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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
Final
☒ Return/terminated
☐ Amended return
☐ Application pending

C Name of organization
MEMORIAL HEALTH SYSTEMS INC

Doing business as
FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address)Room/suite
301 Memorial Medical Parkway

City or town, state or province, country, and ZIP or foreign postal code
Daytona Beach, FL 32117

F Name and address of principal officer
Ed Noseworthy
301 Memorial Medical Parkway
Daytona Beach, FL 32117

D Employer identification number
59-0973502

E Telephone number
(386) 676-6000

G Gross receipts \$ 325,111,093

I Tax-exempt status
☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.floridahospital.com/memorial-medical-center

K Form of organization
☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1961

M State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
MEDICAL CARE TO THE COMMUNITY THROUGH THE OPERATION OF TWO HOSPITALS WITH A TOTAL OF 358 BEDS

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

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

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

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

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

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

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

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

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

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Part II Signature Block

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

Sign Here

Signature of officer
Lynn C Addiscott Assistant Secretary
Type or print name and title

2017-11-21
Date

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDate

Check ☐ if self-employedPTIN

Firm's name ▶Firm's EIN ▶

Firm's address ▶Phone no

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 11282YForm 990 (2016)

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

Adventist Health System Sunbelt Healthcare Corporation and all its subsidiary organizations were established by the Seventh-Day Adventist Church to bring a ministry of healing and health to the communities served. Our mission is to extend the healing ministry of Christ. The hospital and healthcare system whose parent is Adventist Health System Sunbelt Healthcare Corporation is known as Adventist Health System (AHS). AHS seeks to be widely respected as a consumer-focused organization that engages individuals in their health by delivering wholistic, best practice care across a connected, comprehensive continuum of services. With Christ as our example, AHS cares for and nurtures people—our employees, our communities, our healthcare professionals, and those who trust us for care and healing.

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 \$ 285,950,482 including grants of \$ 289,582) (Revenue \$ 322,831,711)
See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 285,950,482

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 Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b 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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a2,823		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
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	No
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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: FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
JERMAINE BUCKNOR 301 Memorial Medical Parkway Daytona Beach, FL 32117 (386) 231-3901

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

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

- List 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]

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	991,537	10,025,204	1,460,046

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 ► 83

		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
The Robins and Morton Group 400 Shades Creek Pkwy Birmingham, AL 35209	Contractor - Building Services	2,079,188
Adventist Health SystemSunbelt Inc db 601 East Rollins Street Orlando, FL 32803	Laundry and Lab Services	1,316,088
Volusia OBGYN 500 Health Blvd Daytona Beach, FL 32114	Women's Care	1,192,311
Barton Malow Company 8529 South Park Circle Orlando, FL 32819	Contractor - Building Services	1,016,025
Accountable Healthcare Staffing Inc 999 Yamato Road 210 Boca Raton, FL 33431	Medical Staffing Services	880,253

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 ► 119

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶						
Program Service Revenue		Business Code					
	2a Net patient revenue	622110	317,665,427	317,665,427			
	b Medical office building	622110	2,639,873	2,639,873			
	c Cafeteria revenue	622110	1,613,133	1,613,133			
	d Rent from affiliates	622110	189,716	189,716			
	e Fitness Center revenue	622110	153,333	153,333			
	f All other program service revenue		564,163	468,896	95,267		
	g Total. Add lines 2a-2f ▶		322,825,645				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,173,615			2,173,615	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			10,500				
		b Less cost or other basis and sales expenses	1,398,199	19,613			
		c Gain or (loss)	-1,398,199	-9,113			
	d Net gain or (loss) ▶		-1,407,312			-1,407,312	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events . . . ▶						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities . . . ▶						
	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 EHR Revenue		622110	101,333	101,333			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			101,333				
12 Total revenue. See Instructions ▶			323,693,281	322,831,711	95,267	766,303	

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.	289,582	289,582		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,100,811		3,100,811	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	88,301,716	88,283,192	18,524	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,810,359	3,722,667	87,692	
9 Other employee benefits.	18,899,634	18,785,010	114,624	
10 Payroll taxes.	8,138,486	7,950,904	187,582	
11 Fees for services (non-employees):				
a Management.				
b Legal.	417,009		417,009	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	559,229		559,229	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	56,893,185	49,067,571	7,825,614	
12 Advertising and promotion.	1,232,118		1,232,118	
13 Office expenses.	5,089,108	3,159,628	1,929,480	
14 Information technology.	9,918,434	8,631,400	1,287,034	
15 Royalties.				
16 Occupancy.	6,437,532	6,437,532		
17 Travel.	259,483		259,483	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	580,529		580,529	
20 Interest.	4,707,169	4,707,169		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	17,235,694	17,235,694		
23 Insurance.	3,838,794	3,680,194	158,600	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Medical Supplies.	62,535,425	62,535,425		
b Repairs & maintenance.	7,945,139	7,945,139		
c State Tax Indigent Assesment.	3,516,994	3,516,994		
d UBI taxes.	42,000		42,000	
e All other expenses.	188,433	2,381	186,052	
25 Total functional expenses. Add lines 1 through 24e.	303,936,863	285,950,482	17,986,381	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		7,336	1	6,736	
	2	Savings and temporary cash investments		128,386,340	2	113,589,381	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		36,990,882	4	42,489,079	
	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		846	7		
	8	Inventories for sale or use		5,584,769	8	7,555,985	
	9	Prepaid expenses and deferred charges		8,763,285	9	9,505,482	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	415,475,786			
	b	Less: accumulated depreciation	10b	150,478,462	256,375,580	10c	264,997,324
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		7,164,305	12	7,013,318	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		15,407,510	14	15,337,062	
	15	Other assets. See Part IV, line 11		-68,614	15	1,465,280	
16	Total assets. Add lines 1 through 15 (must equal line 34)		458,612,239	16	461,959,647		
Liabilities	17	Accounts payable and accrued expenses		19,257,168	17	13,284,855	
	18	Grants payable			18		
	19	Deferred revenue		88,870	19	17,297	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		152,052,870	25	154,392,349	
	26	Total liabilities. Add lines 17 through 25		171,398,908	26	167,694,501	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		282,655,335	27	289,793,232	
	28	Temporarily restricted net assets		648,781	28	562,699	
	29	Permanently restricted net assets		3,909,215	29	3,909,215	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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		287,213,331	33	294,265,146	
34	Total liabilities and net assets/fund balances		458,612,239	34	461,959,647		

Part XI Reconciliation of Net AssetsCheck 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	323,693,281
2	Total expenses (must equal Part IX, column (A), line 25)	2	303,936,863
3	Revenue less expenses Subtract line 2 from line 1	3	19,756,418
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	287,213,331
5	Net unrealized gains (losses) on investments	5	2,331,819
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	-15,036,422
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	294,265,146

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

Additional Data

Software ID:

Software Version:

EIN: 59-0973502

Name: MEMORIAL HEALTH SYSTEMS INC

Form 990 (2016)

Form 990, Part III, Line 4a:

OPERATION OF 2 ACUTE CARE HOSPITALS WITH 15,483 PATIENT ADMISSIONS, 87,949 PATIENT DAYS, and 146,795 outpatient visits IN THE CURRENT YEAR BOTH HOSPITALS ARE LOCATED IN ORMOND BEACH and Daytona Beach, FLORIDA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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					
Robert Fulbright Dir/Chairman/Treasurer	8 50 41 50	X						0	790,358	149,703		
John Adams DIRECTOR	0 60 0 30	X						331	0	0		
James Arocho MD DIRECTOR	0 60 0 00	X						331	0	0		
RICK BANKER DIRECTOR (end 12/16)	0 60 0 00	X						331	0	0		
Lonnie Brown DIRECTOR	0 60 0 00	X						331	0	0		
James Bryan MD DIRECTOR	2 90 0 00	X						18,331	0	0		
DAVID BURT DIRECTOR	0 60 0 00	X						331	0	0		
PAUL CLARE DIRECTOR	0 60 0 00	X						331	0	0		
SURESH DESAI MD DIRECTOR	5 10 0 00	X						35,477	0	0		
SANDRA K JOHNSON DIRECTOR	0 60 50 00	X						0	962,268	119,004		

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 LOHMAN DIRECTOR (end 12/16)	0 60 0 00	X						331	0	0
Kenneth Mattison DIRECTOR	0 60 50 00	X						0	671,433	88,933
William McMunn DIRECTOR	0 60 0 00	X						331	0	0
Ed Noseworthy DIRECTOR/CEO	50 00 0 00	X		X				0	989,896	110,560
John Olivari CPA DIRECTOR (end 12/16)	0 60 0 30	X						331	0	0
Ron Rasmussen MD DIRECTOR	0 60 60 00	X						331	474,213	20,888
Eddie Schatz Jr DIRECTOR	0 60 0 00	X						331	0	0
JULIE SCHNEIDER MD DIRECTOR	0 60 70 00	X						331	963,716	15,784
LEWIS SEIFERT DIRECTOR (end 8/16)	0 60 50 00	X						0	827,747	155,209
Eddie Soler DIRECTOR/Secretary	0 60 50 00	X						0	1,169,422	161,539

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			
DEbora THOMAS Region CFO	8 50 41 50			X				0	519,963	82,914
Jermaine Bucknor CFO (beg 2/16)	50 00 0 00			X				0	334,125	61,380
Trisha Celano Region CCO	8 50 41 50				X			0	435,454	63,300
DARlinda Copeland COO	50 00 0 00				X			0	431,891	64,831
MICHEle Goeb-Burkett CNO	50 00 0 00				X			0	297,440	68,841
RONald JIMENEZ MD CMO (end 4/16)	50 00 0 00				X			0	470,583	77,411
Kristen Gray MD CMO (beg 7/16)	50 00 0 00				X			0	364,831	84,901
John Dorr Chief Physicist	50 00 0 00					X		206,035	0	19,001
William Collins Medical Physicist	50 00 0 00					X		201,562	0	13,352
Marshall Hughey Director of Pharmacy	50 00 0 00					X		189,951	0	17,051

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			
Scott Strech Admin of Cardiovascular	50 00 0 00					X		168,310	0	10,718
Paula Bunkner Fuller CRNA	50 00 0 00					X		167,899	0	8,431
NIGEL HINDS Former CFO	0 00 50 00						X	0	321,864	66,295

SCHEDULE A (Form 990 or 990-EZ)	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
	2016 Open to Public Inspection	
Department of the Treasury Internal Revenue Service Name of the organization MEMORIAL HEALTH SYSTEMS INC	Employer identification number 59-0973502	

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>	2	
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>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>	4c	
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>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
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 I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) 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>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b 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>		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

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 SYSTEMS INC	Employer identification number 59-0973502
---	--

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?		☐ Yes ☐ No
4a	Was a correction made?		☐ Yes ☐ 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?		☐ Yes ☐ 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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		11,011
j	Total. Add lines 1c through 1i			11,011
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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	AMERICAN HOSPITAL ASSOCIATION DUES AND FLORIDA HOSPITAL ASSOCIATION DUES

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493355008007	
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 2016 Open to Public Inspection
Name of the organization MEMORIAL HEALTH SYSTEMS INC				Employer identification number 59-0973502	
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?				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				☐ Yes ☐ No
Part II Conservation Easements. Complete if the organization answered "Yes" 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) ☐ Preservation of an historically important land area ☒ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
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 ► 1				
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 ► 0 00				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ 0				
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) 2016	

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,454,232		21,454,232
b Buildings		281,161,568	71,589,002	209,572,566
c Leasehold improvements				
d Equipment		106,240,073	78,327,678	27,912,395
e Other		6,619,913	561,782	6,058,131
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				264,997,324

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to related	6,940,941
Payable to third parties	3,257,949
Credit balances in A/R	1,771,949
Other deferred revenue	132,148
Interco Alloc of TE Bond Proceeds	139,450,839
Leases payable	2,073,430
Due to affiliated	231,898
Other liabilities	533,195
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	154,392,349

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

1	Total revenue, gains, and other support per audited financial statements	1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">2a</td><td></td></tr></table>			2a	
2a					
b	Donated services and use of facilities <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">2b</td><td></td></tr></table>			2b	
2b					
c	Recoveries of prior year grants <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">2c</td><td></td></tr></table>	2c			
2c					
d	Other (Describe in Part XIII) <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">2d</td><td></td></tr></table>	2d			
2d					
e	Add lines 2a through 2d	2e			
3	Subtract line 2e from line 1	3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">4a</td><td></td></tr></table>			4a	
4a					
b	Other (Describe in Part XIII) <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">4b</td><td></td></tr></table>			4b	
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				
a	Donated services and use of facilities <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">2a</td><td></td></tr></table>			2a	
2a					
b	Prior year adjustments <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">2b</td><td></td></tr></table>			2b	
2b					
c	Other losses <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">2c</td><td></td></tr></table>	2c			
2c					
d	Other (Describe in Part XIII) <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">2d</td><td></td></tr></table>	2d			
2d					
e	Add lines 2a through 2d	2e			
3	Subtract line 2e from line 1	3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">4a</td><td></td></tr></table>			4a	
4a					
b	Other (Describe in Part XIII) <table border="1" style="display: inline-table; vertical-align: bottom;"><tr><td style="width:5%;">4b</td><td></td></tr></table>			4b	
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: 59-0973502
Name: MEMORIAL HEALTH SYSTEMS INC

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

1	(a) Description of Liability	(b) Book Value
	Due to related	6,940,941
	Payable to third parties	3,257,949
	Credit balances in A/R	1,771,949
	Other deferred revenue	132,148
	Interco Alloc of TE Bond Proceeds	139,450,839
	Leases payable	2,073,430
	Due to affiliated	231,898
	Other liabilities	533,195

Supplemental Information	
Return Reference	Explanation
Part II, Line 9	The filing organization has recorded the land conservation easement on its financial state ments as a Property, Plant, and Equipment Asset. The conservation easement generates no re venue and the filing organization did not incur any expense in the current year related to the maintenance and monitoring of the conservation easement.

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Hospital is part of a consolidated audited financial statement. The consolidated audited financial statement includes the following FIN 48 footnote - The Division follows ASC 740, Income Taxes, which prescribes the accounting for uncertainty in income tax positions recognized in financial statements. ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken, in a tax return. There were no material uncertain tax positions as of December 31, 2016.

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► 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.

Name of the organization

MEMORIAL HEALTH SYSTEMS INC

Employer identification number

59-0973502

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

No

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

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

Yes

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

No

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

No

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)			9,516,575		9,516,575	3 130 %
b Medicaid (from Worksheet 3, column a)			28,060,883	11,876,875	16,184,008	5 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			37,577,458	11,876,875	25,700,583	8 450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			234,968		234,968	0 080 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,173		5,173	0 %
j Total. Other Benefits			240,141		240,141	0 080 %
k Total. Add lines 7d and 7j			37,817,599	11,876,875	25,940,724	8 530 %

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

Cat No 50192T

Schedule H (Form 990) 2016

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 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			1,480		1,480	0 %
9 Other						
10 Total			1,480		1,480	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
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	14,948,747	
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	1,657,649	
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	93,228,158
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	85,338,984
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	7,889,174
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
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

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?

2

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

		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)
 Florida Hospital 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

Community Health Needs Assessment

	Yes	No
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)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a 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)	7	Yes
a ☒ Hospital facility's website (list url) <u>See Statement</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Statement</u>	10	Yes
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

Florida Hospital Memorial Medical Center			
Name of hospital facility or letter of facility reporting group			
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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 ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of %			
b ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a ☒ The FAP was widely available on a website (list url) See Statement			
b ☒ The FAP application form was widely available on a website (list url) See Statement			
c ☒ A plain language summary of the FAP was widely available on a website (list url) See Statement			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ 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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

Florida Hospital Memorial Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ 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?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Florida Hospital Memorial Medical Center

Name of hospital facility or letter of facility reporting group _____

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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
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)
 Florida Hospital Oceanside

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): _____

2

Community Health Needs Assessment

	Yes	No
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)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a 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)	7	Yes
a ☒ Hospital facility's website (list url) <u>see Statement</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>	10	Yes
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>see Statement</u>	10b	
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)

Florida Hospital Oceanside

Name of hospital facility or letter of facility reporting group _____

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 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 ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of _____%		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance discount		
g ☐ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a ☒ The FAP was widely available on a website (list url) <u>see Statement</u>		
b ☒ The FAP application form was widely available on a website (list url) <u>see statement</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>see Statement</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ 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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☐ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Florida Hospital Oceanside

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ 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?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Florida Hospital Oceanside

Name of hospital facility or letter of facility reporting group _____

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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 38

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a	The filing organization is a wholly owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) during its current tax year AHSSHC serves as a parent organization to 22 tax-exempt 501(c)(3) hospital organizations that operate 44 hospitals in ten states within the U S The system of organizations under the control and ownership of AHSSHC is known as "Adventist Health System" (AHS) All hospital organizations within AHS collect, calculate, and report the community benefits they provide to the communities they serve AHS organizations exist solely to improve and enhance the local communities they serve AHS has a system-wide community benefits accounting policy that provides guidelines for its health care provider organizations to capture and report the costs of services provided to the underprivileged and to the broader community Each AHS hospital facility reports their community benefits to their Board of Directors and strives to communicate their community benefits to their local communities Additionally, the filing organizations most recently conducted community health needs assessment and associated implementation strategy are posted on the filing organization's website
Part I, Line 7	The amounts of costs reported in the table in line 7 of Part I of Schedule H were determined by utilizing a cost-to-charge ratio derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges, contained in the Schedule H instructions

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	The amount of bad debt expense, reported on line 2 of Section A of Part III is recorded in accordance with Healthcare Financial Management Association Statement No. 15. Discounts and payments on patient accounts are recorded as adjustments to revenue, not bad debt expense.
Part III, Line 3	Methodology for Determining the Estimated Amount of Bad Debt Expense that May Represent Patients who Could Have Qualified under the Filing Organization's Financial Assistance Policy. Self-pay patients may apply for financial assistance by completing a Financial Assistance Application Form (FAA Form). If an individual does not submit a complete FAA Form within 240 days after the first post-discharge billing statement is sent to the individual, an individual may be considered for presumptive eligibility based upon a scoring tool that is designed to classify patients into groups of varying economic means. The scoring tool uses algorithms that incorporate data from credit bureaus, demographic databases, and hospital specific data to infer and classify patients into respective economic means categories. Individuals who earn a certain score on the scoring tool are considered to qualify as eligible for the most generous financial assistance under the filing organization's Financial Assistance Policy. As determined by the filing organization, a nominal amount of such a patient's bill is written off as bad debt expense, while the remaining portion of the patient's bill is considered non-state charity. The amount written off as bad debt expense for those patients who potentially qualify as non-state charity using the scoring tool is the amount shown on line 3 of Section A of Part III. Rationale for Including Certain Bad Debts in Community Benefit. The filing organization is dedicated to the view that medically necessary health care for emergency and non-elective patients should be accessible to all, regardless of age, gender, geographic location, cultural background, physician mobility, or ability to pay. The filing organization treats emergency and non-elective patients regardless of their ability to pay or the availability of third-party coverage. By providing health care to all who require emergency or non-elective care in a non-discriminatory manner, the filing organization is providing health care to the broad community it serves. As a 501(c)(3) hospital organization, the filing organization maintains a 24/7 emergency room providing care to all whom present. When a patient's arrival and/or admission to the facility begins within the Emergency Department, triage and medical screening are always completed prior to registration staff proceeding with the determination of a patient's source of payment. If the patient requires admission and continued non-elective care, the filing organization provides the necessary care regardless of the patient's ability to pay. The filing organization's operation of a 24/7 Emergency Department that accepts all individuals in need of care promotes the health of the community through the provision of care to all whom present. Current Internal Revenue Service guidance that tax-exempt hospitals maintain such emergency rooms was established to ensure that emergency care would be provided to all without discrimination. The treatment of all at the filing organization's Emergency Department is a community benefit. Under the filing organization's Financial Assistance Policy, every effort is made to obtain a patient's necessary financial information to determine eligibility for financial assistance. However, not all patients will cooperate with such efforts and a financial assistance eligibility determination cannot be made based upon information supplied by the individual. In this case, a patient's portion of a bill that remains unpaid for a certain stipulated time period is wholly or partially classified as bad debt. Bad debts associated with patients who have received care through the filing organization's Emergency Department should be considered community benefit as charitable hospitals exist to provide such care in pursuit of their purpose of meeting the need for emergency medical care services available to all in the community.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	Financial Statement Footnote Related to Accounts Receivable and Allowance for Uncollectible Accounts The financial information of the filing organization is included in a consolidated audited financial statement for the current year The applicable footnote from the attached consolidated audited financial statements that addresses accounts receivable, the allowance for uncollectible accounts, and the provision for bad debts can be found on page 7 Please note that dollar amounts on the attached consolidated audited financial statements are in thousands
Part III, Line 8	Costing Methodology Medicare allowable costs were calculated using a cost-to-charge ratio

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	The hospital filing organization's collection practices are in conformity with the requirements set forth in the 2014 Final Regulations regarding the requirements of Internal Revenue Code Section 501(r)(4) - (r) (6) No extraordinary collection actions (ECA's) are initiated by the hospital filing organization in the 120-day period following the date after the first post-discharge billing statement is sent to the individual (or, if later, the specified deadline given in a written notice of actions that may be taken, as described below) Individuals are provided with at least one written notice (notice of actions that may be taken) and a copy of the filing organization's Plain Language Summary of the Financial Assistance Policy that informs the individual that the hospital filing organization may take actions to report adverse information to credit reporting agencies/bureaus if the individual does not submit a Financial Assistance Application Form (FAA Form) or pay the amount due by a specified deadline The specified deadline is not earlier than 120 days after the first post-discharge billing statement is sent to the individual and is at least 30 days after the notice is provided A reasonable attempt is also made to orally notify an individual about the filing organization's Financial Assistance Policy and how the individual may obtain assistance with the Financial Assistance application process If an individual submits an incomplete FAA Form during the 240-day period following the date on which the first post-discharge billing statement was sent to the individual, the hospital filing organization suspends any reporting to consumer credit reporting agencies/bureaus (or ceases any other ECA's) and provides a written notice to the individual describing what additional information or documentation is needed to complete the FAA Form This written notice contains contact information including the telephone number and physical location of the hospital facility's office or department that can provide information about the Financial Assistance Policy, as well as contact information of the hospital facility's office or department that can provide assistance with the financial assistance application process or, alternatively, a nonprofit organization or governmental agency that can provide assistance with the financial assistance application process if the hospital facility is unable to do so If an individual submits a complete FAA Form within a reasonable time-period as set forth in the notice described above, the hospital filing organization will suspend any adverse reporting to consumer credit reporting agencies/bureaus until a financial assistance policy eligibility determination can be made
Supplemental Schedule to Schedule H, Part III, Section B	Reconciliation of Schedule H Reported Medicare Surplus/(Shortfall) to Unreimbursed Medicare Costs Associated with the Provision of Services To All Medicare Beneficiaries The Medicare revenue and allowable costs of care reported in Section B of Part III of Schedule H are based upon the amounts reported in the filing organization's Medicare cost report in accordance with the IRS instructions for Schedule H On an annual basis, the filing organization also determines its total unreimbursed costs associated with providing services to all Medicare patients Unreimbursed costs are considered a community benefit to the elderly and are combined into an annual Community Benefit Statement prepared by Adventist Health System The primary reconciling items between the Medicare surplus/(shortfall) shown on line 7 of Section B of Part III of Schedule H and the filing organization's unreimbursed costs of services provided to Medicare patients as reported in the AHS Community Benefit Report are as follows - Medicare surplus/(shortfall) shown on line 7 of Section B of Schedule H \$ 7,889,174- Difference in costing methodology (12,066,285)- Unreimbursed costs incurred for services provided to Medicare patients that are not included in the organization's Medicare cost report (5,588,527) -----Total surplus/(shortfall) costs of serving all Medicare patients per the filing organization's community benefit reporting \$ (9,765,638)As indicated above, the primary differences between the Medicare surplus/(shortfall) reported on Schedule H, Part III, Section B, line 7 and the filing organization's portion of the Company's annual community benefit statement is due to a difference in the costing methodology and differences in the population of Medicare patients within the calculation The cost methodology utilized in calculating any Medicare surplus/ (shortfall) for purposes of the annual community benefit reporting is based upon the cost-to-charge ratio outlined in Worksheet 2 of the Schedule H instructions The same cost-to-charge ratio is used to determine the costs associated with services provided to charity care patients and Medicaid patients as reported in Schedule H, Part I, line 7 In addition, the Medicare cost report excludes services provided to Medicare patients for physician services, services provided to patients enrolled in Medicare HMOs, and certain services provided by outpatient departments of the filing organization that are reimbursed on a fee schedule The Company's own community benefit statement captures the unreimbursed cost of providing services to all Medicare beneficiaries throughout the organization

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	The Hospitals conducted community health needs assessments (CHNA) during 2013 and 2016. The 2016 CHNAs were adopted by the governing board by December 31, 2016, the end of the filing organization's taxable year in which it conducted the CHNAs. The Hospitals' 2016 CHNAs complied with the guidance set forth by the IRS in Final Regulation Section 1.501(r)-3. In addition to the CHNAs discussed above, a variety of practices and processes are in place to ensure that the filing organization is responsive to the health needs of its communities. Such practices and processes involve the following: 1. A hospital operating/community board composed of individuals broadly representative of the community, community leaders, and those with specialized medical training and expertise; 2. Post-discharge patient follow-up related to the on-going care and treatment of patients who suffer from chronic diseases; 3. Sponsorship and participation in community health and wellness activities that reach a broad spectrum of the filing organization's community; and 4. Collaboration with other local community groups to address the health care needs of the filing organization's community.
Part VI, Line 3	The Financial Assistance Policy (FAP), Financial Assistance Application Form (FAA Form), and the Plain Language Summary of the Financial Assistance Policy (PLS) of the filing organization's hospital facilities are transparent and available to all individuals served at any point in the care continuum. The FAP, FAA Form, PLS, and contact information for each hospital facility's financial counselors are prominently and conspicuously posted on each filing organization's hospital facility's websites. The websites indicate that a copy of the FAP, FAA Form, and PLS is available and how to obtain such copies in the primary languages of any populations with limited proficiency in English that constitute the lesser of 1,000 individuals or 5% of the members of the community served by the hospital facility (referred to below as LEP defined populations). Signage is displayed in public locations of the filing organization's hospital facilities, including at all points of admission and registration and the Emergency Department. The signage contains the hospital facility's website address where the FAP, FAA Form, and PLS can be accessed and the telephone number and physical location that individuals can call or visit to obtain copies of the FAP, FAA Form and PLS or to obtain more information about the hospital facility's FAP, FAA Form and PLS. Paper copies of the hospital facility's FAP, FAA Form and PLS are available upon request and without charge, both in public locations in the hospital facility and by mail. Paper copies are made available in English and in the primary languages of any LEP defined populations. The filing organization's hospital facility's financial counselors seek to provide personal financial counseling to all individuals admitted to the hospital facility who are classified as self-pay during the course of their hospital stay or at time of discharge to explain the FAP and FAA Form and to provide information concerning other sources of assistance that may be available, such as Medicaid. A paper copy of the hospital facility's PLS will be offered to every patient as a part of the intake or discharge process. A conspicuous written notice is included on all billing statements sent to patients that notifies and informs recipients about the availability of financial assistance under the filing organization's financial assistance policy, including the following: 1) the telephone number of the hospital facility's office or department that can provide information about the FAP and the FAA Form, and 2) the website address where copies of the FAP, FAA Form and PLS may be obtained. Reasonable attempts are made to inform individuals about the hospital facility's FAP in all oral communications regarding the amount due for the individual's care. Copies of the PLS are distributed to members of the community in a manner reasonably calculated to reach those members of the community who are most likely to require financial assistance.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	The filing organization operates 2 hospitals in Volusia County, Florida, Florida Hospital Memorial Medical Center (Memorial), a 277-licensed bed facility and Florida Hospital Oceanside (Oceanside), a 81-licensed bed facility. Additionally, the filing organization serves its communities with imaging services, and laboratory services throughout East Central Florida. More than 400 physicians hold privileges at the filing organization's facilities and combined, the filing organization employs more than 2800 individuals. There is an affiliate hospital and two other hospitals within a radius of 20 miles or less from Memorial and Oceanside. Approximately 62.3% of the filing organization's patients during 2016 were Medicare patients, about 9.1% were Medicaid patients, 4.7% were self-pay, and the remaining percentage were patients covered under commercial insurance. For 2016 about 61.5% of the Hospital's in-patients were admitted through the Hospital's emergency department. Memorial is Volusia County's newest and most comprehensive facility. Its new facility features the area's only endovascular/hybrid operating room where patients are diagnosed and treated in one location for a variety of heart and endovascular conditions, the area's only Siemens Somatom 64-slice CT scanner for faster, painless diagnoses of heart conditions and strokes using 50 percent less radiation, and a newly expanded emergency department featuring "no wait" services. Volusia County, Florida has a population of over 500,000 people, with an estimated 23% age 65 or over the age of 65. Daytona Beach is the regional commercial and cultural hub of the Deltona-Daytona Beach-Ormond Beach area. The city is an integral segment of the Interstate Highway 4 corridor with specialized industries in aerospace, automotive, and manufacturing. The median household income, based on population, in Volusia County is approximately \$40,818. High school graduates account for approximately 88.9% of Volusia County with an estimated 22.5% having a bachelor's degree or higher. It is estimated that 11.7% of the families residing in Volusia County live below the poverty level and the unemployment rate is about 5%. Oceanside has a long history of community support and services which includes medical/surgical care and the operation of Peninsula Rehabilitation Center, Volusia County's only inpatient rehabilitation center. It also offers an outpatient rehab unit, imaging services, laboratory services, and cardiopulmonary services.
Part VI, Line 5	The provision of community benefit is central to the filing organization's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served by the filing organization is a function of "extending the healing ministry of Christ and embodies the filing organization's commitment to its values and principles. The filing organization commits substantial resources to provide a broad range of services to both the underprivileged as well as the broader community. In addition to the community benefit and community building information provided in Parts I, II and III of this Schedule H, the Hospital captures and reports the benefits provided to its community through faith-based care. Examples of such benefits include the cost associated with chaplaincy care programs and mission peer reviews and mission conferences. During the current year, the filing organization provided \$586,451 of benefit with respect to the faith-based and spiritual needs of the community in conjunction with its operation of 2 community hospitals. The filing organization also provides benefits to its community's infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care to the community. During the current year, the filing organization expended \$25,856,880 in new capital improvements. As a faith-based mission-driven community hospital, the filing organization is continually involved in monitoring its community, identifying unmet health care needs and developing solutions and programs to address those needs. In accordance with its conservative approach to fiscal responsibility, surplus funds of the Hospital are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its community.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	The filing organization is a part of a faith-based healthcare system of organizations whose parent is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). The system is known as Adventist Health System (AHS). AHSSHC is an organization exempt from federal income tax under IRC Sec. 501(c)(3). AHSSHC and its subsidiary organizations operate 44 hospitals in 10 states throughout the U.S., primarily in the Southeastern portion of the U.S. AHSSHC and its subsidiaries also operate 16 nursing home facilities and other ancillary health care provider facilities, such as ambulatory surgery centers and diagnostic imaging centers. As the parent organization of the AHS system, AHSSHC provides executive leadership and other professional support services to its subsidiary organizations. Professional support services include among others corporate compliance, legal, human resources, reimbursement, risk management, and tax as well as treasury functions. The provision of these executive and support services on a centralized basis by AHSSHC provides an appropriate balance between providing each AHS subsidiary hospital organization with mission-driven consistent leadership and support while allowing the hospital organization to focus its resources on meeting the specific health care needs of the community it serves. The reader of this Form 990 should keep in mind that this reporting entity may differ in certain areas from that of a stand-alone hospital organization due to its inclusion in a larger system of healthcare organizations. As a part of a system of hospital and other health care organizations, the filing organization benefits from reduced costs due to system efficiencies, such as large group purchasing discounts, and the availability of internal resources such as internal legal counsel. Each AHS subsidiary pays a management fee to AHSSHC for the internal services provided by AHSSHC. As a result, management fee expense reported by a AHS subsidiary organization may appear greater in relation to management fee expense that may be reported by a single stand-alone hospital. The single stand-alone hospital would likely report costs associated with management and other professional services on various expense line items in its statement of revenue and expense as opposed to reporting such costs in one overall management fee expense. As the reporting of the Form 990 is done on an entity by entity basis, there is no single Form 990 that captures the programs and operations of AHS as a whole. The reader is directed to visit the website of AHS at www.adventisthealthsystem.com to learn more about the mission and operations of AHS.
Part VI, Line 7	The filing organization does not file an annual community benefit report with any state agencies.

Additional Data

Software ID:
Software Version:
EIN: 59-0973502
Name: MEMORIAL HEALTH SYSTEMS INC

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2											
Name, address, primary website address, and state license number											
1	Florida Hospital Memorial Medical Center 301 Memorial Medical Parkway Daytona Beach, FL 32117 www.floridahospital.com/memorial-medic 4201	X	X					X			
2	Florida Hospital Oceanside 264 South Atlantic Ave Ormond Beach, FL 32176 www.floridahospital.com/memorial-medic 4201	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Florida Hospital Memorial Medical Center	Part V, Section B, Line 5 Memorial Health Systems, Inc , d/b/a Florida Hospital Memorial Medical Center, (FHMMC or the Hospital) operates two hospitals under a single license in Volusia County, Florida with a total of 358 licensed beds For purposes of its 2016 Community Health Needs Assessment, the Hospital defined its community as all of Volusia County, Florida Volusia County, Florida has a total population of over 500,000 About 18% of the population was under age 18 and 23% of the population was 65 years or older FHMMC joined with its four affiliated hospitals in Volusia County and with Halifax Health, an unrelated governmental hospital in Volusia County, and with the Volusia County Department of Health to conduct a county-wide Community Health Needs Assessment in 2015-2016 Additionally, the Hospital contracted with One Voice for Volusia, a local non-profit organization to assist in primary data collection, compilation and analysis and facilitation of the review and prioritization process for identified community health needs As a part of its efforts to ensure broad community-based input into the CHNA process, the Hospital established a Leadership Team that included 45 leaders from 15 organizations representing key sectors of the public health system as well as low-income, minority and other underserved populations In addition to the Leadership Team, the 2016 Community Health Needs Assessment process included input from people representing the broad community, including low-income, minority, and other medically underserved populations This input was gathered through community surveys (internet and paper) that reached 2,003 consumers and stakeholders and two community meetings that engaged 120 community members and stakeholders The following community-based organizations were participants on the Leadership Team These organizations specifically represented the needs of low-income, minority and medically underserved populations The Volusia County Health Department, The Jesus Clinic - a clinic providing free healthcare to families that do not qualify for Medicaid and are uninsured, Family Health Source Medical Centers, Lutheran Services Florida Health Systems, Volusia County Schools, Stetson University, Council on Aging, Career Source Flagler/Volusia, Healthy Start Coalition of Flagler and Volusia, Easter Seals, Bethune-Cookman University, United Way of Volusia-Flagler Counties, and Stewart Marchman Act Behavioral Healthcare - recovery for mental illness and addiction

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Form and Line Reference	Explanation
Florida Hospital Memorial Medical Center	Part V, Section B, Line 6a The filing organization participated in a joint regional Community Health Needs Assessment (CHNA) that included three related hospital organizations, an unrelated hospital organization, the Volusia County Health Department and a community non-profit organization These collaborators all considered Volusia County to be the primary service area for purposes of the joint CHNA All collaborators in the joint regional CHNA were as follows Related Collaborators Memorial Hospital West Volusia, Inc , dba Florida Hospital DelandSouthwest Volusia Healthcare Corporation, dba Florida Hospital Fish MemorialSoutheast Volusia Healthcare Corporation, dba Florida Hospital New Smyrna, Memorial Health Systems, Inc , dba Florida Hospital Memorial Medical Center, andMemorial Health Systems, Inc , dba Florida Hospital Oceanside,Unrelated Collaborators Halifax Health Medical Center,The Volusia County Health Department, and One Voice for Volusia

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Form and Line Reference	Explanation
Florida Hospital Memorial Medical Center	Part V, Section B, Line 6b The filing organization participated in a joint regional Community Health Needs Assessment (CHNA) that included three related hospital organizations, an unrelated hospital organization, the Volusia County Health Department and a community non-profit organization These collaborators all considered Volusia County to be the primary service area for purposes of the joint CHNA All collaborators in the joint regional CHNA were as follows Related Collaborators Memorial Hospital West Volusia, Inc , dba Florida Hospital DelandSouthwest Volusia Healthcare Corporation, dba Florida Hospital Fish MemorialSoutheast Volusia Healthcare Corporation, dba Florida Hospital New Smyrna, Memorial Health Systems, Inc , dba Florida Hospital Memorial Medical Center, andMemorial Health Systems, Inc , dba Florida Hospital Oceanside,Unrelated Collaborators Halifax Health Medical Center,The Volusia County Health Department, and One Voice for Volusia

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Florida Hospital Oceanside	Part V, Section B, Line 6b The filing organization participated in a joint regional Community Health Needs Assessment (CHNA) that included three related hospital organizations, an unrelated hospital organization, the Volusia County Health Department and a community non-profit organization These collaborators all considered Volusia County to be the primary service area for purposes of the joint CHNA All collaborators in the joint regional CHNA were as follows Related Collaborators Memorial Hospital West Volusia, Inc , dba Florida Hospital DelandSouthwest Volusia Healthcare Corporation, dba Florida Hospital Fish MemorialSoutheast Volusia Healthcare Corporation, dba Florida Hospital New Smyrna, Memorial Health Systems, Inc , dba Florida Hospital Memorial Medical Center, andMemorial Health Systems, Inc , dba Florida Hospital Oceanside,Unrelated Collaborators Halifax Health Medical Center,The Volusia County Health Department, and One Voice for Volusia

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Form and Line Reference	Explanation
Florida Hospital Memorial Medical Center	Part V, Section B, Line 7d The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Reports must be posted on the Hospital's website at least until the date the hospital facility has made widely available on its website its two subsequent Community Health Needs Assessment Reports The Hospital will also make a paper copy of its Community Health Needs Assessment Report available for public inspection upon request and without charge, at least until the date the hospital facility has made available for public inspection its two subsequent Community Health Needs Assessment Reports

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Form and Line Reference	Explanation
Florida Hospital Memorial Medical Center	Part V, Section B, Line 11 The information provided below explains how the hospital facility addressed in 2016 the significant health needs identified in its 2013 Community Health Needs Assessment, and any such needs that were not addressed and the reasons why such needs were not addressed. The hospital facility conducted a Community Health Needs Assessment in 2016 and adopted an implementation strategy to address the significant health needs identified in the 2016 Community Health Needs Assessment in 2017 prior to May 15, 2017. The filing organization owns and operates Florida Hospital Memorial Medical Center (FHMMC) and Florida Hospital Oceanside under a single license and is part of the East Florida Region of Florida Hospital. The Region includes six hospital facilities. This is the third-year update for Florida Hospital Memorial Medical Center and Florida Hospital Oceanside's 2013-2016 Community Health Plan/Implementation Strategy. Florida Hospital Memorial Medical Center/Oceanside (collectively "the Hospitals") developed this Plan and posted it in May 2014 as part of its 2013 Community Health Needs Assessment process. For the development of both the Community Health Needs Assessment and the Community Health Plan/Implementation Strategy, the Hospitals made a particular effort to define and address the needs of low-income, minority and underserved populations in each of their service areas. The 2013 Community Health Needs Assessment used primary data interviews and surveys, secondary data from local, regional and national health-related sources, and the Hospitals' prevalence data to help the Hospitals determine the health needs of the communities each serve. Once the data was gathered, the primary issues identified in the Needs Assessment were prioritized by relevant community and Hospital stakeholders, who then selected key issues for each Hospital to address in its 2013-2016 Community Health Plan. The three-year progress on the Community Health Plan for the Hospitals is noted below. The narrative describes the issues identified in 2013 and gives an update on the strategies addressing those issues. There is also a description of the identified issues that the Hospitals are not addressing. The Hospitals' 2013 Community Health Needs Assessment (CHNA) identified health significant needs in Cardiovascular Disease, Diabetes, Promoting Health and Wellness, and Alcohol, Drug and Tobacco Use and Abuse. The Community Committee that oversaw the CHNA process believed that all of these issues fell under the larger umbrella of Health and Wellness, the program initiatives are organized in this manner. Priority Health and Wellness/Cardiovascular Disease & Diabetes 2013 Description of the Issue. The Hospitals' Community Health Needs Assessment showed that the age-adjusted death rate due to heart failure per 100,000 in Volusia County is more than double the State of Florida rate. In addition, the percentage of adults with diagnosed high blood cholesterol is g

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Florida Hospital Memorial Medical Center	etting worse and is higher than the state average, and more Volusia adults have had a heart attack, angina or coronary high blood cholesterol than the state percentage. The CHNA also noted that the percentage of adults with Diabetes is higher in Volusia than in the State of Florida (13.5 vs. 10.4%). As they are nationally, diabetes and heart disease rates are higher in African American populations, especially men. 2016 Update: The Hospitals tackled these chronic conditions in conjunction with the four other Florida Hospital campuses in Volusia and Flagler Counties. Interventions for heart disease and diabetes included the Change Your Life Program, the incorporation of CREATION Health classes and programming, and Community Corporate Wellness initiatives and partnerships with local civic and government agencies. The Change Your Life membership program had 3,146 enrollees at the end of 2016. CREATION Health, an education program focused on a healthy lifestyle built around the eight core principles of CREATION Health (choice, rest, environment, activity, trust, interpersonal relationships, outlook and nutrition), was provided to 94 individuals during 2014-2016 and 87% of participants reported an increased understanding of these principles. The Hospitals invested \$5,550 in the program and over 75 volunteer hours to implement the program. CREATION Health seminars were held at the Hospitals and community locations, including a targeted, low-income community. The FHMMC/Oceanside Diabetes Center supports a community outreach program that includes support groups, nutritional classes and educational seminars, as well as an annual World Diabetes Day event. Heart disease and diabetes interventions include cholesterol screenings for area residents including low-income groups, diabetes education and scholarships for underserved adults, and wellness programs. In 2014-2016, the Hospitals provided 138 people (including low-income groups) with important health screenings through an investment of over \$3,000 in lab costs. Additionally, the Hospitals provided access to support groups and over 3,653 individuals participated in education programs and community lectures. Programs included Understanding Heart Medications, Heart Healthy Cooking Demo and Nutrition Seminars, Go Red Screening (heart disease), Women's Health Fair and Go Red screenings, and Wellness on Wheels mobile van health screenings. The Hospitals also offered a Diabetes support group and three cardiopulmonary support groups: Stroke, Young at Heart and the Better Breathers Club. All activities met or exceeded their attendance/participation goals. Priority: Health and Wellness/Other. 2013 Description of the Issue: The Community Health Needs Assessment Committee agreed that strategically approaching Health and Wellness through existing Florida Hospital and community initiatives would result in a halo effect to the other key issues. The following update notes these efforts. 2016 Update: FHMMC/Oceanside offered

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Florida Hospital Memorial Medical Center	multiple programs to improve health and wellness in the communities they serve The Pink Army volunteer "army of soldiers" consisted of current breast cancer patients and survivor s, mothers and fathers, sons and daughters, and family members and friends These volunteer rs worked in the community to provide community education efforts around early detection o f breast cancer, and raised money to provide mammograms for underserved women Hospitals' w ellness programs included Self-defense workshops, Public Health and Safety Fairs, Baby Sho wers for underserved mothers, a Senior Expo, Beginner Yoga classes, Aerobics Classes, Bike Helmet fittings, and a Church Speakers' Bureau on various health topics including cardiac disease and diabetes The Hospitals also participated in the National Night Out annual co mmunity-building campaign that promotes police-community partnerships and neighborhood cam araderie to make our neighborhoods safer, better places to live Additional wellness progra ms included participation in Let's Move Volusia's Youth Coalition (with the Volusia Health Department), other Health Department Wellness initiatives, the Worksite Wellness Council of Volusia County, and Volusia County Schools The Hospitals supported health and wellness efforts sponsored by the Junior League of Daytona Beach and provided financial support fo r the Healthy Start Coalition of Flagler/Volusia Hospital-sponsored support groups includ ed Bereavement, Bible Study, Living with Cancer, Look Good/Feel Better (for cancer patient s), Breast Cancer, Lung Cancer, Child care, Big Brother/Big Sister, Mommy to Mommy group, Breastfeeding support group, Kidney Smart, and Stuttering In addition, a number of commun ity groups held programs at the Hospitals AARP Florida, Toastmaster, Alcoholics Anonymous , Codependents Anonymous, Debtors Anonymous and Overeaters Anonymous Continued in Schedul e H, supplemental section

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7a	The CHNA report for both campuses can be found at URL https //www.floridahospital.com/community-health-needs-assessments

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 10a	The hospital's most recently adopted implementation strategy for both campuses can be found at https //www.floridahospital.com/community-health-needs-assessments

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a,b,c	The Financial Assistance Policy for both campuses can be found at URL https //www floridahospital com/patient-resources/billing/financial-assistance The Financial Assistance Policy application for both campuses can be found at https //www floridahospital com/patient-resources/billing/financial-assistance The plain language summary for both campuses are available at https //www floridahospital com/patient-resources/billing/financial-assistance

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Continuation of Part V, Section B, line 11 for Ormond	Priority Substance Use and Abuse (Tobacco, Drugs, Alcohol, Prescription Drugs)2013 Description of the Issue Volusia County has a higher percentage of adult smokers than the rest of Florida (23% vs 17%) In addition, prescription drug abuse is a growing issue, and alcohol use in women has also increased Volusia County is in the fourth quartile among high school students for marijuana use over the past 30 days 2016 Update FHMMC/Oceanside does not offer substance abuse services but supported existing community efforts around substance abuse The Hospitals partnered to provide "Tools to Quit" smoking cessation classes and "Tools to Quit" scholarships for uninsured people, over 260 individuals successfully completing the classes in 2014-2016 The smoking cessation classes were supported financially by the Hospitals through an investment of \$3,000 and were implemented through a partnership with a local organization, AHEC In addition, the Hospitals worked with other Florida Hospital facilities in Volusia County on Youth Substance Abuse Prevention efforts focused on marijuana and hashish use by providing financial support for the program 80% of the locally enrolled students successfully completed the program Priority Health Care Access 2013 Description of the Issue Access to health care was identified by both external and internal stakeholders as a priority In particular, many low-income residents of zip codes 32114 and 32117 are uninsured and do not have access to primary care Limited access to health care can lead to chronic issues previously identified including cardiovascular disease, diabetes and obesity At the time of the 2013 Assessment, the County's 2-1-1 community resource line was sorely out-of-date meaning that community members did not have a reliable means for understanding and accessing the community's health and wellness resources available 2016 Update The Hospitals provided \$256,609 (at cost) funding for labs, diagnostic and treatment services for the free Jesus Clinic that serves uninsured people For uninsured women, the Hospitals created a program offering free mammograms The Hospitals also worked with community partners to update the 2-1-1 service The 2016 goals and achievements were threefold 1) increase the number of health and wellness resources listed in the county's 2-1-1 database, 2) increase referrals by staff to health and wellness resources, and 3) increase the number of web referrals for health and wellness resources from zero Through a n investment of \$14,568, the database was increased to include 147 new health and wellness resources, over 2,900 staff referrals to health and wellness resources and 6,500 web referrals to health and wellness resources Priorities Considered but Not Selected The primary and secondary data in the Community Health Needs Assessment identified multiple community issues Hospital and community stakeholders used the following criteria to narrow the larger list to the priority areas

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Continuation of Part V, Section B, line 11 for Ormond	noted above 1 How acute is the need? (based on data and community concern)2 What is the trend? Is the need getting worse?3 Does the Hospital provide services that relate to the priority? 4 Is someone else or multiple groups in the community already working on this issue? 5 If the Hospital were to address this issue, are there opportunities to work with community partners? Based on this prioritization process, the Hospitals did not choose the following community issues Mental Health DisordersThe Hospitals do not provide mental health and substance abuse services, and therefore do not have internal resources to fully support a community program Our external, community stakeholders suggested that, by supporting the programs noted in Priority 4 (above), we could have an indirect impact on mental health and alcohol and drug abuse and that there would also be an indirect effect on mental health issues in the primary service area Chronic Disease Asthma FHMMC/Oceanside already offers community education and wellness resources for lung disease It does not have specific asthma programs because others in the community do so, and our health and wellness initiative and 2-1-1 have resources for this condition

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Continuation of Part V, Section B, line 11 for Oceanside	Priority Substance Use and Abuse (Tobacco, Drugs, Alcohol, Prescription Drugs) 2013 Description of the Issue Volusia County has a higher percentage of adult smokers than the rest of Florida (23% vs 17%) In addition, prescription drug abuse is a growing issue, and alcohol use in women has also increased Volusia County is in the fourth quartile among high school students for marijuana use over the past 30 days 2016 Update FHMMC/Oceanside does not offer substance abuse services but supported existing community efforts around substance abuse The Hospitals partnered to provide "Tools to Quit" smoking cessation classes and "Tools to Quit" scholarships for uninsured people, over 260 individuals successfully completing the classes in 2014-2016 The smoking cessation classes were supported financially by the Hospitals through an investment of \$3,000 and were implemented through a partnership with a local organization, AHEC In addition, the Hospitals worked with other Florida Hospital facilities in Volusia County on Youth Substance Abuse Prevention efforts focused on marijuana and hashish use by providing financial support for the program 80% of the locally enrolled students successfully completed the program Priority Health Care Access 2013 Description of the Issue Access to health care was identified by both external and internal stakeholders as a priority In particular, many low-income residents of zip codes 32114 and 32117 are uninsured and do not have access to primary care Limited access to health care can lead to chronic issues previously identified including cardiovascular disease, diabetes and obesity At the time of the 2013 Assessment, the County's 2-1-1 community resource line was sorely out-of-date meaning that community members did not have a reliable means for understanding and accessing the community's health and wellness resources available 2016 Update The Hospitals provided \$256,609 (at cost) funding for labs, diagnostic and treatment services for the free Jesus Clinic that serves uninsured people For uninsured women, the Hospitals created a program offering free mammograms The Hospitals also worked with community partners to update the 2-1-1 service The 2016 goals and achievements were threefold 1) increase the number of health and wellness resources listed in the county's 2-1-1 database, 2) increase referrals by staff to health and wellness resources, and 3) increase the number of web referrals for health and wellness resources from zero Through an investment of \$14,568, the database was increased to include 147 new health and wellness resources, over 2,900 staff referrals to health and wellness resources and 6,500 web referrals to health and wellness resources Priorities Considered but Not Selected The primary and secondary data in the Community Health Needs Assessment identified multiple community issues Hospital and community stakeholders used the following criteria to narrow the larger list to the priority areas

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Continuation of Part V, Section B, line 11 for Oceanside	noted above 1 How acute is the need? (based on data and community concern)2 What is the trend? Is the need getting worse?3 Does the Hospital provide services that relate to the priority? 4 Is someone else or multiple groups in the community already working on this issue? 5 If the Hospital were to address this issue, are there opportunities to work with community partners? Based on this prioritization process, the Hospitals did not choose the following community issues Mental Health DisordersThe Hospitals do not provide mental health and substance abuse services, and therefore do not have internal resources to fully support a community program Our external, community stakeholders suggested that, by supporting the programs noted in Priority 4 (above), we could have an indirect impact on mental health and alcohol and drug abuse and that there would also be an indirect effect on mental health issues in the primary service area Chronic Disease Asthma FHMMC/Oceanside already offers community education and wellness resources for lung disease It does not have specific asthma programs because others in the community do so, and our health and wellness initiative and 2-1-1 have resources for this condition

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 8-10a - For Ormond	Florida Hospital Memorial Medical Center (FHMMC) adopted a Community Health Needs Assessment Report by 12/31/16 and was in the process of developing its Community Health Needs Implementation Strategy FHMMC's 2017 Community Health Needs Implementation Strategy will be documented in a written report called the "Community Health Plan" The Community Health Plan (CHP) will describe how FHMMC plans to meet its identified prioritized health needs or will identify the health need as one FHMMC does not intend to specifically address and provide an explanation as to why it does not intend to address that health need In accordance with Final Regulation Section 1 501(r)-3(c)(5), FHMMC's 2017 CHP was adopted no later than May 15, 2017 and is also posted on the hospital facility's website As the hospital facility's 2017 Community Health Needs Implementation Strategy was not adopted by the end of the hospital organization's taxable year of December 31, 2016, Schedule H, Part V, Section B, line 9 indicates that 2014 was the tax year in which the hospital facility last adopted an implementation strategy Schedule H, Part V, Section B, Line 10a reflects the website address for the hospital facility's 2014 Implementation Strategy since this is the most recently adopted Implementation Strategy

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
SCHEDULE H, PART V, SECTION B, LINE 8-10a - For Oceanside	Florida Hospital Oceanside (FHO) adopted a Community Health Needs Assessment Report by 12/31/16 and was in the process of developing its Community Health Needs Implementation Strategy FHO's 2017 Community Health Needs Implementation Strategy will be documented in a written report called the "Community Health Plan" The Community Health Plan (CHP) will describe how FHO plans to meet its identified prioritized health needs or will identify the health need as one FHO does not intend to specifically address and provide an explanation as to why it does not intend to address that health need In accordance with Final Regulation Section 1 501(r)-3(c)(5), FHO's 2017 CHP was adopted no later than May 15, 2017 and is also posted on the hospital facility's website As the hospital facility's 2017 Community Health Needs Implementation Strategy was not adopted by the end of the hospital organization's taxable year of December 31, 2016, Schedule H, Part V, Section B, line 9 indicates that 2014 was the tax year in which the hospital facility last adopted an implementation strategy Schedule H, Part V, Section B, Line 10a reflects the website address for the hospital facility's 2014 Implementation Strategy since this is the most recently adopted Implementation Strategy

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)
3 - New Smyrna Beach Outpatient Services 125 127 Florida Memorial Parkway New Smyrna Beach, FL 32168	Lab, Outpatient, Imaging Services
4 - FHMMC REHABILITATION SVCS OUTPATIENT CTR 501 STERTHAUS AVENUE ORMOND Beach, FL 32174	REhabilitative Services
5 - Florida Memorial Hospital Imaging Center 335 Clyde Morris Blvd ORMond Beach, FL 32174	Diagnostic Imaging
6 - FHMMC CANCER CARE CENTER 224 Memorial Medical PKWY Daytona Beach, FL 32117	Oncology Services
7 - FHMMC Wound Care 305 MEMORIAL MEDICAL PKWY 101 DAYtona Beach, FL 32117	Wound Care Services
8 - FHMMC at the Pavilion 5535 S Williamson Blvd700 Port Orange, FL 32128	Healthcare Rehab, Lab, & Radiology Services
9 - PRACTICE OF Dr Kent & Velat 305 MEMORIAL MEDICAL PKWY 206 DAYtona Beach, FL 32117	Neuro Surgery
10 - Florida Women's Health Center 335 Clyde Morris Blvd 240 Ormond Beach, FL 32174	Family & Gynecologic Surgery
11 - Florida Women's Care 305 MEMORIAL MEDICAL PKWY 400 Daytona Beach, FL 32117	OB GYN Services
12 - Dr Desai 305 MEMORIAL MEDICAL PKWY 307 Daytona Beach, FL 32117	Cardiovascular Services
13 - Practice of Dr Daas 305 MEMORIAL MEDICAL PKWY 203 Daytona Beach, FL 32117	Gastroenterology
14 - Drs Carol & Luther St James 1890 LPGa Blvd 170 Daytona Beach, FL 32117	Family Medicine
15 - PRACTICE OF Drs Niewald & Eisenhut 305 MEMORIAL MEDICAL PKWY 502 ORMOND Beach, FL 32174	Family Medicine
16 - Practice of Dr Birkedal 305 MEMORIAL MEDICAL PKWY 205 DAYtona Beach, FL 32117	General Surgery
17 - Daytona Beach Shores Outpatient Rehab 3506 S Atlantic Ave Daytona Beach Shores, FL 32118	Rehab and Lab Services

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)
18 - Dr B and R Peck 305 MEMORIAL MEDICAL PKWY 401 Daytona Beach, FL 32117	Family Medicine
19 - Memorial MedLab 290 N Clyde Morris Blvd Ormond Beach, FL 32174	Lab Services
20 - FHMMC Cardiac Rehab 305 MEMORIAL MEDICAL PKWY 306 DAYtona Beach, FL 32117	REHabilitative Services
21 - FHMMC at the Pavilion-Drs Karakossian 5535 S Williamson Blvd700 Port Orange, FL 32128	Family Medicine
22 - Dr Narges Mazloom 305 MEMORIAL MEDICAL PKWY 305 Daytona Beach, FL 32117	Otolaryngology, incl Plastics
23 - Practice of Dr Rasmussen 305 MEMORIAL MEDICAL PKWY 209 DAYtona Beach, FL 32117	General Surgery
24 - Drs Levine and Ravain 305 MEMORIAL MEDICAL PKWY 101 Daytona Beach, FL 32117	Family Medicine & Wound Care
25 - FHMMC at the Pavilion-Dr Gaines & Bishay 5535 S Williamson Blvd722 Port Orange, FL 32128	Family Medicine
26 - Dr Malan 125 Florida Memorial Pkwy 2500 New Smyrna Beach, FL 32168	Family Medicine
27 - Dr Mina Zahedi 1050 W Granada Blvd 2-A ORMond Beach, FL 32174	Internal Medicine
28 - Dr Keller 125 Florida Memorial Pkwy 2600 New Smyrna Beach, FL 32168	Internal Medicine
29 - Practice of Dr Cohen 305 MEMORIAL MEDICAL PKWY 207 DAYtona Beach, FL 32117	Family Medicine
30 - Dr Dennis Murphy 305 MEMORIAL MEDICAL PKWY 303 Daytona Beach, FL 32117	Neuro Surgery
31 - Dr Fischer-Carne 125 Florida Memorial Pkwy 2700 New Smyrna Beach, FL 32168	Family Medicine
32 - Drs Townsend and La Starza 335 Clyde Morris Blvd 290 ORMond Beach, FL 32174	Internal Medicine

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)
33 - PRACTICE OF Dr CASIMIRO 290 N Clyde Morris Blvd A-2 ORMOND Beach, FL 32174	Family Medicine
34 - Drs Sulochana and Mihir Tolat 305 MEMORIAL MEDICAL PKWY 405 Daytona Beach, FL 32117	Pediatrics
35 - Dr Grove 305 MEMORIAL MEDICAL PKWY 201 Daytona Beach, FL 32117	General Surgery
36 - Dr Rachel Scheerer 1425 Hand Ave suite F ORMOND Beach, FL 32174	Family Medicine
37 - Drs Mangonon and Carroll 305 MEMORIAL MEDICAL PKWY 308 Daytona Beach, FL 32117	Cardiac Thoracic & Vascular Surgery
38 - NPP Neurology 306 Memorial Medical Pkwy 207 Daytona Beach, FL 32117	Neuro Surgery
39 - Dr Elizabeth Chandler 305 MEMORIAL MEDICAL PKWY 307 Daytona Beach, FL 32117	Physical Medicine and Rehab
40 - Dr Windham 305 MEMORIAL MEDICAL PKWY 201 Daytona Beach, FL 32117	Oncology Services

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEMS INC

Employer identification number
59-0973502

Part I

General Information on Grants and Assistance

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

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	Grants are generally made only to related organizations that are exempt from federal income tax under IRC Section 501(c)(3), or to other local charitable community organizations, or to other 501(c)(3) organizations that are a part of the group exemption ruling issued to the General Conference of Seventh-Day Adventists. Accordingly, the filing organization has not established specific procedures for monitoring the use of grant funds in the United States as the filing organization does not have a grant making program that would necessitate such procedures.

Additional Data

Software ID:
Software Version:
EIN: 59-0973502
Name: MEMORIAL HEALTH SYSTEMS INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL HEALTH SYSTEMS FOUNDATION INC 301 Memorial Medical Pkwy Daytona Beach, FL 32117	31-1771522	501(c)(3)	7,500	236,862	Cost	General Administrative Support	PROVISION OF GENERAL ADMINISTRATIVE SUPPORT
MEMORIAL Hospital Flagler INC 60 Memorial Medical Parkway Palm Coast, FL 32164	59-2951990	501(c)(3)	57,222				Creation Health

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 Hospital West Volusia INC 701 West Plymouth Ave Deland, FL 32720	59-3256803	501(c)(3)	57,222				Creation Health
Southwest Volusia Healthcare Corporation 1055 Saxon Blvd Orange City, FL 32763	59-3149293	501(c)(3)	57,222				Creation Health

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
Building Remarkable Communities Inc 1648 Taylor Road 472 Port Orange, FL 32128	47-2134604	501(c)(3)	6,000				General Support
Daytona Regional Chamber of Commerce Inc 126 E Orange Ave Daytona Beach, FL 32114	59-0215990	501(c)(6)	10,500				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
FCA - Fellowship of Christian Athletes PO BOX 3570 Johnson City, TN 37602	44-0610626	501(c)(3)	10,000				General Support
Ormond Mainstreet Inc PO BOX 2917 Ormond, FL 32175	59-3311218	501(c)(3)	5,500				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
United Way of Volusia-Flagler Counties Inc 3747 W International Speedway Blvd Daytona Beach, FL 32124	59-1099774	501(c)(3)	6,820				General Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
MEMORIAL HEALTH SYSTEMS INC

Employer identification number
59-0973502

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. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
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.	Yes	
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?	Yes	
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. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 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? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	The filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS). Members of the filing organization's executive management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of AHS. AHSSHC is exempt from federal income tax under IRC Section 501(c)(3). The filing organization reimburses AHSSHC for the salary and benefit cost of those executives on the payroll of AHSSHC that provide services and are on the management team of the filing organization. Travel for companions. AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on certain business trips each year. Typically, reimbursement is only provided to Vice Presidents and above and is usually limited to one business trip per year beyond the annual AHS President's Council business meeting and other meetings where the spouse is specifically invited. The AHSSHC Corporate Executive Spousal Travel Policy was originally approved and reviewed by the AHSSHC Board Compensation Committee, an independent body of the AHSSHC Board of Directors. All spousal travel costs reimbursed to the executive are considered taxable compensation to the executive. Tax Indemnification and gross-up payments. AHS has a system-wide policy addressing gross-up payments provided in connection with employer-provided benefits/other taxable items. Under the policy, certain taxable business-related reimbursements (i.e., taxable business-related moving expenses, taxable items provided in connection with employment) provided to any employee may be grossed-up at a 25% rate upon approval of the filing organization's CEO and CFO. Additionally, employees at the Director level and above are eligible for gross-up payments on gifts received for board of director services. Discretionary spending account. A nominal discretionary spending amount was provided in the current year to all eligible executives who attend the annual AHS President's Council business meeting (\$500 per executive) or the annual AHS CFO Conference or CMO/CNO business meeting (\$300 per executive). Other discretionary spending accounts may be provided in connection with other AHS sponsored conferences but typically do not exceed \$200 per participant. With respect to the AHS President's Council meeting, eligible executives may include AHSSHC Vice Presidents and above and all AHSSHC subsidiary organization CEOs and Regional CFOs. The payment provided to each executive was considered taxable compensation to the executive. Housing allowance or residence for personal use. AHSSHC has a Corporate Executive Policy that addresses assistance to executives who have been relocated by the company during the year. Relocation assistance provided to executives may include relocation allowances to assist with duplicate housing expenses. Relocation assistance is administered per AHSSHC policy by an external relocation company. Any taxable reimbursements made to executives in connection with relocation assistance are treated as wages to the executive and are subject to all payroll withholding and reporting requirements.
Part I, Line 3	The individual who serves as the CEO of the filing organization is compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) for that individual's role in serving as the CEO. Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958. AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53.4958-6 with respect to its active executive-level positions. The AHSSHC Board Compensation Committee (the Committee) serves as the governing body for all executive compensation matters. The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC. Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC. The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC. As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes. In such executive sessions, no members of management of AHSSHC are present. The Committee is advised by an independent third party compensation advisor. This advisor prepares all the benchmark studies for the Committee. Compensation levels are benchmarked with a national peer group of other not-for-profit healthcare systems and hospitals of similar size and complexity to AHS and each of its affiliated entities. The following principles guide the establishment of individual executive compensation: - The salary of the President/CEO of AHS will not exceed the 40th percentile of comparable salaries paid by similarly situated organizations, and - Other executive salaries shall be established using market medians. The compensation philosophy, policies, and practices of AHSSHC are consistent with the organization's faith-based mission and conform to applicable laws, regulations, and business practices. As a faith-based organization sponsored by the Seventh-day Adventist Church (the Church), AHSSHC's philosophy and principles with respect to its executive compensation practices reflect the conservative approach of the Church's mission of service and were developed in counsel with the Church's leadership.
Part I, Line 4b	As discussed in Line 1a above, executives on the filing organization's management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as Adventist Health System (AHS). In recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan). The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs. The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits. The pre-determined benefits allowance credit percentage is approved by the AHS Board Compensation Committee, an independent committee of the Board of Directors of AHSSHC. Any funds that remain after the cost of mandatory and elective benefits are subtracted from the annual pre-determined benefits allowance are contributed, at the employee's option, to either an IRC 457(f) deferred compensation account or to an IRC 457(b) eligible deferred compensation plan. Upon attainment of age 65, all previous 457(f) deferred amounts are paid immediately to the participant and any future employer contributions are made quarterly from the Plan directly to the participant. The Plan documents define an employee who is eligible to participate in the Plan to generally include the Chief Executive Officers of AHS entities and Vice Presidents of all AHS entities whose base salary is at least \$236,000. The Plan provides for a class year vesting schedule (2 years for each class year) with respect to amounts accumulated in the executive's 457(f) deferred compensation account. Distributions could also be made from the executive's 457(f) deferred compensation account upon attainment of age 65 or upon an involuntary separation. The account is forfeited by the executive upon a voluntary separation. In addition to the Plan, AHS has instituted a defined benefit, non-tax-qualified deferred compensation plan for certain executives who have provided lengthy service to AHS and/or to other Seventh-Day Adventist Church hospitals or health care institutions. Participation in the plan is offered to AHS executives on a prorata schedule beginning with 20 years of service as an employee of AHS and/or another hospital or health care institution controlled by the Seventh-Day Adventist Church and who satisfy certain other qualifying criteria. This supplemental executive retirement plan (SERP) was designed to provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three, five or seven highest years of base salary from AHS active employment inclusive of income from all other Seventh-Day Adventist Church healthcare employer-financed retirement income sources and investment income earned on those contributions through social security normal retirement age as defined in the plan. The number of years included in highest average compensation is determined by the individual's year of entry to the SERP and by the individual's year of entry to the AHS Executive FLEX Benefit Program. Flex Plan Flex Plan/ SERP 457(b) CY CY Employer CY Contrib / Distributions* Contrib Distributions* Payment --- ----- Kenneth Mattison \$ 54,207 \$ 34,953 \$ 54,723 \$ 0 Debora H. Thomas \$ 38,900 \$ 22,133 \$ 0 \$ 0 Sandra K. Johnson \$ 72,263 \$ 42,629 \$ 209,450 \$ 0 Lewis A. Seifert \$ 89,523 \$ 80,183 \$ 0 \$ 0 Eddie Soler \$ 112,743 \$ 95,938 \$ 233,757 \$ 0 DarLinda G. Copeland \$ 49,545 \$ 16,977 \$ 0 \$ 0 Ed Noseworthy \$ 59,186 \$ 45,393 \$ 181,066 \$ 0 Jermaine Bucknor \$ 14,934 \$ 0 \$ 0 \$ 0 Ronald Jimenez \$ 36,649 \$ 16,674 \$ 0 \$ 0 Nigel Hinds \$ 15,773 \$ 19,276 \$ 0 \$ 0 Robert Fulbright \$ 86,197 \$ 62,771 \$ 0 \$ 0 Michele Goeb-Burkett \$ 12,319 \$ 0 \$ 0 \$ 0 Kristen Gray \$ 24,037 \$ 0 \$ 0 \$ 0 Trisha Celano \$ 40,723 \$ 25,424 \$ 0 \$ 0 *Including Investment Earnings

Additional Data

Software ID:

Software Version:

EIN: 59-0973502

Name: MEMORIAL HEALTH SYSTEMS INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Robert Fulbright Dir/Chairman/Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	553,740	139,180	97,438	100,585	-	-	62,736
					49,118		940,061	
1 SANDRA K JOHNSON DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	497,740	169,032	295,496	68,651	-	-	42,991
						50,353	1,081,272	
2 Kenneth MattisonDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	385,104	99,849	186,480	50,595	-	-	35,440
						38,338	760,366	
3 Ed Noseworthy DIRECTOR/CEO	(i)	0	0	0	0	0	0	0
	(ii)	404,665	98,618	486,613	73,574	-	-	45,135
						36,986	1,100,456	
4 Ron Rasmussen MD DIRECTOR	(i)	0	0	331	0	0	331	0
	(ii)	443,508	14,463	16,242	14,388	-	-	0
						6,500	495,101	
5 JULIE SCHNEIDER MD DIRECTOR	(i)	0	0	331	0	0	331	0
	(ii)	498,615	457,923	7,178	14,388	-	-	0
						1,396	979,500	
6 LEWIS SEIFERT DIRECTOR (end 8/16)	(i)	0	0	0	0	0	0	0
	(ii)	567,365	148,759	111,623	103,910	-	-	80,118
						51,299	982,956	
7 Eddie Soler DIRECTOR/Secretary	(i)	0	0	0	0	0	0	0
	(ii)	620,123	198,315	350,984	127,131	-	-	101,329
						34,408	1,330,961	
8 DEbora THOMASRegion CFO	(i)	0	0	0	0	0	0	0
	(ii)	360,181	98,402	61,380	35,287	-	-	22,121
						47,627	602,877	
9 Jermaine Bucknor CFO (beg 2/16)	(i)	0	0	0	0	0	0	0
	(ii)	266,800	41,723	25,602	19,778	-	-	0
						41,602	395,505	
10 Trisha CelanoRegion CCO	(i)	0	0	0	0	0	0	0
	(ii)	320,064	55,823	59,567	28,180	-	-	25,724
						35,120	498,754	
11 DARlinda CopelandCOO	(i)	0	0	0	0	0	0	0
	(ii)	323,903	62,324	45,664	45,932	-	-	17,521
						18,899	496,722	
12 MICHEle Goeb-BurkettCNO	(i)	0	0	0	0	0	0	0
	(ii)	239,654	47,037	10,749	27,166	-	-	0
						41,675	366,281	
13 RONald JIMENEZ MD CMO (end 4/16)	(i)	0	0	0	0	0	0	0
	(ii)	354,676	66,568	49,339	33,037	-	-	16,665
						44,374	547,994	
14 Knsten Gray MD CMO (beg 7/16)	(i)	0	0	0	0	0	0	0
	(ii)	304,114	40,207	20,510	38,424	-	-	0
						46,477	449,732	
15 John DorrChief Physicist	(i)	195,469	8,975	1,591	11,171	7,830	225,036	0
	(ii)	0	0	0	0	-	-	0
						0	0	
16 William Collins Medical Physicist	(i)	193,530	2,875	5,157	10,384	2,968	214,914	0
	(ii)	0	0	0	0	-	-	0
						0	0	
17 Marshall Hughey Director of Pharmacy	(i)	165,780	13,906	10,265	9,475	7,576	207,002	0
	(ii)	0	0	0	0	-	-	0
						0	0	
18 Scott Strech Admin of Cardiovascular	(i)	151,286	15,474	1,550	9,398	1,320	179,028	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19 Paula Bunkner FullerCRNA	(i)	41,746	8,867	117,286	8,392	39	176,330	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				
21 NIGEL HINDSFormer CFO	(i)	0	0	0	0	0	0
	(ii)	249,290	44,114	28,460	-	-	19,399
					41,435	388,159	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MEMORIAL HEALTH SYSTEMS INC

Employer identification number
59-0973502

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Geri Manley	Family member of key employee	41,191	Employee Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
MEMORIAL HEALTH SYSTEMS INC

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

2016

Open to Public Inspection

Employer identification number

59-0973502

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part V, Line 1a	The parent corporation and sole top-tier member of Memorial Health Systems, Inc (the filing organization) is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) AHSSHC is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3) AHSSHC has established a shared service center to centralize the Accounts Payable (A/P), Payroll, HR, and Materials Management functions for all AHSSHC subsidiary organizations The facts and circumstances support a position that AHSSHC, as a payor on behalf of its subsidiary organizations in a shared service environment, will have sufficient management and oversight in connection with the subsidiary organizations' payments to meet the standard set forth in Treas Reg Section 1.6041-1(e) AHSSHC will not merely be making payments at the direction of its subsidiary organizations Accordingly, AHSSHC is considered the payor subject to the information reporting requirements of Section 6041 The filing organization has entered "0" in Part V, Line 1a because the filing organization no longer issues Form 1099 returns, rather, all such returns are filed by and under the name and EIN of AHSSHC as the payor subject to the information reporting requirements of Section 6041

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Memorial Health Systems, Inc (the filing organization) has one member The sole member of the filing organization is Adventist Health System/Sunbelt, Inc Adventist Health System/Sunbelt, Inc (AHSSI) is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3) There are no other classes of membership in the filing organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The sole member of the filing organization is AHSSI. The Board of Directors of the filing organization are appointed by the sole member, AHSSI, who has the right to elect, appoint or remove any member of the Board of Directors of the filing organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	AHSSI, as the sole member of the filing organization, has certain reserved powers as set forth in the Bylaws of the filing organization. These reserved powers include the following: a) to approve and disapprove the executive and/or administrative leadership of the filing organization, and their salaries, b) to adopt, amend, restate, and repeal the Articles of Incorporation or Bylaws of the filing organization, c) to set limits and terms for the borrowing of funds, d) to approve or disapprove the purchase or sale of personal property or real property equal to or in excess of certain dollar amount thresholds, e) to approve or disapprove the annual operating and capital budgets of the filing organization, f) to direct the placement of funds and capital of the filing organization, g) to establish general guiding policies, to implement quality assessment, improvement and utilization review programs, h) to approve the appointment of an auditing firm and election of the fiscal year for the filing organization, and i) to establish a process for addressing patient grievances.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The filing organization's current year Form 990 was reviewed by the Board Chairman, Board Finance Committee Chair, CEO and by the CFO prior to its filing with the IRS. The review conducted by the Board Chairman, Board Finance Committee Chair, CEO and the CFO did not include the review of any supporting workpapers that were used in preparation of the current year Form 990, but did include a review of the entire Form 990 and all supporting schedules.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Conflict of Interest Policy of the filing organization applies to members of its Board of Directors and its principal officers (to be known as Interested Persons) In connection with any actual or possible conflict of interests, any member of the Board of Directors of the filing organization or any principal officer of the filing organization (i.e. Interested Persons) must disclose the existence of any financial interest with the filing organization and must be given the opportunity to disclose all material facts concerning the financial interest/arrangement to the Board of Directors of the filing organization or to any members of a committee with board delegated powers that is considering the proposed transaction or arrangement Subsequent to any disclosure of any financial interest/arrangement and all material facts, and after any discussion with the relevant Board member or principal officer, the remaining members of the Board of Directors or committee with board delegated powers shall discuss, analyze, and vote upon the potential financial interest/arrangement to determine if a conflict of interest exists According to the filing organization's Conflict of Interest Policy, an Interested Person may make a presentation to the Board of Directors (or committee with board delegated powers), but after such presentation, shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in a conflict of interest Each Interested Person, as defined under the filing organization's Conflict of Interest Policy, shall annually sign a statement which affirms that such person has received a copy of the Conflict of Interests policy, has read and understands the policy, has agreed to comply with the policy, and understands that the filing organization is a charitable organization that must primarily engage in activities which accomplish one or more of its exempt purposes The filing organization's Conflict of Interest Policy also requires that periodic reviews shall be conducted to ensure that the filing organization operates in a manner consistent with its charitable purposes

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The filing organization's CEO, other officers and key employees are not compensated by the filing organization. Such individuals are compensated by the related top-tier parent organization of the filing organization. Please see the discussion concerning the process followed by the related top-tier parent organization in determining executive compensation in our response to Schedule J, Line 3.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS). The audited consolidated financial statements of AHS and of the AHS "Obligated Group" are filed annually with the Municipal Securities Rulemaking Board (MSRB). The "Obligated Group" is a group of AHSSHC subsidiaries that are jointly and severally liable under a Master Trust Indenture that secures debt primarily issued on a tax-exempt basis. Unaudited quarterly financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) are also filed with MSRB for AHS on a consolidated basis and for the grouping of AHS subsidiaries comprising the "Obligated Group." The filing organization does not generally make its governing documents or conflict of interest policy available to the public.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VII, Section A	For those Board of TRUSTEE members (excluding physician members) who devote less than full-time to the filing organization (based upon the average number of hours per week shown in column (B) on page 7 of the return) the compensation amounts shown in columns (E) and (F) on page 7 were provided in conjunction with that person's responsibilities and roles in serving in an executive leadership position within Adventist Health System. Physician members of the Board of Directors received compensation from related organizations as a result of providing various medical services to those related entities.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VIII, Lines 7b and 7c	The amounts shown in Part VIII Lines 7b and 7c of the Form 990 represent an allocated share of capital gain/(loss) from a system wide, corporate administered, investment program

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Payments to Healthcare Professional Program service expenses 10,782,711 Management and general expenses 0 Fundraising expenses 0 Total expenses 10,782,711 Professional Fees Program service expenses 1,992,926 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,992,926 Purchased Medical Services Program service expenses 29,428,331 Management and general expenses 0 Fundraising expenses 0 Total expenses 29,428,331 Environmental Services Program service expenses 1,684,465 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,684,465 Transcription Services Program service expenses 211,498 Management and general expenses 0 Fundraising expenses 0 Total expenses 211,498 Recruiting Program service expenses 372,075 Management and general expenses 0 Fundraising expenses 0 Total expenses 372,075 Food Service Contracts Program service expenses 780 Management and general expenses 0 Fundraising expenses 0 Total expenses 780 Miscellaneous Purchased Services Program service expenses 4,594,785 Management and general expenses 0 Fundraising expenses 0 Total expenses 4,594,785 AHS Management Fees Program service expenses 0 Management and general expenses 4,479,462 Fundraising expenses 0 Total expenses 4,479,462 Billing & Collection Services Program service expenses 0 Management and general expenses 705,804 Fundraising expenses 0 Total expenses 705,804 EHR Management Fees Program service expenses 0 Management and general expenses 40,533 Fundraising expenses 0 Total expenses 40,533 AHS Shared Services Fees Program service expenses 0 Management and general expenses 2,599,815 Fundraising expenses 0 Total expenses 2,599,815

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part X, Line 2	The amounts shown on line 2 of Part X of this return include the filing organization's interest in a central investment pool maintained by Adventist Health System Sunbelt Healthcare Corporation, the filing organization's top-tier parent. The investments in the central investment pool are recorded at market value.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Allocation with respect to debt to tax-exempt parent 99,314 Transfer to tax-exempt top-tier parent corporation -2,820,885 Change in investment in related foundation 1,017,970 Transfer to tax-exempt brother/sister corporation -12,503,100 Gifts 317,537 Transfer to tax-exempt parent corporation -3,186,835 Transfer from tax-exempt related organization 2,039,574 Rounding 3

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493355008007	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .					
Department of the Treasury Internal Revenue Service					
Name of the organization MEMORIAL HEALTH SYSTEMS INC				Employer identification number 59-0973502	

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

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.							
See Additional Data Table							
(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.

See Additional Data Table

(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.

See Additional Data Table

(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

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?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	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
See Additional Data Table

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

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
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Additional Data

Software ID:
Software Version:
EIN: 59-0973502
Name: MEMORIAL HEALTH SYSTEMS INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 500 Remington Blvd Bolingbrook, IL 60440 65-1219504	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Midwest Health	Yes	
(1) 730 Courtland Street Orlando, FL 32804 20-5774723	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(2) 701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Midwest Health	Yes	
(3) 9100 W 74th Street Shawnee Mission, KS 66204 52-1347407	Support of Affiliated Hospital	KS	501(c)(3)	Line 12c, III-FI	Adventist Hlth SystemSunbelt Inc	Yes	
(4) 3040 Salt Creek Lane Arlington Heights, IL 60005 36-4138353	Operation of Physician Practices & Medical Services	IL	501(c)(3)	Line 3	AHS Midwest Management Inc	Yes	
(5) 900 Hope Way Altamonte Springs, FL 32714 59-2170012	Management Services	FL	501(c)(3)	Line 12a, I	N/A		No
(6) 1035 Red Bud Road Calhoun, GA 30701 58-1425000	Operation of Hospital & Related Services	GA	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(7) 900 Hope Way Altamonte Springs, FL 32714 59-1479658	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(8) 11801 S Freeway Burleson, TX 76028 74-2578952	Leasing Personnel to Affiliated Hospital	TX	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(9) 120 North Oak Street Hinsdale, IL 60521 36-2276984	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(10) 671 Lake Winyah Drive Orlando, FL 32803 59-3069793	Education/Operation of School	FL	501(c)(3)	Line 2	Adventist Hlth SystemSunbelt Inc	Yes	
(11) 3040 Salt Creek Lane Arlington Heights, IL 60005 81-1105774	Operation of Physician Practices & Medical Services	IL	501(c)(3)	Line 3	AHS Midwest Management Inc	Yes	
(12) 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 36-3354567	Operation of Physician Practice Mgmt	IL	501(c)(3)	Line 12a, I	Adventist Midwest Health	Yes	
(13) 1301 Wonder World Drive San Marcos, TX 78666 74-2621825	Provide Office Space - Medical Professionals	TX	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(14) 305 E Oak Street Apopka, FL 32703 51-0605694	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(15) 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 38-1359189	Inactive	MI	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(16) 1000 Remington Blvd N Entrance 2nd Bolingbrook, IL 60440 90-0494445	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
(17) 950 Highpoint Drive Hopkinsville, KY 42240 20-5782342	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(18) 301 Huguley Blvd Burleson, TX 76028 20-5782243	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(19) 1333 West Main Princeton, KY 42445 51-0605680	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 1301 Wonder World Drive San Marcos, TX 78666 45-3739929	Support Operation of Hospital	TX	501(c)(3)	Line 12a, I	Adventist Hlth SystemSunbelt Inc	Yes	
(1) 250 S Chickasaw Trail Orlando, FL 32825 51-0605681	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(2) 1220 Third Avenue West Durand, WI 54736 39-1365168	Operation of Hospital & Related Services	WI	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(3) 730 Courtland Street Orlando, FL 32804 51-0605682	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(4) 107 Boyles Drive Russellville, KY 42276 20-5782260	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(5) 7350 Dairy Road Zephyrhills, FL 33540 51-0605684	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(6) 250 S Chickasaw Trail Orlando, FL 32825 20-5774748	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(7) 900 Hope Way Altamonte Springs, FL 32714 58-2171011	Inactive	GA	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(8) 100 Hospital Drive Hendersonville, NC 28792 56-0543246	Operation of Hospital & Related Svcs	NC	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Hlthcare Corp	Yes	
(9) 3355 E Semoran Blvd Apopka, FL 32703 20-5774761	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(10) 770 West Granada Blvd 101 Ormond Beach, FL 32174 46-2354804	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(11) 2600 Westhall Ln 4th Floor Maitland, FL 32751 59-3214635	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(12) 12470 Telecom Dr 100 Tampa, FL 33637 46-2021581	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Hlthcare Corp	Yes	
(13) 1000 Waterman Way Tavares, FL 32778 59-3140669	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Hlthcare Corp	Yes	
(14) 7050 Gall Blvd Zephyrhills, FL 33541 59-2108057	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(15) 9100 W 74th Street Shawnee Mission, KS 66204 48-0868859	Fund-raising for Tax-exempt hospital	KS	501(c)(3)	Line 7	Shawnee Mission Medical Center Inc	Yes	
(16) 485 North Keller Road 250 Maitland, FL 32751 47-2180518	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(17) 701 Winthrop Avenue Glendale Heights, IL 60139 36-3926044	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
(18) 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-2106043	Fund-raising for Tax-exempt hospital/foundation	FL	501(c)(3)	Line 12c, III-FI			No
(19) 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3690149	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 7	Tarpon Springs Hospital Foundation Inc		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						YesNo
(41) 7 Salt Creek Lane Suite 203 Hinsdale, IL 60521 52-1466387	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation	No
(1) 480 W Central Parkway Altamonte Springs, FL 32714 59-2935928	Operation of Hospice	FL	501(c)(3)	Line 10	The Comforter Health Care Group Inc	Yes
(2) 480 W Central Parkway Altamonte Springs, FL 32714 27-1858033	Fund Raising for Affiliated Tax-Exempt Hospice	FL	501(c)(3)	Line 7	The Comforter Health Care Group Inc	Yes
(3) 485 North Keller Road 250 Maitland, FL 32751 20-8023411	Therapy services to tax exempt nursing homes	KS	501(c)(3)	Line 12b, II	Sunbelt Hlth Care Centers Inc	Yes
(4) 5101 S Willow Springs Rd La Grange, IL 60525 30-0247776	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation	No
(5) 485 North Keller Road 250 Maitland, FL 32751 81-3923985	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes
(6) 770 West Granada Blvd Ormond Beach, FL 32174 31-1771522	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 7		No
(7) 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-0973502	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes
(8) 701 West Plymouth Avenue Deland, FL 32720 59-3256803	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Memorial Hlth Systems Inc	Yes
(9) 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2951990	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Memorial Hlth Systems Inc	Yes
(10) 210 Marie Langdon Drive Manchester, KY 40962 61-0594620	Operation of Hospital & Related Services	KY	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes
(11) 9700 West 62nd Street Merriam, KS 66203 36-4595806	Lease to Related Organization	KS	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes
(12) 2201 S Clear Creek Road Killeen, TX 76549 74-2225672	Operation of Hospital & Related Services	TX	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes
(13) 2201 S Clear Creek Road Killeen, TX 76549 11-3762050	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Metroplex Adventist Hospital Inc	Yes
(14) 120 North Oak Street Hinsdale, IL 60521 35-2230515	Support of subsidiary Foundations	IL	501(c)(3)	Line 12b, II	N/A	No
(15) 500 Beck Lane Mayfield, KY 42066 20-5782320	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes
(16) 485 North Keller Road 250 Maitland, FL 32751 90-0866024	Provision of support to the nursing home division	GA	501(c)(3)	Line 12b, II	Sunbelt Hlth Care Centers Inc	Yes
(17) 9100 W 74th Street Shawnee Mission, KS 66204 43-1224729	Support Hlth Care Services	MO	501(c)(3)	Line 12d, III-O	Adventist Hlth Mid-America Inc	Yes
(18) 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-1721962	Volunteer support services	FL	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	No
(19) 485 North Keller Road 250 Maitland, FL 32751 81-3165729	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(61) 6501 West 75th Street Overland Park, KS 66204 20-5774821	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(1) 950 Highpoint Drive Hopkinsville, KY 42240 51-0605686	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(2) 2600 Bruce B Downs Blvd Wesley Chapel, FL 33544 20-8488713	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(3) 9100 E Mineral Circle Centennial, CO 80112 84-0438224	Operation of Hospital & Related Services	CO	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(4) 1333 West Main Princeton, KY 42445 20-5782272	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(5) 601 E Rollins Street Orlando, FL 32803 59-1191045	Provision of Hlthcare Services	FL	501(c)(3)	Line 10	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(6) 900 Hope Way Altamonte Springs, FL 32714 26-3789368	Hlthcare Quality Services	FL	501(c)(3)	Line 12a, I	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(7) 485 North Keller Road 250 Maitland, FL 32751 20-8040875	Provide administrative support to tax exempt nursing homes	FL	501(c)(3)	Line 12b, II	Sunbelt Hlth Care Centers Inc	Yes	
(8) 7995 E Prentice Ave 204 Greenwood Village, CO 80111 84-0745018	Fund-raising for Tax-exempt hospital	CO	501(c)(3)	Line 7			No
(9) 2201 S Clear Creek Road Killeen, TX 76549 46-1656773	Support Operation of Hospital	TX	501(c)(3)	Line 12a, I	Adventist Hlth System Sunbelt Inc	Yes	
(10) 683 East Third Street Russellville, KY 42276 51-0605691	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(11) 1900 Medical Parkway San Marcos, TX 78666 51-0605693	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(12) 1900 Medical Parkway San Marcos, TX 78666 20-5782224	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(13) 6501 West 75th Street Overland Park, KS 66204 48-0952508	Lease to Related Organization	KS	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(14) 485 North Keller Road 250 Maitland, FL 32751 81-3914908	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(15) 9100 W 74th Street Shawnee Mission, KS 66204 48-0637331	Operation of Hospital & Related Services	KS	501(c)(3)	Line 3	Adventist Hlth Mid-America Inc	Yes	
(16) 900 Hope Way Altamonte Springs, FL 32714 59-3689740	Management Support	GA	501(c)(3)	Line 12c, III-FI	N/A		No
(17) 38250 A Avenue Zephyrhills, FL 33542 51-0605679	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(18) 401 Palmetto Street New Smyrna Beach, FL 32168 47-3793197	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(19) 1055 Saxon Blvd Orange City, FL 32763 59-3281591	Medical Office Building for Hospital	FL	501(c)(3)	Line 12a, I	Southwest Volusia Hlthcare Corp	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(81) 1055 Saxon Blvd Orange City, FL 32763 59-3149293	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(1) 1301 Wonder World Drive San Marcos, TX 78666 20-8814408	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(2) 718 Goodwin Lane Leitchfield, KY 42754 20-5782288	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(3) 305 East Oak Street Apopka, FL 32703 20-5774856	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(4) 485 North Keller Road 250 Maitland, FL 32751 58-1473135	Management Services	TN	501(c)(3)	Line 12b, II	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(5) 900 Hope Way Altamonte Springs, FL 32714 59-2219301	Fund Raising for Affiliated Tax-Exempt Hospitals	FL	501(c)(3)	Line 7	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(6) 401 Takoma Ave Greeneville, TN 37743 51-0603966	Operation of Hospital & Related Services	TN	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(7) 401 Takoma Ave Greeneville, TN 37743 47-1334302	Fund Raising for Affiliated Tax-Exempt Hospital	TN	501(c)(3)	Line 7	Takoma Regional Hospital Inc	Yes	
(8) 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-0898901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	University Community Hospital Inc	Yes	
(9) 301 Huguley Blvd Burleson, TX 76028 51-0605677	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(10) 718 Goodwin Lane Leitchfield, KY 42754 51-0605678	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(11) 605 Montgomery Road Altamonte Springs, FL 32714 27-1857940	Lease to Related Organization	FL	501(c)(3)	Line 12c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(12) 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582	Volunteer support services	FL	501(c)(3)	Line 12c, III-FI			No
(13) 485 North Keller Road 250 Maitland, FL 32751 47-2219363	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(14) 9700 West 62nd Street Merriam, KS 66203 20-5774890	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	
(15) 3100 E Fletcher Ave Tampa, FL 33613 59-2554889	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 12a, I			No
(16) 3100 E Fletcher Ave Tampa, FL 33613 59-3231322	Inactive	FL	501(c)(3)	Line 12a, I	University Community Hospital Inc	Yes	
(17) 3100 E Fletcher Ave Tampa, FL 33613 59-1113901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(18) 500 Beck Lane Mayfield, KY 42066 51-0605676	Lease to Related Organization	GA	501(c)(3)	Line 12c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(19) 38250 A Avenue Zephyrhills, FL 33542 20-5774930	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(101) 7350 Dairy Road Zephyrhills, FL 33540 20-5774967	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 10	Sunbelt Hlth Care Centers Inc	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	N/A	C				Yes	
(1) Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	N/A	C				Yes	
(2) CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875	Real Estate Rental	TX	N/A	C				Yes	
(3) Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873	Inactive	TX	N/A	C				Yes	
(4) Central Texas Providers Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org	TX	N/A	C				Yes	
(5) Florida Hospital Flagler Medical Offices Association Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309	Condo Association	FL	N/A	C				Yes	
(6) Florida Hosp Hlth Village Property Owner's Assoc Inc 550 E Rollins Street 7th Floor Orlando, FL 32803 82-1748255	Condo Association	FL	N/A	C				Yes	
(7) Florida Hospital Healthcare System Inc 101 Southhall Lane Ste 150 Maitland, FL 32751 59-3215680	PHSO	FL	N/A	C				Yes	
(8) Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	N/A	C				Yes	
(9) Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558	Physician Hospital Org	FL	MHS MHF MHWV or SWVHC	C	23,265	101,781	25 000 %	Yes	
(10) Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	N/A	C				Yes	
(11) LN Health Partners Inc (815-123116) 550 E Rollins Street 6th Floor Orlando, FL 32803 81-3556903	Inactive	FL	N/A	C				Yes	
(12) Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS 66204 48-0901551	Inactive	KS	N/A	C				Yes	
(13) North American Health Services Inc & Sub 900 Hope Way Altamonte Springs, FL 32714 62-1041820	Lessor/Holding Co	TN	N/A	C				Yes	
(14) Ormond Prof Associates Condo Assoc'n Inc (430 year end) 770 W Granada Blvd Ste 101 Ormond Beach, FL 32174 59-2694434	Condo Association	FL	Memorial Hlth Systems Inc	C	997	246	79 900 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) Park Ridge Property Owner's Association Inc 1 Park Place Naples Road Fletcher, NC 28732 03-0380531	Condo Association	NC	N/A	C				Yes	
(1) Porter Aff Hlth Svcs Inc dba Diversified Aff Hlth Svcs 2525 S Downing Street Denver, CO 80210 84-0956175	Healthcare Services	CO	N/A	C				Yes	
(2) San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX 78666 77-0597968	Holding Company	TX	N/A	C				Yes	
(3) The Garden Retirement Community Inc 485 North Keller Road Ste 250 Maitland, FL 32751 59-3414055	Real Estate Rental	FL	N/A	C				Yes	
(4) Winter Park Medical Office Building I Condo Assoc Inc 601 East Rollins Street Orlando, FL 32803 45-2228478	Condo Association	FL	N/A	C				Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MEMORIAL HOSPITal Flagler Inc	Q	8,099,087	COST
(1)	MEMORIAL HOSPITal Flagler Inc	P	8,456,846	COST
(2)	MEMORIAL HOSPITal Flagler Inc	B	57,222	ACTUAL AMOUNT GIVEN
(3)	MEMORIAL HOSPITAL West Volusia Inc	P	6,804,133	COST
(4)	MEMORIAL HOSPITAL West Volusia Inc	Q	6,444,240	COST
(5)	MEMORIAL HOSPITAL West Volusia Inc	B	57,222	ACTUAL AMOUNT GIVEN
(6)	Southwest Volusia Healthcare Corporation	P	6,484,346	COST
(7)	Southwest Volusia Healthcare Corporation	Q	6,220,318	COST
(8)	Southwest Volusia Healthcare Corporation	B	57,222	ACTUAL AMOUNT GIVEN
(9)	Southeast Volusia Healthcare Corporation	Q	642,143	COST
(10)	Florida Hospital Healthcare Partners Inc	N	480,896	COST
(11)	Florida Hospital Medical Group Inc	P	1,022,146	COST
(12)	FLORIDA Hospital Healthcare System Inc	Q	204,523	COST
(13)	Florida Memorial Health Network Inc	Q	101,764	CosT
(14)	Memorial Health Systems Foundation Inc	B	244,361	ACTUAL AMOUNT GIVEN
(15)	Memorial Health Systems Foundation Inc	C	476,957	aCTUAL AMOUNT ReCEIVED
(16)	Adventist Health SystemSunbelt Incdba Florida Hospital	P	1,316,088	coST
(17)	Adventist Health SystemSunbelt Incdba Florida Hospital	Q	545,784	COST
(18)	Adventist Health System Sunbelt Healthcare Corporation	M	5,538,225	% of facility's operating exp
(19)	Adventist Health System Sunbelt Healthcare Corporation dba AHS IS	M	8,852,125	% of facility's operating exp
(20)	Adventist Health System Sunbelt Healthcare Corporation	P	16,419,578	COST
(21)	Adventist Health SystemSunbelt Inc	M	40,533	% of facility's EHR revenue
(22)	Adventist Health SystemSunbelt Inc	B	342,858	ACTUAL AMOUNT GIVEN
(23)	Adventist Health System Sunbelt Healthcare Corporation-Shared Services	M	2,599,815	% of facility's operating exp
(24)	Adventist Health System Sunbelt Healthcare Corporation	B	2,820,885	ACTUAL AMOUNT GIVEN

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) MEMORIAL HOSPITAL Flagler Inc	S	605,499	aCTUAL AMOUNT ReCEIVED
(1) MEMORIAL HOSPITAL West Volusia Inc	S	509,894	aCTUAL AMOUNT ReCEIVED
(2) Adventist Health SystemSunbelt Inc	R	3,186,835	ACTUAL AMOUNT GIVEN
(3) Southeast Volusia Healthcare Corporation	B	12,503,100	ACTUAL AMOUNT GIVEN
(4) Adventist Health System Sunbelt Healthcare Corporation	C	228,889	aCTUAL AMOUNT ReCEIVED
(5) Adventist Health SystemSunbelt Inc	S	924,182	aCTUAL AMOUNT ReCEIVED