ABOUT FINANCIAL ASSISTANCE AT ANY STAGE OF THE BILLING PROCESS. THE MHS HOSPITALS STRIVE TO HAVE A CONSISTENT AND COURTEOUS APPROACH TO COLLECTIONS. THE MHS HOSPITALS WILL NOT REFER ACCOUNTS TO A COLLECTION AGENCY, FILE ANY LAWSUIT, OR GARNISH WAGES AGAINST ANY PARTICULAR PATIENT TO COLLECT MEDICAL DEBT UNTIL THE MHS HOSPITALS VERIFY THE FOLLOWING REASONABLE BASIS FOR BELIEVING PATIENT OWES THE DEBT, THE MHS HOSPITALS WILL MAKE ALL REASONABLE ATTEMPTS TO BILL THIRD PARTY PAYERS AND CONFIRM ANY REMAINING AMOUNTS ARE TRULY THE FINANCIAL RESPONSIBILITY OF THE PATIENT, WHEN THE PATIENT HAS INDICATED AN INABILITY TO PAY. THE MHS HOSPITALS WILL ATTEMPT TO VALIDATE THE INABILITY TO PAY AND THE MHS HOSPITALS WILL OFFER A REASONABLE PAYMENT PLAN AND, THE PATIENT HAS BEEN GIVEN A REASONABLE OPPORTUNITY TO SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE. ALL MHS HOSPITALS HAVE A CODE OF CONDUCT POLICY THAT SETS FORTH CERTAIN PRINCIPLES TO WHICH AGENCIES, REPRESENTATIVES AND COLLECTORS ARE EXPECTED TO ADHERE. THE AGENCIES ARE REQUIRED TO COMPLY WITH ALL OF THE RELEVANT TERMS OF THE ILLINOIS FAIR PATIENT BILLING ACT, AND, IN PARTICULAR, SECTION 30(C) WHICH ENUMERATES CERTAIN PREREQUISITE CONDITIONS WHICH MUST BE SATISFIED BEFORE AN AGENCY CAN INITIATE ANY LEGAL ACTION AGAINST A PATIENT WHICH IS RELATED TO A FAILURE BY THAT PATIENT TO PAY A HOSPITAL BILL. THE AGENCIES ARE ALSO REQUIRED TO COMPLY WITH ALL OF THE RELEVANT TERMS OF THE ACA INTERNATIONAL CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITY. ONCE A FINANCIAL ASSISTANCE DETERMINATION IS MADE, ALL COLLECTION EFFORTS CEASE. IF AN ACCOUNT IS AT A COLLECTION AGENCY, THE ACCOUNT IS RETURNED BACK TO THE HOSPITAL FOR FINANCIAL ASSISTANCE PROCESSING. ALL PATIENT COMPLAINTS REGARDING DISSATISFACTION WITH SERVICES RENDERED OR BILLING ISSUES ARE HANDLED PROMPTLY AND IN A COURTEOUS MANNER TO ENSURE THAT CUSTOMER SERVICE REMAINS THE FOCUS OF ANY PATIENT CONCERN. ALL COMPLAINTS ARE CONSIDERED VALID AND PATIENT FEEDBACK IS WELCOME WITH RESPECT TO DISPUTED MATTERS.</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>MEMORIAL MEDICAL CENTER (MMC), A NONPROFIT TERTIARY CARE HOSPITAL WITH 500 LICENSED BEDS, IS LOCATED IN SPRINGFIELD, ILLINOIS MMC IS A TEACHING HOSPITAL FOR SOUTHERN ILLINOIS UNIV ERSITY SCHOOL OF MEDICINE, WHICH IS ADJACENT TO THE HOSPITAL CAMPUS MMC IS A LEVEL 1 TRAU MA CENTER AND MAJOR REGIONAL HEALTHCARE PROVIDER FOR CENTRAL AND SOUTHERN ILLINOIS, WHICH IS LARGELY RURAL ALTHOUGH MMC SERVES PATIENTS FROM A WIDE RANGE OF COUNTIES, THE MAJORITY OF MMC'S COMMUNITY OUTREACH EFFORTS ARE FOCUSED ON SANGAMON COUNTY, WHERE MMC IS LOCATED SANGAMON COUNTY (POP 198,712), IS 877 SQUARE MILES AND IS LOCATED IN THE CENTER OF THE S TATE ALTHOUGH THE MAJORITY OF THE COUNTY IS RURAL, IT INCLUDES THE CITY OF SPRINGFIELD, (POP 116,565), WHICH IS BOTH THE COUNTY SEAT AND STATE CAPITOL SANGAMON COUNTY HAS EIGHT FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS (MUAS) THE POPULATION OF SANGAMON COUNTY IS 82 8% WHITE, 12 5% BLACK AND 4 7% OTHER PERSONS AGE 65 AND OLDER MAKE UP 16% OF SANGA MON COUNTY'S POPULATION, WHICH IS HIGHER THAN THE STATE AVERAGE OF 14 2% THE MEDIAN HOUSE HOLD INCOME IS \$55,565 A TOTAL OF 15 3% OF ALL COUNTY RESIDENTS LIVE BELOW THE FEDERAL PO VERTY LEVEL, INCLUDING 24 2% OF ALL CHILDREN AND 6 1% OF SENIORS OVER AGE 65 RESIDENTS UN DER THE AGE OF 65 WITH A DISABILITY TOTAL 10 1% OF THE POPULATION, WHILE 33 2% OF PEOPLE O VER AGE 65 HAVE A DISABILITY IN TY2015/FY2016, 5% OF THE PATIENTS SERVED AT MMC RECEIVED PATIENT FINANCIAL ASSISTANCE (UNINSURED), 20 9% OF PATIENTS WERE ON MEDICAID, AND 29 9% R ECEIVED MEDICARE OTHER HOSPITALS IN SANGAMON COUNTY INCLUDE HSHS ST JOHN'S HOSPITAL, A 4 30-BED NONPROFIT HOSPITAL AFFILIATED WITH HOSPITAL SISTERS HEALTH SYSTEM, AND VIBRA HOSPIT AL (A 50-BED, LONG-TERM, ACUTE-CARE FACILITY) ABRAHAM LINCOLN MEMORIAL HOSPITAL (ALMH) IS A 25-BED RURAL CRITICAL ACCESS HOSPITAL LOCATED IN LINCOLN, IL , APPROXIMATELY 30 MILES N ORTHEAST OF SPRINGFIELD ALMH SERVES THE PEOPLE AND COMMUNITIES OF LOGAN AND EASTERN MASON COUNTIES AND IS A LARGELY RURAL, AGRICULTURAL AREA ALMH IS THE ONLY HOSPITAL IN THE PRIM ARY SERVICE AREA OF LOGAN COUNTY (POP 29,494) RACE/ETHNICITY INCLUDES 89 1% WHITE, 8 2% BLACK AND 2 7% OTHER BACKGROUNDS THE MEDIAN HOUSEHOLD INCOME IS \$49,882 PERSONS AGE 65 A ND OLDER MAKE UP 17 3% OF LOGAN COUNTY'S POPULATION 13 2% OF ALL RESIDENTS LIVE BELOW THE FEDERAL POVERTY LEVEL THERE ARE NO OTHER HOSPITALS PRESENT IN LOGAN COUNTY IN TY2015/FY 2016, 3 3% OF PATIENTS SERVED AT ALMH RECEIVED PATIENT FINANCIAL ASSISTANCE, 24 1% OF PATI ENTS WERE COVERED BY MEDICAID AND 43 8% OF PATIENTS WERE COVERED BY MEDICARE TAYLORVILLE M EMORIAL HOSPITAL (TMH) IS A NOT-FOR-PROFIT 25-BED RURAL CRITICAL ACCESS HOSPITAL LOCATED I N TAYLORVILLE, ILL , APPROXIMATELY 27 MILES SOUTHEAST OF SPRINGFIELD TMH IS ONE OF TWO HO SPITALS IN THE PRIMARY SERVICE AREA OF CHRISTIAN COUNTY (POP 34,800) THE OTHER, PANA COM MUNITY HOSPITAL, IS A CRITICAL ACCESS FACILITY IN THE SOUTHEAST CORNER OF THE COUNTY THE MAJORITY OF THE PATIENTS SERVED BY TMH COME FROM CHRISTIAN COUNTY, WHERE THE HOSPITAL FOCU SES THE MAJORITY OF ITS COMMUNITY OUTREACH EFFORTS AND HEALTH IMPROVEMENT INITIATIVES CHR ISTIAN COUNTY'S RACE/ETHNICITY INCLUDES 96 3% WHITE, 2 1% BLACK, AND 1 6% OTHER THE MEDIA N HOUSEHOLD INCOME IS \$45,334 THE COUNTY HAS AN AGING POPULATION PERSONS AGE 65 AND OLDE R MAKE UP 17 2% OF CHRISTIAN COUNTY'S POPULATION, VS 13 5 % FOR THE STATE OF ILLINOIS 14 6% OF ALL PEOPLE LIVE BELOW THE FEDERAL POVERTY LEVEL, INCLUDING 21 9% OF CHILDREN AND 7 8% OF SENIORS CHRISTIAN COUNTY HAS NINE MEDICALLY UNDERSERVED AREAS IN TY2015/FY2016, 2 2% OF THE PATIENTS SERVED AT TMH RECEIVED PATIENT FINANCIAL ASSISTANCE, 20 3% OF THE PATIE NTS WERE ON MEDICAID AND 52 5% WERE COVERED BY MEDICARE PASSAVANT MEMORIAL AREA HOSPITAL A SSOCIATION (PAH) IS A 131-LICENSED BED HOSPITAL LOCATED IN JACKSONVILLE, IL , APPROXIMATEL Y 40 MILES WEST OF SPRINGFIELD THE MAIN COUNTIES THAT PAH SERVES INCLUDE CASS, MORGAN, SC OTT, MACOUPIN AND GREENE COUNTIES (PAH HAS AT LEAST 25% OF THE MARKET IN THESE ZIP CODES) THERE IS A SMALLER, SECONDARY MARKET WHERE PAH HAS AT LEAST 5%, BUT LESS THAN 25% OF THE MARKET THE SECONDARY MARKET INCLUDES ZIP CODES IN BROWN, SCHUYLER, AND PIKE COUNTIES OVE R 90% OF CASES COME FROM THE PRIMARY MARKET PAH PROVIDES ALMOST 90% OF THE EMERGENCY DEPA RTMENT VISITS FOR RESIDENTS OF MORGAN COUNTY AND OVER 60% OF THE OUTPATIENT SURGERIES OF THE TOTAL PATIENTS SERVED BY PAH DURING TY2015/FY2016, 1 6% RECEIVED PATIENT FINANCIAL ASS ISTANCE, AND 26 1% ARE ON MEDICAID, AND 54 5% WERE COVERED BY MEDICARE IN THE PAH SERVICE AREA, ONE PRECINCT IN MORGAN COUNTY IS A FEDERALLY DESIGNATED MEDICALLY UNDERSERVED POPUL ATION, THREE TOWNSHIPS IN MACOUPIN COUNTY ARE MEDICALLY UNDERSERVED AREAS (MUAS), WHILE CA SS, GREENE, BROWN AND SCOTT COUNTIES ARE ALL MUA'S PAH IS THE ONLY HOSPITAL IN THE PRIM ARY SERVICE AREA OF MORGAN COUNTY (POP 34,828) THE MEDIAN HOUSEHOLD INCOME IS \$46,524 18 5% OF ALL RESIDENTS LIVE BELOW THE FEDERAL POVERTY</p>

Form and Line Reference	Explanation
PART VI, LINE 4	LEVEL THERE ARE NO OTHER HOSPITALS PRESENT IN MORGAN COUNTY THE COUNTIES WHICH MAKE UP PASSAVANT'S SERVICE AREA ARE ALL RURAL AREAS

Form and Line Reference	Explanation
PART VI, LINE 5	<p>EACH MHS HOSPITAL (MMC, PAH, ALMH, AND TMH) HAS A BOARD OF DIRECTORS MADE UP OF MEDICAL, BUSINESS AND COMMUNITY LEADERS WHO RESIDE IN THAT HOSPITAL'S PRIMARY SERVICE AREA. VOLUNTEER BOARD MEMBERS ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS NOR FAMILY MEMBERS THERE OF. THESE VOLUNTEERS DONATE NUMEROUS HOURS OF SERVICE IN THEIR OVERSIGHT ROLE AND ARE INVOLVED IN THE COMMUNITY NEEDS ASSESSMENT PROCESS, FUNDRAISING, AND GENERAL STEWARDSHIP. MORE THAN 600 PEOPLE VOLUNTEER AT THE FOUR HOSPITALS AS ESCORTS, WAITING ROOM HOSTS AND HOSTESSES AND A WIDE RANGE OF OTHER VOLUNTEER ROLES. ALL MHS HOSPITALS HAVE OPEN MEDICAL STAFFS THAT ALLOW MEMBERSHIP TO ANYONE WHO MEETS CREDENTIALING REQUIREMENTS. ALL FOUR HOSPITALS PARTICIPATE IN MEDICARE, MEDICAID, CHAMPUS, TRICARE AND OTHER GOVERNMENT PROGRAMS AND ARE DISPROPORTIONATE SHARE MEDICAID HOSPITALS THAT PROVIDE FINANCIAL ASSISTANCE AND SLIDING SCALE DISCOUNTS ACCORDING TO BOARD-APPROVED FINANCIAL ASSISTANCE POLICIES. ALL FOUR HOSPITALS ALSO PROVIDE 24/7 EMERGENCY DEPARTMENTS PROVIDING SERVICE TO ALL PERSONS, REGARDLESS OF ABILITY TO PAY. MEMORIAL HEALTH SYSTEM UTILIZES SURPLUS FUNDS TO IMPROVE PATIENT CARE, MEDICAL EDUCATION, RESEARCH AND ACCESS TO HEALTH CARE. MEMORIAL MEDICAL CENTER SERVES AS THE REGIONAL BURN CENTER, SERVING ACUTELY BURNED PATIENTS FROM CENTRAL AND SOUTHERN ILLINOIS AND IS THE REGIONAL REHABILITATION PROVIDER FOR SPINAL CORD INJURIES, CLOSED HEAD INJURIES, STROKES AND COMPREHENSIVE INPATIENT AND OUTPATIENT REHABILITATION. MMC'S REGIONAL CANCER CENTER APPLIES ITS RESOURCES AND RESEARCH TO OFFER THE VERY LATEST IN CANCER EDUCATION, DETECTION, TREATMENT AND RESEARCH TO PATIENTS THROUGHOUT CENTRAL AND SOUTHERN ILLINOIS. MMC'S TRANSPLANT SERVICES HAS COMPLETED MORE THAN 800 KIDNEY AND COMBINED KIDNEY/PANCREAS TRANSPLANTS. MMC MAINTAINS A 24-HOUR EMERGENCY DEPARTMENT THAT IS A LEVEL 1 TRAUMA CENTER. THE EMERGENCY DEPARTMENT HAS TRADITIONALLY SERVED AS A SAFETY NET HEALTHCARE PROVIDER FOR THE UNINSURED AND UNDERINSURED WHO DO NOT HAVE PRIMARY CARE PHYSICIANS. IT PROVIDES SERVICES TO ALL PEOPLE REGARDLESS OF ABILITY TO PAY TO HELP MEET COMMUNITY NEED AND ALLEVIATE USE OF THE EMERGENCY DEPARTMENT FOR NON-EMERGENT CARE. MHS OPERATES THREE EXPRESSCARE WALK-IN FACILITIES. THESE PROMPT-CARE SITES USE THE SAME CRITERIA FOR PATIENTS AS THE EMERGENCY DEPARTMENT. THE UNINSURED AND THOSE ON PUBLIC INSURANCE PROGRAMS RECEIVE THE SAME LEVEL OF CARE AND TREATMENT AS ANY OTHER PATIENTS. PATIENT FINANCIAL ASSISTANCE IS PROVIDED AS NEEDED. MEMORIAL MEDICAL CENTER COLLABORATES WITH COMMUNITY PROVIDERS TO SERVE LOW INCOME AND UNINSURED POPULATIONS. MMC SUPPORTS PATIENTS FROM TWO FEDERALLY QUALIFIED HEALTH CENTERS IN SANGAMON COUNTY: CENTRAL COUNTIES HEALTH CENTER AND SOUTHERN ILLINOIS UNIVERSITY'S CENTER FOR FAMILY MEDICINE. MMC PROVIDES INPATIENT AND OUTPATIENT SERVICES TO ALL REFERRED FQHC PATIENTS, REGARDLESS OF ABILITY TO PAY. MMC ASSISTS THESE PATIENTS IN APPLYING FOR ANY HEALTH REIMBURSEMENT PROGRAM FOR WHICH THEY MAY BE ELIGIBLE AND ACCEPTS THE FQHC RECOMMENDED SLIDING SCALE FEE OR, IF THE PATIENT IS NOT ABLE TO PAY HIS/HER PORTION OF THE BILL, THE AMOUNT IS FORGIVEN UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. MMC, IN PARTNERSHIP WITH ST. JOHN'S HOSPITAL AND SOUTHERN ILLINOIS UNIVERSITY'S FEDERALLY QUALIFIED HEALTH CENTER, SUPPORT THE ENOS PARK ACCESS COLLABORATIVE. MMC AND ST. JOHN'S EACH PROVIDE 50% OF THE FUNDING FOR COMMUNITY HEALTH WORKERS (CHW) AND A MENTAL HEALTH COUNSELOR BASED AT THE NEIGHBORHOOD ELEMENTARY SCHOOL. THESE CHW'S AND COUNSELOR IDENTIFY HEALTH NEEDS (INCLUDING SOCIAL DETERMINANTS OF HEALTH) AND BARRIERS TO ACCESSING NEEDED SERVICES FOR THE MOST VULNERABLE POPULATIONS IN A TARGETED RESIDENTIAL NEIGHBORHOOD WITH SIGNIFICANT LEVELS OF POVERTY AND OTHER RISK FACTORS. THEY ALSO WORK WITH LOCAL HEALTH AND SOCIAL SERVICE PROVIDERS TO OVERCOME IDENTIFIED BARRIERS FOR THEIR HIGH-RISK CLIENTS. MMC ALSO PROVIDES FREE TEMPORARY SUPPLIES OF PHARMACEUTICALS PRESCRIBED FOR INDIGENT PATIENTS WHO ARE DISCHARGED FROM ITS EMERGENCY ROOM AND INPATIENT HOSPITAL. IN ADDITION, MMC FUNDS FREE PHARMACEUTICALS FOR LOW-INCOME AND HOMELESS PERSONS SERVED BY THE KUMLER OUTREACH MINISTRIES, A PROGRAM OF KUMLER METHODIST CHURCH. MMC ALSO COVERS THE COSTS FOR AMBULANCES AND MEDICARS THAT TRANSFER DISCHARGED MEDICARE PATIENTS AND THE INDIGENT FROM THE HOSPITAL TO NURSING HOMES OR TO THEIR OWN HOMES IN THE COMMUNITY. MMC IS COMMITTED TO HEALTH PROFESSIONS EDUCATION. MHS PROVIDES SIGNIFICANT FINANCIAL SUPPORT FOR SOUTHERN ILLINOIS UNIVERSITY, A STATE UNIVERSITY THAT DOES NOT RECEIVE SUFFICIENT OPERATING SUPPORT FROM THE STATE OF ILLINOIS. MMC SERVES AS A MAJOR TEACHING HOSPITAL FOR SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE, WHICH HAS ABOUT 300 MEDICAL STUDENTS STUDYING IN SPRINGFIELD DURING THEIR SECOND THROUGH FOURTH YEARS OF MEDICAL SCHOOL, AND MORE THAN 300 RESIDENTS AND FELLOWS PARTICIPATING IN 23 DIFFERENT SPECIALTY PROGRAMS. MMC IS COLLABORATING WITH THE UNIVERSITY.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>Y OF ILLINOIS SPRINGFIELD AND UNIVERSITY OF ILLINOIS CHICAGO TO OFFER A NEW BACHELOR OF SC IENCE AND MASTERS IN NURSING PROGRAMS TO THE SPRINGFIELD CAMPUS TO HELP INCREASE THE AVAIL ABILITY OF REGISTERED NURSES AND ADVANCED PRACTICE NURSES IN CENTRAL AND SOUTHERN ILLINOIS MMC ALSO OFFERS CLINICAL TRAINING SITES FOR MULTIPLE OTHER NURSING SCHOOLS, PROVIDING CL INICAL EXPERIENCES TO HUNDREDS OF UNDERGRADUATE RN AND LPN STUDENTS ANNUALLY CLINICAL EXP ERIENCES ARE OFFERED TO STUDENTS FROM NUMEROUS OTHER UNIVERSITY AND COLLEGE HEALTH PROFESS IONAL TRAINING PROGRAMS IN THE REGION THESE INCLUDE RADIOLOGY, PHARMACY, CERTIFIED REGIST ERED NURSE ANESTHESISTS, CLINICAL LABORATORY SCIENTISTS, SPEECH PATHOLOGISTS, PHYSICAL AND OCCUPATIONAL THERAPISTS AND OTHERS MMC SUPPORTS CLINICAL RESEARCH AND OFFERS NUMEROUS CAN CER TRIALS THROUGH THE CENTRAL ILLINOIS COMMUNITY CLINICAL ONCOLOGY PROGRAM, WHICH RECEIVE S SUPPORT FROM THE NATIONAL CANCER INSTITUTE IN ADDITION, MMC PROVIDES FUNDING AND SUPPORT FOR THE SPRINGFIELD COMMITTEE ON RESEARCH IN HUMAN SUBJECTS, THE LOCAL INSTITUTIONAL REV IEW BOARD FOR CLINICAL RESEARCH TRIALS IN SPRINGFIELD MORE THAN 450 RESEARCH PROJECTS AND PROTOCOLS ARE OPEN AT ANY GIVEN TIME MMC ALSO USES SURPLUS FUNDS TO PROVIDE SERVICES AND EXPAND ACCESS POINTS OF CARE TO PATIENTS THROUGHOUT THE COMMUNITIES IT SERVES THROUGH EDU CATIONAL PROGRAMS THAT PROVIDE CLASSES AND INFORMATION ON A WIDE RANGE OF WELLNESS TOPICS MMC CONDUCTS NUMEROUS FREE AND LOW-COST HEALTH SCREENINGS AND FREE SUPPORT GROUPS FOR COM MUNITY MEMBERS DEALING WITH BREAST CANCER, PROSTATE CANCER, DIABETES, KIDNEY/PANCREAS TRAN SPLANT, STROKE/BRAIN INJURY, HEART FAILURE, AND WEIGHT LOSS AND WELLNESS SURPLUS FUNDS ALS O IMPROVE PATIENT CARE BY ADDRESSING IMPORTANT IMPROVEMENTS TO THE MMC HOSPITAL INFRASTRUC TURE DURING TY2015/FY2016, MMC COMPLETED WORK ON A MULTIPHASE EXPANSION PROJECT THE PROJ ECT INCLUDED CONSTRUCTION OF THREE NEW PATIENT FLOORS WITH 114 PRIVATE PATIENT ROOMS THAT WILL IMPROVE PATIENT SAFETY, PRIVACY AND COMFORT AND REDUCE THE RISK OF INFECTION EXISTIN G DOUBLE PATIENT ROOMS WERE CONVERTED TO PRIVATE ROOMS THE NEW CONSTRUCTION ALSO INCLUDED EXPANDED SURGICAL CAPACITY WITH THE ADDITION OF SIX NEW OPERATING ROOMS HEALTH PROFESSIO NS EDUCATION WAS ENHANCED THROUGH A NEW FOUR-STORY MEMORIAL CENTER FOR LEARNING AND INNOVA TION FACILITY WHICH OFFERS NEW AND ADVANCED PROFESSIONAL EDUCATIONAL OPPORTUNITIES FOR MEM ORIAL STAFF AS WELL AS SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE AND OTHER REGIONAL HEALTHCARE ACADEMIC PARTNERS TO FURTHER ACCELERATE ADVANCEMENTS IN QUALITY, PATIENT SAFET Y AND CLINICAL INNOVATION, MMC EXPANDED THE MIDWEST HEALTH QUALITY ALLIANCE(MHQA) AND THE QUALITY ALLIANCE PATIENT SAFETY ORGANIZATION(QAPSO), BOTH OF WHICH ARE HOUSED IN THE NEW M EMORIAL CENTER FOR LEARNING AND INNOVATION THE QAPSO MAINTAINED NATIONAL CERTIFICATION FR OM THE AGENCY FOR HEALTHCRE RESEARCH AND QUALITY AND THE MHQA MAINTAINED MULTI-SPECIALTY P ORTFOLIO APPROVAL DESIGNATION FROM THE AMERICAN BOARD OF MEDICAL SPECIALTIES THIS DESIGNA TION ALLOWS THE MHQA TO ASSIST PHYSICIANS IN A WIDE RANGE OF SPECIALTIES AND SUBSPECIALTIE S TO ACHIEVE AND MAINTAIN THEIR SPECIALTY CERTIFICATIONS BY PROVIDING CONTINUING MEDICAL E DUCATION(CME) CURRICULUM ON-SITE ON THE MMC CAMPUS NEW CONFERENCE CENTER SPACE ALSO ALLOW S MEMORIAL TO OFFER ADDITIONAL PROFESSIONAL AND COMMUNITY HEALTH EDUCATION EVENTS DURING TY2015/FY2016, MMC EXPANDED MEMORIAL CARE COORDINATION SERVICES TO HELP PATIENTS WITH COM PLEX MEDICAL NEEDS ACHIEVE LONG-TERM HEALTHCARE GOALS AND ACCESS THE CARE THEY NEED IN TY2 015/FY2016 MMC MAINTAINED COMPREHENSIVE STROKE CENTER CERTIFICATION, THE HIGHEST LEVEL OF STROKE CERTIFICATION AWARDED BY THE JOINT COMMISSION OF ACCREDITATION OF HEALTHCARE ORGANI ZATIONS (JCAHO) MEMORIAL CONTINUES TO MAINTAIN A TELESTROKE NETWORK WITH OTHER HOSPITALS IN THE REGION WHEREBY PATIENTS PRESENTING WITH STROKE SYMPTOMS CAN BE DIAGNOSED AND TRIAGE D AT THEIR LOCAL HOSPITAL</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>MEMORIAL HEALTH SYSTEM, A 501(C)(3) CORPORATION, IS THE SOLE CORPORATE MEMBER OF ABRAHAM LINCOLN MEMORIAL HOSPITAL (ALMH), A RURAL CRITICAL ACCESS HOSPITAL, TAYLORVILLE MEMORIAL HOSPITAL (TMH), A RURAL CRITICAL ACCESS HOSPITAL, PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION (PAH), A 93 BED HOSPITAL, AND MEMORIAL MEDICAL CENTER (MMC), A 500-BED TERTIARY CARE HOSPITAL THAT OFFERS A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES. OTHER AFFILIATES INCLUDE MEMORIAL PHYSICIAN SERVICES, A PRIMARY CARE PHYSICIAN NETWORK THAT INCLUDES SEVERAL CLINICS LOCATED IN MEDICALLY UNDERSERVED OR HEALTH MANPOWER SHORTAGE AREAS, MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS DBA "MEMORIAL BEHAVIORAL HEALTH", A MULTI-COUNTY OUTPATIENT MENTAL HEALTH NETWORK THAT PROVIDES SERVICE BASED ON A SLIDING-SCALE FEE SCHEDULE AND FREE CARE TO A WIDE RANGE OF PATIENTS WITH PSYCHIATRIC DISORDERS, MEMORIAL HOME SERVICES, A MULTI-COUNTY HOME CARE AND HOSPICE PROGRAM, A CHILD CARE CENTER, PASSAVANT PHYSICIAN ASSOCIATION, A PHYSICIAN NETWORK LOCATED IN JACKSONVILLE, IL, AND FOUR HOSPITAL FOUNDATIONS, ALL OF WHICH ARE 501(C)(3) ENTITIES. MEMORIAL HEALTH SYSTEM'S AFFILIATES ENGAGE IN A WIDE RANGE OF PROGRAMS AND ACTIVITIES THAT PROMOTE COMMUNITY HEALTH. HEALTH SYSTEM AFFILIATES INTEGRATE SERVICES TO PROVIDE IMPROVED ACCESS AND STREAMLINED TRANSITIONS BETWEEN THE DOCTORS' OFFICES, HOSPITAL, HOME HEALTH AGENCY, NURSING HOME AND MENTAL HEALTH CLINICS. IN ADDITION TO THE HOSPITAL ACTIVITIES PREVIOUSLY DESCRIBED FOR MMC, ALMH, PAH AND TMH, ALL OTHER MEMORIAL HEALTH SYSTEM AFFILIATES' CONTRIBUTIONS TO COMMUNITY BENEFITS CONSIST OF THE FOLLOWING:</p> <p>MEMORIAL PHYSICIAN SERVICES (MPS) IS A PRIMARY CARE NETWORK OF 10 BRANCH CLINICS THAT SUPPORT A VARIETY OF OUTPATIENT SERVICES THROUGHOUT CENTRAL ILLINOIS. PATIENTS MAY BE CARED FOR IN A CLINIC, NURSING HOME, HOSPITAL OR VIRTUAL SETTING. COMPRISED OF MORE THAN 100 PHYSICIANS, PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES, IT EMPLOYS MORE THAN 340 SUPPORT PERSONNEL AND PROVIDES 295,000+ PATIENT VISITS EACH YEAR. PHYSICIAN OFFICES AND CLINICS ARE LOCATED IN SPRINGFIELD, JACKSONVILLE, LINCOLN, PETERSBURG AND CHATHAM. MPS ALSO HAS AN ON-SITE CLINIC AT A LOCAL NURSING HOME TO IMPROVE ACCESS FOR ELDERLY RESIDENTS. ALL OF THE MPS PRIMARY CARE CLINICS ARE NCQA DESIGNATED LEVEL 3 PATIENT CENTERED MEDICAL HOMES. FOR PATIENTS WITHOUT AN ESTABLISHED PRIMARY CARE RELATIONSHIP, MPS HAS PARTNERED WITH MEMORIAL'S EXPRESSCARE CLINICS TO FACILITATE PATIENT APPOINTMENTS AND THE ESTABLISHMENT OF MEDICAL HOME RELATIONSHIPS WITH THESE PATIENTS. MPS PROVIDES COMMUNITY BENEFITS BY MENTORING AND PROVIDING HEALTH PROFESSION EDUCATION OPPORTUNITIES FOR MEDICAL STUDENTS, ADVANCED PRACTICE NURSES, PHYSICIAN ASSISTANTS AND CERTIFIED MEDICAL ASSISTANTS. MEMORIAL HEALTH VENTURES MANAGES JOINT VENTURES IN WHICH MHS HAS ENTERED WITH OTHER HEALTHCARE PROFESSIONALS AND ORGANIZATIONS. OPERATIONS INCLUDE MHS'S OUTPATIENT SERVICE AND MEMORIAL EXPRESSCARE MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS (DBA MEMORIAL BEHAVIORAL HEALTH (MBH)) IS A PRIVATE, NOT-FOR-PROFIT ORGANIZATION PROVIDING HIGH-QUALITY, COMPREHENSIVE BEHAVIORAL HEALTH AND REHABILITATION SERVICES. IT IS ONE OF THE LARGEST PROVIDERS OF BEHAVIORAL HEALTH SERVICES IN CENTRAL ILLINOIS, SERVING MORE THAN 9,000 INDIVIDUALS EACH YEAR IN LOGAN, MASON, MENARD, MORGAN, SANGAMON AND SCOTT COUNTIES. ESTABLISHED IN 1947, MBH CARES FOR CHILDREN, ADOLESCENTS, AND ADULTS AND HAS SIX SITES OF CARE LOCATED IN SPRINGFIELD, LINCOLN, AND JACKSONVILLE. BEHAVIORAL SERVICES INCLUDE CRISIS INTERVENTION, PSYCHIATRIC AND MEDICAL SERVICES, SCREENING AND ASSESSMENT, OUTPATIENT THERAPY, CASE MANAGEMENT, GROUP EDUCATION AND SUPPORT, AND EMPLOYMENT SERVICES, AS WELL AS RESIDENTIAL CARE. MBH ALSO PROVIDES TREATMENT TO CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER. ITS PSYCHIATRIC RESPONSE TEAM WORKS WITH FOUR AREA HOSPITAL EMERGENCY DEPARTMENTS. REHABILITATION AND SUPPORT SERVICES FOR INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY INCLUDE COMMUNITY AND ON-SITE EMPLOYMENT, DEVELOPMENTAL TRAINING, COMMUNITY SUPPORT AND 24-HOUR SUPERVISED RESIDENTIAL CARE. MBH ALSO PROVIDES PSYCHIATRIC CRISIS INTERVENTION WITH LOCAL SCHOOLS DEALING WITH SUICIDE OR OTHER TRAUMATIC EVENTS, CRISIS INTERVENTION TRAINING FOR LOCAL LAW ENFORCEMENT DEALING WITH MENTALLY ILL INDIVIDUALS, AND MENTALLY ILL HOMELESS PERSONS' ADVOCACY AND COUNSELING. MBH IS A MEMBER OF THE NATIONAL SUICIDE PREVENTION LIFELINE. IT STAFFS A HOTLINE ANSWERING CALLS FROM INDIVIDUALS IN CRISIS 24/7, 365 DAYS A YEAR. MBH ALSO SPONSORS PROFESSIONAL CONFERENCES ATTENDED BY PROVIDERS THROUGHOUT THE STATE. MBH IS COLLABORATING WITH LOCAL PARTNERS ON THE CHILDREN'S MOSAIC PROJECT TO INCREASE CAPACITY TO PROVIDE COMMUNITY-BASED MENTAL HEALTH SERVICES TO UNSERVED OR UNDER-SERVED CHILDREN IN SPRINGFIELD. IN FY2015/FY2016, MORE THAN 13,000 CHILDREN RECEIVED MENTAL HEALTH SCREENINGS IN SCHOOLS AND PRIMARY CARE PHYSICIAN OFFICES, AND MORE THAN 1,300 CHILDREN AND FAMILI</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>ES RECEIVED MENTAL HEALTH SERVICES IN COMMUNITY SETTINGS A PARENT SUPPORT GROUP IS OFFERED IN A TARGETED AT-RISK NEIGHBORHOOD MEMORIAL HOME SERVICES PROVIDES HOME HEALTH, HOME HOSPICE AND HOME MEDICAL EQUIPMENT SERVICES ACROSS CENTRAL ILLINOIS HOME HEALTH OFFERS INDIVIDUALS ASSISTANCE IN RECOVERING FROM INJURY, SURGERY OR ILLNESS IN THE COMFORT OF THEIR OWN HOME IT PROVIDES HOME NURSING CARE, AS WELL AS HOME THERAPY SERVICES, MATERNAL CHILD NURSING, AND TELEHEALTH HOME MONITORING MEMORIAL HOME SERVICES OFFERS HOME MEDICAL EQUIPMENT AND SUPPLIES, INCLUDING RESPIRATORY EQUIPMENT/SERVICES, WHEELCHAIR AND REHAB TECHNOLOGY AND HOME INFUSION THERAPY MEMORIAL HOME SERVICES ALSO PROVIDES HOME HOSPICE CARE, ASSISTING PATIENTS AND FAMILIES AT END-OF-LIFE, INCLUDING SKILLED NURSING, VOLUNTEER SERVICES, SPIRITUAL AND EMOTIONAL CARE, AS WELL AS BEREAVEMENT SERVICES AFTER THE PASSING OF A LOVED ONE MEMORIAL HOME SERVICES ALSO COMPLETED 58 FREE HEALTH SCREENING EVENTS IN TY2015/FY2016, OFFERING 779 FREE BLOOD PRESSURE AND 360 GLUCOSE SCREENINGS IN A WIDE VARIETY OF COMMUNITY LOCATIONS THE MEMORIAL MEDICAL CENTER FOUNDATION (MMCF) PROVIDES GRANTS FOR PATIENT CARE, EDUCATION AND CLINICAL RESEARCH IN TY2015/FY2016, MMCF AWARDED MORE THAN \$537,000 IN 32 HEALTH-RELATED GRANTS FOR COMMUNITY AND HEALTH-SYSTEM INITIATIVES THAT BENEFIT THE PEOPLE AND COMMUNITIES SERVED BY MEMORIAL SIU SCHOOL OF MEDICINE RECEIVED SEVEN GRANTS, INCLUDING FUNDS FOR LABORATORY EQUIPMENT, SIMULATION MANNEQUINS, AND DEVELOPMENT OF EDUCATION MATERIALS FOR VASCULAR PATIENTS SIU RESEARCH GRANTS INCLUDED RESEARCH FOR DNA/RNA, STEM CELLS, AND CELL GROWTH TO HEAL FRACTURES THE UNIVERSITY OF ILLINOIS AT SPRINGFIELD RECEIVED FUNDING FOR ANATOMICAL MODELS FOR USE IN ANATOMY AND PHYSIOLOGY CLASSES A LOCAL PROGRAM FOR LOW-INCOME MOTHERS RECEIVED FUNDING TO CONDUCT EDUCATION ON HEALTH TOPICS THE FOUNDATION ALSO ADMINISTERS A CANCER PATIENT ASSISTANCE FUND THAT PROVIDES FUNDING TO PATIENTS FOR UTILITIES, RENT AND OTHER BASIC EXPENSES WHILE UNDERGOING CANCER TREATMENT, AND A TRANSPLANT PATIENT ASSISTANCE FUND THAT HELPS KIDNEY/PANCREAS TRANSPLANT PATIENTS WITH THE COST OF ANTI-REJECTION MEDICATIONS, TRANSPORTATION EXPENSES AND LODGING ANOTHER FUND, SHARING WISHES, HELPS GRANT WISHES OF HOSPICE PATIENTS IN TY2015/FY2016, MMCF SUPPORTED A COMMUNITY-WIDE WOMEN'S HEALTH FAIR TO PROVIDE A VARIETY OF HEALTH SCREENINGS AND TO EDUCATE WOMEN ABOUT A WIDE RANGE OF HEALTH ISSUES ABRAHAM LINCOLN HEALTHCARE FOUNDATION (ALHF) UNDERWRITES THE OPERATING EXPENSES OF THE HEALTHY COMMUNITIES PARTNERSHIP, WHICH WAS MORE THAN \$100,000 IN FY16 THE HEALTHY COMMUNITIES PARTNERSHIP (HCP) PROVIDES NETWORKING AND COLLABORATION AMONG A VARIETY OF COMMUNITY RESOURCES HCP TASK FORCES COLLABORATIVELY ADDRESS ALCOHOL AND DRUG USE, OBESITY, AND CHRONIC DISEASE MANAGEMENT ON THE LOCAL COMMUNITY LEVEL HCP ACTIVITIES ARE FUNDED BY THE FOUNDATION INCLUDING EVENTS TO PROMOTE SUBSTANCE-FREE AND HEALTHY LIFESTYLES THE FOUNDATION ALSO PROVIDED MORE THAN \$3,100 IN PHARMACEUTICAL ASSISTANCE TO DISCHARGED PATIENTS WHO COULD NOT AFFORD TO FILL THEIR PRESCRIPTIONS ALHF ALSO COORDINATED A PRODUCER-ONLY FARMERS MARKET FROM MAY 2016 TO OCTOBER 2016 INCREASING LOCAL ACCESS TO FRUITS AND VEGETABLES AND CREATING A WELLNESS DESTINATION INCLUDING FITNESS CLASSES, COOKING DEMONSTRATIONS, AND CHILDREN'S WELLNESS PROGRAMMING</p>

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	IL

Form and Line Reference	Explanation
LINE 5 CONT	<p>MEMORIAL MEDICAL CENTER (MMC) WAS AWARDED THE 2016 AMERICAN HOSPITAL ASSOCIATION MCKESSON QUEST FOR QUALITY AWARD - THE TOP QUALITY AWARD IN THE UNITED STATES. LIKEWISE, MMC ACHIEVED 2 OF THE 4 STATEWIDE ILLINOIS HOSPITAL ASSOCIATION EXCELLENCE ACHIEVEMENT AWARDS FOR WORK RELATED TO PALLIATIVE CARE AND THE TREATMENT OF PATIENTS WITH ACUTE HEART PROBLEMS. MMC ALSO RECEIVED ITS 3RD MAGNET HOSPITAL DESIGNATION FOR NURSING EXCELLENCE FROM THE AMERICAN NURSES CREDENTIALING CENTER, A STATUS ACHIEVED BY ONLY 3% OF THE HOSPITALS IN THE UNITED STATES. THE MMC REHABILITATION PROGRAM ALSO ACHIEVED A 5-FOLD ACCREDITATION FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) IN THE AREAS OF COMPREHENSIVE INPATIENT, COMPREHENSIVE OUTPATIENT, CLOSED HEAD INJURIES, SPINAL CORD INJURIES AND STROKES. MMC IS ONE OF ONLY 4 FACILITIES TO RECEIVE A 5-FOLD CARF ACCREDITATION FOR REHABILITATION AND THE ONLY FACILITY IN ILLINOIS. MMC RECEIVED ACCREDITATION FOR ITS LUNG VOLUME REDUCTION PROGRAM FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS, ONE OF ONLY FIVE HOSPITALS IN THE UNITED STATES TO RECEIVE THIS DESIGNATION. IN FY2016, MEMORIAL BEGAN CONSTRUCTION ON A FACILITY EXPANSION FOR THE SIU FAMILY AND COMMUNITY MEDICINE CLINIC FEDERALLY QUALIFIED HEALTH CENTER. THIS EXPANSION WILL DRAMATICALLY INCREASE THE NUMBER OF POOR AND VULNERABLE PATIENTS SERVED BY THE FQHC. IN ADDITION TO FUNDING THE FACILITY EXPANSION, MEMORIAL MEDICAL CENTER PROVIDES INPATIENT AND OUTPATIENT SERVICES TO ALL REFERRED SIU FQHC PATIENTS, REGARDLESS OF ABILITY TO PAY. MMC ASSISTS THESE PATIENTS TO APPLY FOR ANY INSURANCE PROGRAMS FOR WHICH THEY ARE ELIGIBLE AND ACCEPTS THE FQHC RECOMMENDED SLIDE SCALE FEE OR, IF THE PATIENT IS NOT ABLE TO PAY HIS/HER PORTION OF THE BILL, THE AMOUNT IS FORGIVEN UNDER THE HOSPITAL'S CHARITY CARE PROGRAM. IN THE AREA OF INFORMATION SYSTEMS, THE TOUCHWORKS ELECTRONIC AMBULATORY HEALTH RECORD HAS BEEN ENHANCED FOR SIU SCHOOL OF MEDICINE PHYSICIANS SO THAT MEMORIAL PHYSICIAN SERVICES, SPRINGFIELD CLINIC AND SIU SHARE THE SAME AMBULATORY HEALTH RECORD. THIS PROVIDES REAL-TIME INFORMATION SHARING TO BETTER COORDINATE CARE ACROSS MULTIPLE SITES OF CARE. TO CONTINUE TO IMPROVE THE ORGANIZATION'S POPULATION HEALTH, CHRONIC DISEASE MANAGEMENT AND CARE COORDINATION CAPABILITIES AND INFRASTRUCTURE, A MEMORIAL AMBULATORY HEALTH STRATEGIC PLAN BEGAN TO BE IMPLEMENTED THIS YEAR. IN FY2015/FY2016, OTHER SERVICES WERE DEVELOPED TO BETTER MEET THE NEEDS OF THE POPULATIONS SERVED BY MHS. FOR EXAMPLE, MMC EXPANDED ITS DAVINCI ROBOTIC SURGERY PROGRAM TO PROVIDE LESS INVASIVE SURGERIES WITH SHORTER RECOVERY TIMES AND LESS PAIN FOR PATIENTS. MMC ALSO LAUNCHED AN ADVANCED HERNIA CENTER AND RETAINED ITS LEVEL 1 TRAUMA CENTER. ABRAHAM LINCOLN MEMORIAL HOSPITAL (ALMH) IS A RURAL CRITICAL ACCESS HOSPITAL WITH 25 STAFFED BEDS. SERVICES OFFERED INCLUDE 24-HOUR EMERGENCY MEDICINE, GENERAL ACUTE INPATIENT CARE, PAIN MANAGEMENT, ORTHOPEDICS, SURGERY AND FAMILY MATERNITY SUITES. ALMH ALSO OFFERS A FULL RANGE OF OUTPATIENT REHABILITATION AND THERAPY AS WELL AS DIAGNOSTIC TESTING. A FIXED MRI UNIT AND UPGRADED CT SCAN OFFER COMMUNITY MEMBERS LOCAL AND CONVENIENT ACCESS TO MANY DIAGNOSTIC TESTS. ALMH'S EMERGENCY DEPARTMENT HAS TRADITIONALLY SERVED AS A SAFETY NET HEALTHCARE PROVIDER FOR THE UNINSURED AND UNDERINSURED WHO DO NOT HAVE PRIMARY CARE PHYSICIANS. ALMH OFFERS MEMORIAL JOINTWORKS, WHICH EDUCATES PATIENTS AND THEIR FAMILIES ABOUT WHAT TO EXPECT BEFORE, DURING AND AFTER HIP OR KNEE REPLACEMENT SURGERY. THIS PERSONALIZED AND AGGRESSIVE THERAPY APPROACH HAS SUCCESSFULLY ASSISTED PATIENTS TO REDUCE THEIR PAIN AND MAXIMIZE THEIR FUNCTION AND MOBILITY AFTER SURGERY. ULTRASOUND GUIDED BIOPSIES AND A HEART FAILURE CLINIC ARE NOW OFFERED AT ALMH, OFFERING AN ADDITIONAL DIAGNOSTIC SERVICE TO THE COMMUNITY. ALMH PROVIDES FREE COMMUNITY WEEKLY BLOOD PRESSURE SCREENINGS THROUGH THE ALMH VOLUNTEER PROGRAM AND A WEEKLY BREASTFEEDING SUPPORT GROUP TO NEW MOTHERS IN THE SERVICE AREA. ALMH OFFERS MEMORIAL WEIGHT LOSS AND WELLNESS CENTER SERVICES IN RESPONSE TO NEEDS FOUND ON THE COMMUNITY HEALTH NEEDS ASSESSMENT. TAYLORVILLE MEMORIAL HOSPITAL (TMH) IS A RURAL CRITICAL ACCESS HOSPITAL WITH OCCUPANCY FOR 25 STAFFED ACUTE AND SWING BEDS. SERVICES OFFERED INCLUDE OBSERVATION SERVICES, A 24-HOUR EMERGENCY DEPARTMENT, OUTPATIENT SURGERY, LABORATORY, REHABILITATION THERAPY, AND RADIOLOGY SERVICES WITH MRI, CT, 3D MAMMOGRAPHY, ECHOCARDIOLOGY, ULTRASOUND/SONOGRAPHY AND NUCLEAR MEDICINE. TMH'S EMERGENCY DEPARTMENT CONTINUES TO SERVE AS A SAFETY NET HEALTHCARE PROVIDER FOR MANY OF THE COMMUNITY'S UNINSURED AND UNDERINSURED WHO DO NOT HAVE PRIMARY CARE PHYSICIANS. DURING FY2015/FY2016, TMH UTILIZED SURPLUS FUNDS TO UPGRADE EQUIPMENT INCLUDING 3D MAMMOGRAM WHICH WILL OFFER MORE DETAIL AND SPECIFICITY, C-ARM FOR RADIOLOGY WHICH WILL BOTH IMPROVE DIAGNOSTIC CAPABILITY AS WELL AS PAIN MANAGEMENT FOR PATIENTS, SCOPE FOR COLONOSCOPY WHICH WILL ENHANCE SE</p>

Form and Line Reference	Explanation
LINE 5 CONT	<p>RVICES NEW GLIDE SCOPES FOR ANESTHESIA IMPROVE VISIBILITY WHICH WILL ENHANCE PATIENT SAFETY NEW EYE STRETCHERS WILL ALLOW TMH CUSTOMERS INCREASED COMFORT WHILE AFFORDING STAFF BETTER ERGONOMICS TO PREVENT INJURIES A NEW COMPUTER T-SYSTEM WAS IMPLEMENTED IN THE EMERGENCY ROOM TO ENHANCE DOCUMENTATION AND ENSURE COMPLIANCE TO REDUCE THE RISK OF LEGIONELLA DISEASE, A DEADLY RESPIRATORY INFECTION, TMH UPGRADED THE HOT WATER SYSTEM IMPLEMENTATION OF SIU TELEHEALTH WILL ALLOW SPECIALTY SERVICES FOR ITS CUSTOMERS AS WELL AS CONVENIENCE PURCHASING A NEW CENTRIFUGE FOR LAB ALLOWS THE LAB TO DO TEMPERATURE ADJUSTMENT TO SPECIMENS TO IMPROVE EFFICIENCY PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION (PAH) IS A HOSPITAL WITH 103 STAFFED BEDS, IS STAFFED BY OVER 800 FULL AND PART-TIME EMPLOYEES, AND AN ACTIVE MEDICAL STAFF OF 70 PHYSICIANS SERVICES OFFERED INCLUDE 24-HOUR EMERGENCY MEDICINE, GENERAL ACUTE INPATIENT CARE, WOUND CARE, ORTHOPEDICS, AND SURGERY, AS WELL AS A FULL RANGE OF OUTPATIENT REHABILITATION AND THERAPY AND DIAGNOSTIC TESTING A FIXED MRI UNIT AND UPGRADED CT SCAN OFFER COMMUNITY MEMBERS LOCAL AND CONVENIENT ACCESS TO MANY DIAGNOSTIC TESTS PAH'S EMERGENCY DEPARTMENT HAS TRADITIONALLY SERVED AS A SAFETY NET HEALTHCARE PROVIDER FOR THE UNINSURED AND UNDERINSURED WHO DO NOT HAVE PRIMARY CARE PHYSICIANS PAH USED SURPLUS FUNDS TO IMPROVE COMMUNITY HEALTH BY OPENING A SPECIALTY CLINIC AND BEGAN CONSTRUCTION FOR RADIATION THERAPY, BOTH OF WHICH EXPAND SERVICES PROVIDED TO COMMUNITY MEMBERS PAH ALSO COLLABORATED WITH THE MIA WARE FOUNDATION IN PROVIDING FREE MAMMOGRAMS FOR THOSE WHO CANNOT AFFORD THEM PAH COMPLETED CONSTRUCTION ON AN INPATIENT PSYCHIATRIC UNIT AND OPENED FOR PATIENTS IN JULY 2016 PAH INCREASED THE COMMUNITY ACCESS TO CANCER SCREENINGS BY PARTNERING WITH THE NATIONAL KIDNEY FOUNDATION TO OFFER KIDNEY MOBILE SCREENINGS PAH ALSO SPONSORED A SKIN CANCER SCREENING EVENT IN COOPERATION WITH A LOCAL DERMATOLOGIST, PROVIDING FREE SKIN CANCER SCREENINGS PAH HOSTS SEVERAL SUPPORT GROUPS FOR THE COMMUNITY BEREAVED PARENTS, ALZHEIMER'S, BREASTFEEDING, DIABETES, GRIEF, GRANDPARENTS RAISING CHILDREN, PARKINSON'S AND NEUROMUSCULAR DISORDERS PAH PROVIDES CASH AND IN-KIND DONATIONS TO AREA NON-PROFIT ORGANIZATIONS PAH PROVIDES FREE MEDICARE CONSULTING SERVICES TO SENIORS PAH PROVIDES SPEAKERS, SCREENINGS AND HEALTH FAIRS FOR FREE AT THE JACKSONVILLE AREA SENIOR CENTER IT ALSO CONDUCTS A "COMMUNITY HEALTH CHECK" ON A QUARTERLY BASIS TO PROVIDE FREE CHOLESTEROL SCREENINGS IN FY2015/FY 2016, PAH PROVIDED \$1.5 MILLION IN CHARITY CARE CHARGES PAH HAS ALSO COLLABORATED WITH THE MORGAN COUNTY HEALTH DEPARTMENT IN HELPING TO FUND A CLINIC TO DIAGNOSE AND TREAT SEXUALLY TRANSMITTED DISEASES PAH PROVIDES FINANCIAL SUPPORT TO THIS CLINIC, AS WELL AS PHYSICIANS AND NURSES VOLUNTEERING THEIR TIME TO SEE PATIENTS AT THE CLINIC PAH ALSO WORKS WITH LOCAL SCHOOLS TO IMPROVE CURRICULUM ON REPRODUCTIVE HEALTH, AND SUPPORTS THE PARTNERSHIP FOR SUBSTANCE MISUSE, A LOCAL COALITION, IN ITS WORK TO ADDRESS ADOLESCENT SUBSTANCE ABUSE</p>

Form and Line Reference	Explanation
LINE 6 CONT	<p>TAYLORVILLE MEMORIAL HOSPITAL FOUNDATION (TMHF) PROVIDES GRANTS TO SUPPORT PATIENT CARE, EDUCATION AND COMMUNITY HEALTH OUTREACH IN ADDITION TO FACILITATING PARTNERSHIPS AND COLLABORATION TO IMPROVE THE HEALTH OF THE COMMUNITY SERVED BY TMH IN TY2015/FY2016, TMHF AWARDED NEARLY \$27,000 IN GRANTS TO THE COMMUNITY AND TAYLORVILLE MEMORIAL HOSPITAL MAMMOGRAPHY ASSISTANCE GRANTS FROM THE "CUPS FUND" TOTALING \$4,685 WERE PROVIDED TO WOMEN IN CHRISTIAN COUNTY WHO WERE UNINSURED OR DO NOT HAVE HEALTH INSURANCE THE FOUNDATION ALSO ADMINISTERS THREE COLLEGE SCHOLARSHIPS THAT AWARDED \$6,500 TO BENEFIT THOSE PURSUING EDUCATION IN NURSING AND OTHER HEALTHCARE RELATED FIELDS PASSAVANT PHYSICIAN ASSOCIATION (PPA) IS A GROUP OF 6 PHYSICIAN OFFICES THAT OFFER A VARIETY OF SERVICES SURGERY, EAR, NOSE & THROAT, PSYCHIATRIC, INTERNAL MEDICINE, WOUND CARE, AND OBSTETRICS/GYNECOLOGY COMPRISED OF MORE THAN 17 PHYSICIANS AND MID-LEVEL PROVIDERS, IT EMPLOYS MORE THAN 50 PEOPLE AND PROVIDES 25,000+ PATIENT VISITS EACH YEAR PPA PROVIDES COMMUNITY BENEFITS BY PROVIDING COMMUNITY EDUCATION PROGRAMS ON VARIOUS TOPICS, SUCH AS STROKE, DIABETES, DEPRESSION, HOSPICE CARE, AND PATIENT SAFETY JACKSONVILLE CRNA'S IS A GROUP OF CERTIFIED REGISTERED NURSE ANESTHETISTS WHO PROVIDE SERVICES TO PATIENTS AT PAH PASSAVANT AREA HOSPITAL FOUNDATION (PAHF) SERVES TO ESTABLISH AND MAINTAIN RELATIONSHIPS THAT GENERATE PHILANTHROPIC SUPPORT TO ENHANCE PASSAVANT MEMORIAL AREA HOSPITAL'S (PAH) ABILITY TO PROVIDE EXCELLENCE IN HEALTHCARE UNDER PAHF'S BYLAWS, PAH IS ITS SOLE MEMBER PAHF IS LED BY A 15-MEMBER BOARD OF ELECTED TRUSTEES WITH DAILY OPERATIONS CARRIED OUT BY THE EXECUTIVE DIRECTOR TRUSTEES HAVE THE RESPONSIBILITY TO ALLOCATE CHARITABLE FUNDS IN SUPPORT OF THE HOSPITAL'S PRIORITIES TO PURCHASE NEW MEDICAL EQUIPMENT AND TECHNOLOGY, FUND CAPITAL CONSTRUCTION AND REMODELING PROJECTS, AND IMPROVE PATIENT SERVICES AND COMMUNITY OUTREACH</p>

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 90-0756744
Name: MEMORIAL HEALTH SYSTEM GROUP

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?
4

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	MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD,IL 62781 HTTPS://WWW.MEMORIALMEDICAL.COM/ 0001487	X	X		X	X	X			
2	ABRAHAM LINCOLN MEMORIAL HOSPITAL 200 STAHLHUT DRIVE LINCOLN,IL 62656 HTTP://WWW.ALMH.ORG/ 0005728	X	X		X		X			
3	TAYLORVILLE MEMORIAL HOSPITAL 201 E PLEASANT TAYLORVILLE,IL 62568 HTTPS://WWW.TAYLORVILLEMEMORIAL.ORG/ 0005447	X	X		X		X			
4	PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 W WALNUT ST JACKSONVILLE,IL 62650 HTTPS://WWW.PASSAVANTHOSPITAL.COM/ 0001792	X	X				X			

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?

Name and address	Type of Facility (describe)
1 1 - SPINEWORKS PAIN CENTER 501 NORTH FIRST STREET SPRINGFIELD,IL 62702	OUTPATIENT SERVICES
1 2 - MEMORIAL PHYSICIAN SERVICES-KOKE MILL 3132 OLD JACKSONVILLE RD SPRINGFIELD,IL 62704	MPS PHYSICIAN
2 3 - MEMORIAL PHYSICIAN SERVICES-LINCOLN 515 NORTH COLLEGE STREET LINCOLN,IL 62526	MPS PHYSICIAN
3 4 - MEMORIAL PHYS SVCS-WOMEN'S HEALTHCARE 747 NORTH RUTLEDGE SPRINGFIELD,IL 62701	MPS PHYSICIAN
4 5 - WOUND HEALING CENTER 901 NORTH FIRST STREET SPRINGFIELD,IL 62702	OUTPATIENT SERVICES
5 6 - MEMORIAL PHYSICIAN SERVICES-CHATHAM 101 EAST PLUMMER CHATHAM,IL 62629	MPS PHYSICIAN
6 7 - MEMORIAL PHYS SVCS-CAPITAL HEALTHCARE 2603 SOUTH SIXTH SPRINGFIELD,IL 62703	MPS PHYSICIAN
7 8 - MEMORIAL PHYS SVCS-JACKSONVILLE 15 FOUNDERS LANE SUITE 100 JACKSONVILLE,IL 62650	MPS PHYSICIAN
8 9 - MEMORIAL EXPRESSCARE AT SOUTH SIXTH 2950 SOUTH SIXTH STREET SPRINGFIELD,IL 62703	ANCILLARY SERVICES
9 10 - MEMORIAL INDUSTRIAL REHAB 775 ENGINEERING DRIVE SPRINGFIELD,IL 62703	OUTPATIENT SERVICES
10 11 - MEMORIAL EXPRESSCARE AT KOKE MILL 3132 OLD JACKSONVILLE RD SPRINGFIELD,IL 62704	ANCILLARY SERVICES
11 12 - MEMORIAL EXPRESSCARE AT NORTH DIRKSEN 3220 ATLANTA STREET SPRINGFIELD,IL 62702	ANCILLARY SERVICES
12 13 - MEMORIAL PHYSICIAN SERVICES-PETERSBURG 1 CENTRE DRIVE PETERSBURG,IL 62675	MPS PHYSICIAN
13 14 - MEMORIAL PHYSICIAN SVCS-NORTH DIRKSEN 3220 ATLANTA STREET SPRINGFIELD,IL 62707	MPS PHYSICIAN
14 15 - MEMORIAL PHYSICIAN SERVICES-SOUTH SIXTH 2950 SOUTH SIXTH STREET SPRINGFIELD,IL 62703	MPS PHYSICIAN

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?

Name and address	Type of Facility (describe)
16 16 - MEMORIAL PHYSICIAN SERVICES-VINE STREET 3225 HEDLEY RD SPRINGFIELD,IL 62711	MPS PHYSICIAN
1 17 - SPORTSCARE AT YMCA 4550 WEST ILES SPRINGFIELD,IL 62711	OUTPATIENT SERVICES

2015

90-0756744

Schedule I (Form 990) 2015

Part III

Grants 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					

Part IV

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

Return Reference	Explanation
PART I, LINE 2	MEMORIAL HEALTH SYSTEM (MHS) PROVIDES GRANTS AND ASSISTANCE PRIMARILY TO LOCALLY MANAGED 501(C)(3) ORGANIZATIONS OR INDIVIDUALS WHO MEET THE CRITERIA FOR GRANTS AND/OR ASSISTANCE REQUESTS TO SUPPORT INITIATIVES IN LINE WITH MHS'S COMMUNITY HEALTH NEED ASSESSMENT PRIORITIES RECEIVE SPECIAL CONSIDERATION MHS AFFILIATES UTILIZE A COMBINATION OF METHODS TO ENSURE FUNDS ARE AWARDED TO ELIGIBLE APPLICANTS AND THE FUNDS ARE USED FOR ITS INTENDED PURPOSE THROUGH VARIOUS REPORTING AND MONITORING ACTIVITIES

Additional Data

Software ID:
Software Version:
EIN: 90-0756744
Name: MEMORIAL HEALTH SYSTEM GROUP

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
ELIZABETH ANN SETON 700 NORTH 7TH STREET STE B SPRINGFIELD,IL 62702	37-1364980	501(C)(3)	20,000				HEALTHY MINDS, BODIES, AND FAMILIES
ILLINOIS HOSPITAL RESEARCH AND EDUCATION FOUNDATION 1151 EAST WARRENVILLE ROAD NAPERVILLE,IL 60566	23-7421930	501(C)(3)	154,140				TO ADDRESS THE DISPARATE AND NEGATIVE EFFECTS OF THE ILLINOIS MEDICAID PROGRAM EXPERIENCED BY HOSPITALS AND HEALTHCARE SYSTEMS IN ILLINOIS
KUMLER OUTREACH MINISTRIES 303 NORTH GRAND AVE EAST SPRINGFIELD,IL 62702	37-0695489	501(C)(3)	24,000				PHARMACEUTICAL ASSISTANCE

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
LINCOLN LAND COMMUNITY COLLEGE 5250 SHEPHERD ROAD SPRINGFIELD, IL 62794	37-1360597	501(C)(3)	30,000				PROVIDE RADIOGRAPHY
MIDWEST HEALTHCARE QUALITY ALLIANCE LLC 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	46-4411631		24,885				HEALTHCARE SAFETY SYMPOSIUM
MEMORIAL HOME SERVICES 720 NORTH BOND STREET SPRINGFIELD, IL 62702	37-0714225	501(C)(3)	15,253				PROVIDE GENERAL 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
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	10,000				DIABETES EDUCATION SCHOLARSHIPS
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	12,000				OBESITY SCIENCE MONTHLY FORUMS
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	6,389				PERCEPTIONS OF THE RAPID RESPONSE EVENT

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
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	44,860				FEEDING TUBE PLACEMENT SIMULATION
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	6,200				MEDICAL-SURGICAL NURSING CONFERENCE
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	6,600				CRITICAL CARE NURSING CERTIFICATION

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
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	9,000				HEART FAILURE CONFERENCE
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	128,425				MENTICE ENDOVASCULAR SIMULATOR
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	29,886				NEONATAL SIMULATION MANNEQUIN

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
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	10,806				TACTICAL EMERGENCY CASUALTY CARE
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	38,000				CHILD CARE NURSING ROOM
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	10,000				SECURITY TEAM TRAINING

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
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	8,280				PATIENT & FAMILY ADVISORY
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	35,870				PROVIDE GENERAL SUPPORT
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD, IL 62781	37-0661220	501(C)(3)	33,913				PROVIDE EQUIPMENT AND SUPPLIES

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
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD,IL 62781	37-0661220	501(C)(3)	110,574				PROVIDE SUPPORT FOR EDUCATION
MEMORIAL MEDICAL CENTER 701 NORTH FIRST STREET SPRINGFIELD,IL 62781	37-0661220	501(C)(3)	21,531				PROVIDE SUPPORT FOR CENTER FOR LEARNING AND INNOVATION
MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS 710 NORTH EIGHTH STREET SPRINGFIELD,IL 62702	37-0646367	501(C)(3)	18,272				PROVIDE GENERAL 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
PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	37-0661230	501(C)(3)	889,938				BEHAVIORAL HEALTH UNIT
PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	37-0661230	501(C)(3)	100,000				MAMMOGRAPHY SUPPORT
PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	37-0661230	501(C)(3)	100,000				TRU D ROBOT INFECTION CONTROL

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
PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	37-0661230	501(C)(3)	6,000				NURSING EDUCATION
PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	37-0661230	501(C)(3)	4,495				WOUND CLINIC NURSING EDUCATION
PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	37-0661230	501(C)(3)	141,000				TRANSITIONAL CARE UNIT

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
PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	37-0661230	501(C)(3)	75,000				COMMUNITY HEALTH IMPROVEMENT
PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	37-0661230	501(C)(3)	7,661				LIFELINE SUPPORT
PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION 1600 WEST WALNUT STREET JACKSONVILLE, IL 62650	37-0661230	501(C)(3)	1,000				MAIN LOBBY RENOVATIONS

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
SIU PHYSICIANS & SURGEONS INC DBA SIU HEALTHCARE PO BOX 19639 SPRINGFIELD,IL 62794	36-4143823	501(C)(3)	3,783,232				MEMORIAL MEDICAL CENTER ENTERED INTO AN ELECTRONIC HEALTH RECORD DONATION AGREEMENT WITH SIU HEALTHCARE TO PROVIDE FUNDING TO ASSIST SIU HEALTHCARE WITH THE IMPLEMENTATION OF THE ALLSCRIPTS TOUCHWORKS ELECTRONIC HEALTH RECORD SIU HEALTHCARE ELECTED TO TRANSITION TO THE ALLSCRIPTS ELECTRONIC HEALTH RECORD IN COLLABORATION WITH MEMORIAL PHYSICIAN SERVICES, AN AFFILIATE OF MEMORIAL HEALTH SYSTEM, AND THE SPRINGFIELD CLINIC, LLP. UPON COMPLETION, THIS COLLABORATION AMONG THE MAJOR PHYSICIAN GROUPS IN THE COMMUNITY WILL IMPROVE THE COORDINATION OF CARE FOR ALL PATIENTS THROUGHOUT THE REGION. MEMORIAL MEDICAL CENTER DONATED CORNERSTONE BONE, ACF SPACER TISSUE AND NEURO VALVE/RESERVOIR SUPPLIES TO SIU LAB FOR RESEARCH.
SIU SCHOOL OF MEDICINE 801 NORTH RUTLEDGE SPRINGFIELD,IL 62702	37-6005961	501(C)(3)	53,864				PROMOTE HEALTH LITERACY IN VASCULAR SURGERY
SIU SCHOOL OF MEDICINE 801 NORTH RUTLEDGE SPRINGFIELD,IL 62702	37-6005961	501(C)(3)	14,962				AUGMENT FRACTURE HEALING WITH STEM CELLS

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
SIU SCHOOL OF MEDICINE 801 NORTH RUTLEDGE SPRINGFIELD, IL 62702	37-6005961	501(C)(3)	14,145				PREHOSPITAL DIFFICULT AIRWAY SIMULATION
SIU SCHOOL OF MEDICINE 801 NORTH RUTLEDGE SPRINGFIELD, IL 62702	37-6005961	501(C)(3)	16,124				STEM CELLS ABILITY TO FORM CARTILAGE
SIU SCHOOL OF MEDICINE 801 NORTH RUTLEDGE SPRINGFIELD, IL 62702	37-6005961	501(C)(3)	19,995				ADVANCEMENT OF PCR METHODOLOGY

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
SIU SCHOOL OF MEDICINE 801 NORTH RUTLEDGE SPRINGFIELD, IL 62702	37-6005961	501(C)(3)	16,301				HEAL WOUNDS WITH BIOENGINEERED SKIN
SIU SCHOOL OF MEDICINE 801 NORTH RUTLEDGE SPRINGFIELD, IL 62702	37-6005961	501(C)(3)	205,074				PROVIDE GENERAL SUPPORT
TAYLORVILLE MEMORIAL HOSPITAL 201 E PLEASANT ST TAYLORVILLE, IL 62568	37-0661250	501(C)(3)	14,044				ASSIST WITH MEDICAL TECHNOLOGIES AND PATIENT SERVICES

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 ILLINOIS-SPRINGFIELD ONE UNIVERISTY PLAZA SPRINGFIELD,IL 62703	37-6000511	501(C)(3)	5,866				ENHANCE COURSE LEARNINGS THROUGH ANATOMICAL MODELS
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SPRINGFIELD 701 SOUTH 4TH STREET SPRINGFIELD,IL 62703	37-0661263	501(C)(3)	50,000				MEMORIAL MEDICAL CENTER CONTRIBUTED MONEY TO THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF SPRINGFIELD (YMCA) TO FUND THE SPRINGFIELD HEALTHIER COMMUNITIES INITIATIVE IN WHICH THE YMCA WORKS IN COLLABORATION WITH COMMUNITY LEADERS TO CHANGE POLICIES AND PHYSICAL SURROUNDINGS TO BRING HEALTHY LIVING WITHIN REACH OF ALL PEOPLE

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
EDUCATIONAL GRANTS - MEMORIAL MEDICAL CENTER'S EDUCATIONAL GRANT PROGRAM PROVIDES THE OPPORTUNITY FOR BOTH EMPLOYEES AND EXTERNAL CANDIDATES TO PURSUE ADDITIONAL EDUCATION IN EXCHANGE FOR A WORK COMMITMENT ONCE THE EDUCATION IS COMPLETED EDUCATIONAL GRANTS ARE AVAILABLE TO THOSE PURSUING HEALTH CARE CAREERS THAT ARE DEEMED CRITICAL TO THE ORGANIZATION'S PRESENT OR PROJECTED STAFFING NEEDS (I E , NURSING, RADIOLOGY, ETC) GRANT APPLICATIONS FOR ALL OTHER CAREERS WILL BE REVIEWED ON A CASE-BY-CASE BASIS WITH A FINAL DETERMINATION TO BE MADE BY THE CHIEF HUMAN RESOURCES OFFICER	203	949,399			

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
TUITION REIMBURSEMENT - FUNDING FOR THE EDUCATION OF MEMORIAL MEDICAL CENTER'S EMPLOYEES IS BASED UPON THE NEEDS OF THE ORGANIZATION AS WELL AS THE EMPLOYEE'S EDUCATIONAL GOALS EMPLOYEES WILL BE AWARDED TUITION REIMBURSEMENT BASED ON THE EMPLOYEE'S PRESENT JOB SKILL NEEDS OR TO PREPARE THE EMPLOYEE FOR FUTURE ADVANCEMENT WITHIN MEMORIAL HEALTH SYSTEM THE TUITION REIMBURSEMENT PROCESS REQUIRES EMPLOYEES TO RECEIVE PRIOR APPROVAL FROM THEIR MANAGERS FOR THE COURSEWORK	241	354,008			

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
PRESCRIPTION DRUGS FOR PATIENTS	32	5,431			

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
SHELTER AND UTILITY ASSISTANCE FOR PATIENTS	70	33,961			

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
DIRECT CASH TO ASSISTANCE TO PATIENTS	103	32,554			

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
EMPLOYEE ASSISTANCE WITH CATASTROPHIC EVENTS	50	35,700			

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 FOR EMPLOYEES	12	17,800			

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
TRANSPORTATION ASSISTANCE FOR PATIENTS	84	14,741			

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
EDUCATIONAL GRANTS	4	24,000			

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 SYSTEM GROUP

Employer identification number
90-0756744

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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	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?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	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?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	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.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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
PART I, LINE 3	COMPENSATION AND BENEFITS RECEIVED BY EDGAR CURTIS, PRESIDENT AND CEO OF MEMORIAL HEALTH SYSTEM, WAS COMPRISED OF THE FOLLOWING COMPONENTS, BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER COMPENSATION, RETIREMENT/DEFERRED COMPENSATION AND OTHER NONTAXABLE BENEFITS. BASE COMPENSATION FOR MR. CURTIS WAS DETERMINED BASED ON THE METHODS DESCRIBED IN PART I, LINE 3 CONDUCTED BY INDEPENDENT COMPENSATION CONSULTANTS. BASE COMPENSATION LEVELS WERE SET BY THE LEADERSHIP COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE MHS BOARD, AT THE 50TH PERCENTILE OF THE RELEVANT COMPENSATION RANGE, AS DETERMINED BY THE INDEPENDENT COMPENSATION CONSULTANTS. INCENTIVE COMPENSATION WAS CONTINGENT ON THE ACHIEVEMENT OF FOUR SPECIFIC PERFORMANCE METRICS OF MHS, AS DEFINED BY THE MHS BOARD. OTHER COMPENSATION IS COMPRISED PRIMARILY OF DEFERRED COMPENSATION PAYOUTS OF \$134,689 MADE DURING THE YEAR FOR COMPENSATION PREVIOUSLY EARNED IN PRIOR YEARS, PAID TIME OFF BANK CASHED IN AND PAID TIME OFF DONATED BACK TO MEMORIAL MEDICAL CENTER FOUNDATION'S ANNUAL FUNDRAISING CAMPAIGN. RETIREMENT COMPENSATION REFLECTS AN INCREASE IN RETIREMENT BENEFITS OWED BY MHS UPON RETIREMENT OF MR. CURTIS. NORMAL RETIREMENT COMPENSATION FOR THE YEAR WAS \$175,524. LASTLY, NONTAXABLE BENEFITS REFLECT THE VALUE OF HEALTH (MEDICAL, DENTAL, LIFE INSURANCE) BENEFITS RECEIVED DURING THE YEAR AS WELL AS CHANGES IN ACTUARIAL VALUE OF THE POSTRETIREMENT HEALTH CARE INSURANCE REIMBURSEMENT PLAN.
PART I, LINE 4B	THE ORGANIZATION, OR A RELATED ORGANIZATION, MEMORIAL HEALTH SYSTEM, PROVIDES CERTAIN SUPPLEMENTAL RETIREMENT BENEFITS TO THE FOLLOWING OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES: RICHARD BIVIN, M.D., \$28,563, JAMES BOHAN, M.D., \$37,608, KIMBERLY BOURNE, \$20,508, CHARLES CALLAHAN, PH.D., \$60,296, EDGAR CURTIS, \$830,131, DOLAN DALPOAS, \$25,763, J. TRAVIS DOWELL, \$23,465, KEVIN ENGLAND, \$269,432, ANNA EVANS, J.D., \$276,182, JAMES GILDNER, M.D., \$59,298, RAJESH GOVINDAIAH, M.D., \$56,645, DAVID GRAHAM, M.D., \$244,326, MARSHALL HALE, M.D., \$35,277, MARK HANSEN, M.D., \$27,507, MITCHELL JOHNSON, \$193,723, LINDA JONES, D.N.S., \$25,034, PAUL KASA, M.D., \$14,529, ROBERT KAY, \$246,489, R. SCOTT KIRIAKOS, \$408,419, MARSHA PRATER, PH.D., \$161,614, DANIEL RAAB, \$7,125, DOUGLAS RAHN, D.B.A., \$1,495, MITCHELL ROGERS, \$21,533, JAMESON ROSZHART, \$5,127, FERDINAND SALVACION, M.D., \$67,400, CHRISTINA SCHEIBLER-VENTRESS, M.D., \$47,219, HARRY SCHMIDT, \$39,792, ROBERT SCOTT, \$25,408, DAVID SANDERCOCK, M.D., \$36,443, STEVEN LILLPOP, M.D., \$50,245, AND AMIR WAHAB, M.D., \$31,927. THESE BENEFITS ARE PROVIDED THROUGH A NONQUALIFIED DEFERRED COMPENSATION PLAN, UNDER WHICH THE BENEFITS BEING EARNED ARE SUBJECT TO A "SUBSTANTIAL RISK OF FORFEITURE." THE SUPPLEMENTAL RETIREMENT BENEFITS ARE STRUCTURED TO PROVIDE A RETENTION INCENTIVE THAT HAS BEEN DETERMINED BY THE LEADERSHIP COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF MEMORIAL HEALTH SYSTEM TO BE OF SUBSTANTIAL VALUE TO THE ORGANIZATION. THE FOLLOWING CURRENT OR FORMER OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES RECEIVED DEFERRED COMPENSATION PAYOUTS IN THE CALENDAR YEAR FROM THE ORGANIZATION OR A RELATED ORGANIZATION: MEMORIAL HEALTH SYSTEM: RICHARD BIVIN, M.D., \$15,136, JAMES BOHAN, M.D., \$147,777, CHARLES CALLAHAN, PH.D., \$30,486, EDGAR CURTIS, \$397,398, DOLAN DALPOAS, \$63,415, J. TRAVIS DOWELL, \$43,332, KEVIN ENGLAND, \$8,436, JAMES GILDNER, M.D., \$76,172, MARSHALL HALE, M.D., \$33,972, MARK HANSEN, M.D., \$177,253, MITCHELL JOHNSON, \$61,159, MARSHA PRATER, PH.D., \$275,500, DANIEL RAAB, \$76,241, DOUGLAS RAHN, D.B.A., \$164,686, FERDINAND SALVACION, M.D., \$90,814, CHRISTINA SCHEIBLER-VENTRESS, M.D., \$93,845, DAVID SANDERCOCK, M.D., \$83,616, AND AMIR WAHAB, M.D., \$57,243. TO BECOME ENTITLED TO THE BENEFITS PROVIDED, EACH COVERED EMPLOYEE MUST MEET SUBSTANTIAL REQUIREMENTS RELATING TO FURTHER EMPLOYMENT. UNTIL THOSE REQUIREMENTS ARE SATISFIED, IF EVER, THE EMPLOYEE IS NOT ENTITLED TO THESE AMOUNTS. IF THE EMPLOYEE WERE TO HAVE TERMINATED EMPLOYMENT VOLUNTARILY IN THE YEAR TO WHICH THIS RETURN APPLIES AND NOT MET THESE SUBSTANTIAL REQUIREMENTS, THESE SUPPLEMENTAL RETIREMENT BENEFITS WOULD HAVE BEEN FORFEITED. THESE SUPPLEMENTAL RETIREMENT BENEFITS ARE PART OF A RETIREMENT PROGRAM THAT PROVIDES RETIREMENT INCOME FOR ALL YEARS OF SERVICE THAT THE EMPLOYEE PROVIDES TO THE ORGANIZATION. ACCORDINGLY, ANY RETIREMENT BENEFITS SHOULD BE VIEWED AS APPLYING TO THE ENTIRE LENGTH OF THE EMPLOYEE'S SERVICE. THE LEADERSHIP COMPENSATION COMMITTEE OF THE MHS BOARD APPROVES ALL RETIREMENT BENEFITS, TOGETHER WITH ALL OTHER FORMS OF COMPENSATION AND BENEFITS FOR THESE AND OTHER SENIOR LEADERS, IN A MANNER INTENDED TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER FEDERAL INCOME TAX LAW.
SCHEDULE J, PART II, COLUMN (D)	MEMORIAL HEALTH SYSTEM PROVIDES A POSTRETIREMENT HEALTH CARE INSURANCE REIMBURSEMENT PLAN TO CERTAIN EXECUTIVES AND PHYSICIANS TO REIMBURSE HEALTH INSURANCE COSTS INCURRED BY THE RETIREES AND THEIR SPOUSES. THE CHANGE IN THE ACTUARIAL VALUE OF THE PLAN IS REPORTED ON SCHEDULE J, PART II, COLUMN (D) AS A NONTAXABLE BENEFIT. SCHEDULE J, PART II, COLUMN (D) ALSO INCLUDES OTHER NONTAXABLE BENEFITS SUCH AS MEDICAL, DENTAL, AND LIFE INSURANCE.

Additional Data

Software ID:
Software Version:
EIN: 90-0756744
Name: MEMORIAL HEALTH SYSTEM GROUP

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				
1PAUL KASA MD BOARD MEMBER ALMH MPS	(i)	305,618	28,266	5,847	44,439	31,841	416,011	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
1AMIR JOHN WAHAB BOARD MEMBER ALMH (FROM FEB 16)	(i)	440,721	44,257	75,378	55,477	33,552	649,385	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2RICHARD BIVIN MD BOARD MEMBER ALMH (THRU JAN 16)	(i)	299,128	26,974	19,733	48,766	36,300	430,901	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
3MARK HANSEN MD BOARD MEMBER MPS	(i)	399,531	0	205,732	61,457	33,050	699,770	27,172
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
4MARSHALL HALE MD CHAIR MPS	(i)	422,960	39,991	55,516	69,227	24,295	611,989	29,883
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
5JANICE GAMBACH PRESIDENT SRS	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		175,527	24,480	991	14,026	8,052	223,076	0
6JAMESON ROSZHART BRDMEM MHV/BRDMEM MHSVC	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		159,385	27,500	3,609	18,159	20,651	229,304	0
7J TRAVIS DOWELL PRESIDENT MPS	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		221,998	62,468	54,592	49,651	19,812	408,521	32,187
8R SCOTT KIRIAKOS SVPCLININTMMC/BRDMMMHV/CHAIR MHSVC	(i)	290,433	114,040	11,742	98,981	17,659	532,855	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9DOLAN DALPOAS PRESIDENT ALMH/BRDMEM MHSVC	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		253,912	69,826	81,182	52,999	420	458,339	44,337
10KIMBERLY BOURNE PRES TMH&TMHF/BRDMMMHVC	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		194,362	55,000	6,771	38,599	20,174	314,906	0
11DOUGLAS RAHN DBA MHSVCBRDMEM/PRES PAH&CRNA	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		348,424	129,319	188,101	158,767	16,182	840,793	111,808
12EDGAR CURTIS PRES&CEOMHS/PRESMMC/BRDMMMPs	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		769,588	373,620	494,986	279,426	18,655	1,936,275	134,689
13ROBERT KAY SVP/CFO SEC/TREAS MHSVC MHV MPS	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		421,891	165,014	17,407	190,738	19,928	814,978	0
14KEVIN ENGLAND VP BUS DEVELOP/VC/PRES MHV/VC MHSVC	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		223,600	78,132	33,336	132,592	24,140	491,800	0
15CHARLES CALLAHAN PHD EVPCOOMMC/CHRMHV/MPSBRDMEM/PRESMHSVC	(i)	433,481	169,918	94,319	86,446	22,564	806,728	21,001
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
16BABU ELADASARI MD PPA PHYSICIAN, PAH BRDMEM	(i)	0	0	6,625	398	0	7,023	0
	(ii)	-	-	-	-	-	-	-
		287,272	0	24,883	15,585	28,413	356,153	0
17STEVEN LILLOPOP MD BRDMEM PAH	(i)	491,328	52,849	72,699	77,641	36,709	731,226	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
18ELENA KEZELIS EXEC DIR MMCF	(i)	161,199	23,063	3,817	13,422	21,147	222,648	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
19MARSHA PRATER PHD SVP & CNO MMC	(i)	291,565	0	292,245	251,622	13,504	848,936	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

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				
1LINDA JONES DNS VP OPERATIONS MMC	(i)	241,409	66,954	29,139	56,359	6,653	400,514	0
	(ii)	0	0	0	0	- 0	- 0	0
1HARRY SCHMIDT VP FACILITIES MANAGEMENT MMC	(i)	182,226	43,185	5,175	58,210	2,380	291,176	0
	(ii)	0	0	0	0	- 0	- 0	0
2ANNA EVANS JD GEN COUNSEL/VP INT AUDIT & COMPL MHS	(i)	0	0	0	0	0	0	0
	(ii)	315,392	0	6,567	186,844	- 22,564	- 531,367	0
3RAJESH GOVINDAIAH MD SVP & CMO MHS	(i)	0	0	0	0	0	0	0
	(ii)	402,178	157,144	24,344	72,551	- 7,373	- 663,590	0
4DAVID GRAHAM MD SVP & CIO MHS	(i)	0	0	0	0	0	0	0
	(ii)	385,722	150,155	15,838	135,023	- 15,287	- 702,025	0
5MITCHELL JOHNSON SVP & CHIEF STRATEGY OFFICER MHS	(i)	0	0	0	0	0	0	0
	(ii)	250,690	54,843	77,350	184,702	- 17,580	- 585,165	0
6ROBERT SCOTT VP & CHRO MHS	(i)	0	0	0	0	0	0	0
	(ii)	247,636	69,190	10,174	41,158	- 16,453	- 384,611	0
7JENNIFER HARRIS ADMIN PERIOPERATIVE SERVICES	(i)	169,420	23,295	126	9,735	646	203,222	0
	(ii)	0	0	0	0	- 0	- 0	0
8MITCHELL ROGERS ADMIN CARDIOVASCULAR SERVICES	(i)	207,451	57,750	20,388	34,279	2,915	322,783	0
	(ii)	0	0	0	0	- 0	- 0	0
9FERDINAND SALVACION MD PHYSICIAN MMC	(i)	486,535	89,229	109,653	85,750	34,192	805,359	84,020
	(ii)	0	0	0	0	- 0	- 0	0
10JAMES GILDNER MD PHYSICIAN MPS	(i)	485,353	39,166	101,916	89,369	27,671	743,475	0
	(ii)	0	0	0	0	- 0	- 0	0
CHRISTINA SCHEIBLER- 11VENTRESS MD PHYSICIAN MPS	(i)	440,093	46,509	109,823	65,430	27,160	689,015	0
	(ii)	0	0	0	0	- 0	- 0	0
12JAMES BOHAN MD PHYSICIAN MPS	(i)	374,729	38,092	167,070	71,558	21,200	672,649	0
	(ii)	0	0	0	0	- 0	- 0	0
13DAVID SANDERCOCK MD PHYSICIAN MPS	(i)	423,072	43,559	100,691	60,199	35,505	663,026	50,786
	(ii)	0	0	0	0	- 0	- 0	0
14DANIEL RAAB PRES TMH&TMHF/BRDMMHMSVC (THRUDEC14)	(i)	0	0	0	0	0	0	0
	(ii)	72,773	33,002	156,485	39,257	- 6,987	- 308,504	0
15DREW EARLY ADMIN ED/CARDIO (THRU JUNE 14) MMC	(i)	188,820	27,033	3,918	15,785	22,507	258,063	0
	(ii)	0	0	0	0	- 0	- 0	0
16CHARLES SHEAFF MD PHYSICIAN AND MEDICAL DIRECTOR	(i)	245,797	22,165	18,338	21,719	23,442	331,461	0
	(ii)	72,623	0	0	4,357	- 0	- 76,980	0

OMB No 1545-0047

Open to Public Inspection

90-0756744

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

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

Additional Data

Software ID:
Software Version:
EIN: 90-0756744
Name: MEMORIAL HEALTH SYSTEM GROUP

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HENRY HURWITZ	EMPLOYEE, SON OF JOSEPH HURWITZ, MMC BOARD MEMBER	36,749	SEE PART VMEMORIAL MEDICAL CENTER PAID COMPENSATION AND BENEFITS OF \$36,749 TO HENRY HURWITZ RELATED TO EMPLOYMENT SERVICES FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2015 HENRY HURWITZ IS THE SON OF JOSEPH HURWITZ, MEMBER OF MEMORIAL MEDICAL CENTER'S BOARD OF DIRECTORS THE COMPENSATION PAID WAS NEGOTIATED AT ARM'S LENGTH AND REPRESENTS FAIR MARKET VALUE FOR THE SERVICES PROVIDED		No
(1) SPRINGFIELD ELECTRIC SUPPLY	BOARD MEMBER IS OWNER OF SPRINGFIELD ELECTRIC SUPPLY	102,415	SEE PART VMEMORIAL MEDICAL CENTER PAID FEES TO SPRINGFIELD ELECTRIC SUPPLY FOR GOODS AND SERVICES FOR THE YEAR ENDED SEPTEMBER 30, 2016 IN THE AMOUNT OF \$102,415 RANDALL S GERMERAAD IS CHAIRMAN OF MEMORIAL MEDICAL CENTER'S BOARD OF DIRECTORS AND AN OWNER OF SPRINGFIELD ELECTRIC SUPPLY ALL FEES ARE NEGOTIATED AT FAIR MARKET VALUE FOR THE SERVICES PROVIDED		No
(2) CLINICAL RADIOLOGISTS SC	BOARD MEMBER IS DIRECTOR, SHAREHOLDER AT CLINICAL RADIOLOGISTS, SC	856,542	SEE PART VMEMORIAL MEDICAL CENTER PAID FEES TO CLINICAL RADIOLOGISTS, SC FOR THE YEAR ENDED SEPTEMBER 30, 2016 IN THE AMOUNT OF \$856,542 KEVIN J COAKLEY, M D IS A DIRECTOR & SHAREHOLDER AT CLINICAL RADIOLOGISTS AS WELL AS A MMC BOARD MEMBER ALL FEES ARE NEGOTIATED AT FAIR MARKET VALUE FOR THE SERVICES PROVIDED		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(4) SHERYL ROBERTS	DAUGHTER OF PAH BOARD MEMBER	84,242	SEE PART VPASSAVANT AREA HOSPITAL PAID COMPENSATION AND BENEFITS OF \$84,242 TO SHERYL ROBERTS RELATED TO EMPLOYMENT SERVICES FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2015 SHERYL ROBERTS IS THE DAUGHTER OF NANCY SPANGENBERG, MEMBER OF PASSAVANT AREA HOSPITAL'S BOARD OF DIRECTORS THE COMPENSATION PAID WAS NEGOTIATED AT ARM'S LENGTH AND REPRESENTS FAIR MARKET VALUE FOR THE SERVICES PROVIDED		No

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MEMORIAL HEALTH SYSTEM GROUP

Employer identification number
90-0756744

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	72,171	AVG OF HIGH & LOW PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) (2015)

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	MEMORIAL MEDICAL CENTER FOUNDATION HAS AN ACCOUNT WITH A LOCAL BROKER THAT RECEIVES AND SELLS DONATIONS OF STOCK THE BROKER SELLS THE STOCK WHEN DIRECTED AND SENDS MMC FOUNDATION A CHECK FOR THE PROCEEDS

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 SYSTEM GROUP**Employer identification number**

90-0756744

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, LINE H(B)	IN FY2016, PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION, JACKSONVILLE CRNA'S INC , AND PASSAVANT AREA HOSPITAL FOUNDATION APPROVED TO BE INCLUDED AS SUBORDINATES UNDER THE GROUP EXEMPTION NUMBER 5670

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART IV, LINE 24A	ONE SCHEDULE K WAS COMPLETED AT THE PARENT (MEMORIAL HEALTH SYSTEM) LEVEL ONLY. HOWEVER, EACH AFFILIATE IS STILL SHOWING ITS ALLOCATION OF THE LIABILITY ON THE BALANCE SHEET, AS CAN BE SEEN ON THIS GROUP RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TODD WISE AND DIANE RUTLEDGE, PH D ARE BOTH MMC BOARD MEMBERS MR WISE IS AN OFFICER AND DIRECTOR OF UNITED COMMUNITY BANK, WHERE MS RUTLEDGE IS ALSO A UCB BOARD MEMBER LYNNE BARKMEIER, M D 'S SPOUSE IS ALSO ON THE UCB BOARD NINA HARRIS, A MMC BOARD MEMBER AND MITCHELL JOHNSON, A MMC KEY EMPLOYEE ARE BOTH BOARD MEMBERS AT SECURITY BANK MARK KUHNKE, M D AND LYNNE BARKMEIER, M D ARE MMC BOARD MEMBERS THESE TWO ARE ALL EMPLOYED BY SPRINGFIELD CLINIC, LLP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMORIAL HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF THE AFFILIATES REPORTED IN THIS GROUP RETURN EXCLUDING SPRINGFIELD RESIDENTIAL SERVICES, MEMORIAL MEDICAL CENTER FOUNDATION, JACKSONVILLE CRNA'S, PASSAVANT AREA HOSPITAL FOUNDATION AND TAYLORVILLE MEMORIAL HOSPITAL FOUNDATION. MEMORIAL HEALTH SYSTEM CORPORATION CONTAINS 100 INDIVIDUAL MEMBERS WHO ELECT THE BOARD OF DIRECTORS. SPRINGFIELD RESIDENTIAL SERVICES HAS A SELF-PERPETUATING BOARD OF DIRECTORS WHOSE MEMBERSHIP SHALL BE APPROVED BY OR BE MEMBERS OF THE BOARD OF DIRECTORS FOR MENTAL HEALTH CENTERS OF CENTRAL ILLINOIS. MEMORIAL MEDICAL CENTER FOUNDATION'S MEMBERS ARE ITS BOARD OF DIRECTORS. MEMORIAL MEDICAL CENTER FOUNDATION'S BOARD OF DIRECTORS CONTAINS 15 DIRECTORS. JACKSONVILLE CRNA'S AND PASSAVANT AREA HOSPITAL FOUNDATION'S SOLE CORPORATE MEMBER IS PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION, WHICH IS INCLUDED IN THE GROUP RETURN. TAYLORVILLE MEMORIAL HOSPITAL FOUNDATION HAS NO CORPORATE MEMBERS. TAYLORVILLE MEMORIAL HOSPITAL FOUNDATION'S BOARD OF DIRECTORS, WHICH CONTAINS 20 DIRECTORS, MANAGES AND CONTROLS THE PROPERTY AND BUSINESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CORPORATE MEMBER OF THE CORPORATION ELECTS THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE BYLAWS OF THE CORPORATION REQUIRE THE ADVANCE APPROVAL OF THE CORPORATE MEMBER FOR CORPORATE, ADMINISTRATIVE AND OPERATIONAL ACTIONS WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE BORROWING OF ANY SUM, THE PRINCIPAL OF WHICH EXCEEDS \$500,000, OR WHICH HAS A STATED TERM OF GREATER THAN ONE YEAR, OR WHICH IS SECURED BY A MORTGAGE OF ALL OR ANY PORTION OF THE CORPORATION'S REAL PROPERTY OR THE CREATION OF A SECURITY INTEREST IN THE CORPORATION'S ASSETS, INCLUDING PERSONAL PROPERTY AND REVENUES, FOR THE BENEFIT OF THE LENDER, LESSOR OR VENDOR, OR THE DEFEASANCE, ADVANCE PAYMENT OR CANCELLATION OF ANY OUTSTANDING DEBT OF THE CATEGORY DESCRIBED HEREIN, ANY VOLUNTARY DISSOLUTION, MERGER, CONSOLIDATION, SALE OR TRANSFER OF SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS (DEFINED AS 10% OR MORE), OR ANY CREATION OF A SUBSIDIARY OR AFFILIATE CORPORATION OF THE CORPORATION, ANY APPLICATION TO THE ILLINOIS HEALTH FACILITIES PLANNING BOARD FOR A PERMIT OR CERTIFICATE OF NEED FOR A PROPOSED ACTIVITY, WHETHER OR NOT INVOLVING A CAPITAL EXPENDITURE, THE APPROVAL OF ALL ANNUAL AND LONG-TERM CAPITAL OR OPERATIONAL BUDGETS OF THE CORPORATION, ANY AMENDMENT TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION, APPROVAL OF ANY NEW OR CHANGES TO EXISTING LONG-TERM OR MASTER INSTITUTIONAL PLAN, THE SALE OF ANY OF THE CORPORATION'S REAL PROPERTY OR INTEREST THEREIN OR PURCHASES OF ADDITIONAL REAL ESTATE, AND THE APPROVAL OF CAPITAL EXPENDITURES IN EXCESS OF \$15 MILLION. PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION'S, JACKSONVILLE CRNA'S, AND PASSAVANT AREA HOSPITAL FOUNDATION'S BYLAWS STATE CORPORATE MEMBERS SHALL ELECT THE DIRECTORS OF THE CORPORATION IN CONJUNCTION WITH THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS. THE CORPORATE MEMBER WILL WORK WITH THE BOARD OF DIRECTORS TO ELECT THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE CORPORATE MEMBER WILL APPROVE OF THE CAPITAL AND OPERATING BUDGETS, STRATEGIC PLANS, AND APPROVE ANY VOLUNTARY DISSOLUTION, MERGER, OR CONSOLIDATION. CORPORATE MEMBERS APPROVE ANY AMENDMENT TO BYLAWS OR ARTICLES OF INCORPORATION. IN ADDITION, MEMBERS HAVE THE POWER TO REMOVE THE PRESIDENT WITH MUTUAL AGREEMENT OF THE BOARD OF DIRECTORS OR THE REMOVAL OF ANY DIRECTOR WITH CAUSE. THE CORPORATE MEMBER HAS APPROVAL POWER FOR THE CAPITAL EXPENDITURES OVER \$1,000,000, GUARANTY OF DEBT GREATER THAN \$250,000, WITH OR WITHOUT A MORTGAGE, OR OTHER TRANSACTIONS MATERIAL IN NATURE WITH AFFILIATE CORPORATIONS. CORPORATE MEMBERS HAVE THE POWER TO APPROVE INDEPENDENT AUDITORS, APPROVE CONTRACTS TO PROVIDE HEALTHCARE TO BENEFICIARIES OF MANAGED CARE CONTRACTS AND APPROVAL OF APPLICATIONS TO THE IL HEALTH FACILITIES PLANNING BOARD. MEMBERS ALSO APPROVE SALES /TRANSFERS OF ASSETS TO NON-AFFILIATE ENTITIES, IF ASSETS ARE OVER \$500,000. CORPORATE MEMBERS APPROVE OF SIGNIFICANT CHANGES IN THE CORPORATION'S INSURANCE AND CONTRACTS INVOLVING GOODS/SERVICES WITH A VALUE OVER \$1,000,000 FOR CAPITAL OR \$1,500,000 IN AGGREGATE FOR OPERATING AND CAPITAL BUDGETS, N</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	NOT PREVIOUSLY APPROVED CORPORATE MEMBERS APPROVE OF PHYSICIAN SERVICE CONTRACTS OVER \$400,000, APPROVE REAL ESTATE TRANSACTIONS, AND APPROVE ANY CHANGES TO MASTER OR LONG-TERM INSURANCE PLANS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A FINAL DRAFT COPY OF THE MHS GROUP FORM 990 AND ALL ATTACHMENTS IS PROVIDED TO ALL OF THE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS AND A BOARD COMMITTEE PRIOR TO FILING PRESENTATIONS ARE MADE TO THE AFFILIATE MEMBERS' BOARDS IN THE SAME TIME FRAME, ALTHOUGH COPIES OF THE COMPLETE FORM 990 AND ALL ATTACHMENTS ARE NOT PROVIDED PRIOR TO THOSE MEETINGS, EXCEPT TO BOARD MEMBERS WHO REQUEST COMPLETE COPIES ALL QUESTIONS AND COMMENTS ARISING FROM THESE REVIEWS ARE ADDRESSED PRIOR TO SUBMISSION OF THE RETURN TO THE APPROPRIATE TAXING AUTHORITIES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS HAS APPOINTED A LEADERSHIP COMPENSATION COMMITTEE MADE UP OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS AND HAS DELEGATED TO IT THE RESPONSIBILITY OF ADMINISTERING, OVERSEEING AND APPROVING ALL FORMS OF COMPENSATION AND BENEFITS PROVIDED TO EXECUTIVE LEADERSHIP, INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER. THE BOARD HAS ADOPTED A LEADERSHIP COMPENSATION PHILOSOPHY STATEMENT DESCRIBING THE ROLE AND RESPONSIBILITIES OF THE COMMITTEE. THIS PHILOSOPHY EXPRESSLY STATES THE COMMITTEE'S INTENT, ON BEHALF OF THE CORPORATION, TO TAKE ALL THE STEPS NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES. THE COMMITTEE ANALYZES EVERY ELEMENT OF COMPENSATION (INCLUDING CURRENT, INCENTIVE AND DEFERRED COMPENSATION) AND BENEFITS (INCLUDING QUALIFIED AND NON-QUALIFIED BENEFITS). THE COMMITTEE CONDUCTS ITS REVIEW AND APPROVAL PROCESS AT LEAST ANNUALLY, AND APPROVES COMPENSATION AND BENEFITS ONLY TO THE EXTENT THAT THE COMMITTEE HAS CONCLUDED THAT THE COMPENSATION AND BENEFITS CONSTITUTE NO MORE THAN REASONABLE COMPENSATION FOR EACH EXECUTIVE. IN CONNECTION WITH THE MOST RECENT REVIEW AND APPROVAL PROCESS, THE COMMITTEE RECEIVED PROFESSIONAL ADVICE FROM AN INDEPENDENT CONSULTANT AND OUTSIDE LEGAL COUNSEL. THE COMMITTEE CONSISTS ENTIRELY OF DISINTERESTED MEMBERS OF THE BOARD OR DISINTERESTED COMMITTEE MEMBERS WHO UNDER STATE CORPORATE LAW MAY SERVE ON SUCH A COMMITTEE. THE COMMITTEE WORKS WITH ITS COMPENSATION CONSULTANT TO PREPARE AND REVIEW IN ADVANCE COMPREHENSIVE DATA SHOWING THE COMPENSATION PROVIDED BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY SIMILAR POSITIONS. THE COMMITTEE ALSO PREPARES A TIMELY AND THOROUGH WRITTEN RECORD OF ITS PROCEDURAL CRITERIA NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES. PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION (PAH) PARTICIPATES IN SEVERAL NATIONAL AND REGIONAL SURVEYS WHERE DATA IS OBTAINED ON VARIOUS POSITIONS SUCH AS CEO, CFO, CNO, ETC. THIS INFORMATION IS THEN PROVIDED TO THE BOARD EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. FOR OTHER OFFICERS AND KEY EMPLOYEES, A CUSTOMIZED SURVEY CONDUCTED BY INTEGRATED HEALTHCARE STRATEGIES COMPARES THE COMPENSATION DATA PROVIDED BY THE ORGANIZATION TO THE STATISTICAL INFORMATION THEY HAVE. INTEGRATED HEALTHCARE STRATEGIES GENERATES A TRUE MARKET AVERAGE REPORT THAT COMPARES THE ORGANIZATIONS SALARIES FOR A POSITION AND ASSOCIATED MINIMUM, 1ST QUARTILE, MIDPOINT, 3RD QUARTILE, AND MAXIMUM SALARY POINTS. THE KEY EMPLOYEE DATA IS REVIEWED BY OUR CEO, CFO, AND HR DIRECTOR AND MARKET COMPARATIVE SALARY ADJUSTMENTS ARE MADE AS NECESSARY.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN SERVICES PROGRAM SERVICE EXPENSES 81,469,270 MANAGEMENT AND GENERAL EXPENSES 325,665 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 81,794,935 CONTRACT LABOR PROGRAM SERVICE EXPENSES 4,941,775 MANAGEMENT AND GENERAL EXPENSES 189,874 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,131,649 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 26,119,915 MANAGEMENT AND GENERAL EXPENSES 8,395,167 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 34,515,082 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 3,102,579 MANAGEMENT AND GENERAL EXPENSES 2,288,969 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,391,548

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN MINIMUM PENSION LIABILITY -25,836,338 TRANSFERS 18,237,219 BOOK/TAX DIFFERENCE -219,960 OTHER - 1,466,383

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 SYSTEM GROUP

Employer identification number
90-0756744

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) HEALTHCARE NETWORK PROPERTIES LLC 701 NORTH FIRST STREET SPRINGFIELD, IL 62781 37-1379377	OWNS MEDICAL OFFICE BUILDINGS	IL	5,439,201	21,992,866	MEMORIAL PHYSICIAN SERVICES
(2) WOMEN'S HEALTHCARE LLC 701 NORTH 1ST STREET SPRINGFIELD, IL 62781 26-3400814	HEALTHCARE SERVICES	IL			MEMORIAL PHYSICIAN SERVICES
(3) VINE STREET CLINICAL ASSOCIATES LLC 701 NORTH FIRST STREET SPRINGFIELD, IL 62781 45-3180104	PSYCHIATRIC HEALTHCARE SERVICES	IL			MEMORIAL PHYSICIAN SERVICES
(4) MEMORIAL EXPRESSCARE LLC 701 NORTH FIRST STREET SPRINGFIELD, IL 62781 26-3400528	PROVIDES NON-EMERGENCY CARE SEVEN DAYS A WEEK WITHOUT APPOINTMENT	IL	8,597,698	2,809,236	MEMORIAL HEALTH VENTURES

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

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	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MEMORIAL HOME SERVICES OF CENTRAL ILLINOIS INC 701 NORTH FIRST STREET SPRINGFIELD, IL 62781 37-1190216	PROVIDE DURABLE MEDICAL EQUIPMENT AND SUPPLIES TO PATIENTS	IL	MEMORIAL HOME SERVICES	C	11,714,507	11,970,157	100 000 %	Yes	
(2) PASSAVANT PHYSICIAN ASSOCIATION 1600 WEST WALNUT STREET JACKSONVILLE, IL 62650 26-1200566	PHYSICIAN SERVICES	IL	PASSAVANT MEMORIAL AREA HOSPITAL ASSOCIATION	C	4,165,673	1,121,320	100 000 %	Yes	

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

Yes

1g

Yes

1h

Yes

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MEMORIAL HOME SERVICES OF CENTRAL ILLINOIS INC	O	369,021	COST BASIS
(2)MEMORIAL HOME SERVICES OF CENTRAL ILLINOIS INC	K	177,065	COST - RENTAL EQUIPMENT
(3)MEMORIAL HOME SERVICES OF CENTRAL ILLINOIS INC	H	167,652	COST BASIS
(4)MEMORIAL HOME SERVICES OF CENTRAL ILLINOIS INC	F	750,000	COST BASIS
(5)PASSAVANT PHYSICIAN ASSOCIATION	R	3,580,673	FMV

Schedule R (Form 990) 2015

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
------------------	-------------