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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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

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

C Name of organization
MEMORIAL MEDICAL CENTER INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1615 MAPLE LANE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ASHLAND, WI 54806

D Employer identification number
23-7013497

E Telephone number
(715) 685-5515

G Gross receipts $ 125,125,643

F Name and address of principal officer
JASON DOUGLAS
1615 MAPLE LANE
ASHLAND, WI 54806

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW ASHLANDMMC COM

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

L Year of formation 1968

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
INPATIENT AND OUTPATIENT MEDICAL SERVICES

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)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	534
6	Total number of volunteers (estimate if necessary)	**6**	110
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	11,393
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	3,257

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	24,874	22,325
9	Program service revenue (Part VIII, line 2g)	85,837,435	104,528,472
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,416,360	303,918
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,288	27,714
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,301,957	104,882,429
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	132,398	203,975
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	37,138,602	44,160,057
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	41,091,817	52,058,555
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	78,362,817	96,422,587
19	Revenue less expenses Subtract line 18 from line 12	8,939,140	8,459,842

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	148,252,124	156,143,535
21	Total liabilities (Part X, line 26)	25,268,239	23,884,940
22	Net assets or fund balances Subtract line 21 from line 20	122,983,885	132,258,595

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

****** 2020-05-07
Signature of officer Date

KENT DUMONSEAU CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-05-07		P01278549

Firm's name ▶ RSM US LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 227 WEST FIRST STREET SUITE 700
DULUTH, MN 558021926 | Phone no (218) 727-5025

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

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

MEMORIAL MEDICAL CENTER WILL REACH OUT AS A TRUSTED PARTNER TO IMPROVE THE HEALTH AND WELLNESS FOR PEOPLE OF OUR SOUTH SHORE REGION OF LAKE SUPERIOR

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 $ 87,040,451 including grants of $ 203,975) (Revenue $ 104,517,079)

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 ▶ 87,040,451

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	76		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 534			
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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		**16**		No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ▶ART MERTIG 1615 MAPLE LANE ASHLAND, WI 54806 (715) 685-5500

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE SULLIVAN BOARD MEMBER	1 00 2 00	X						0	0	0
(2) CHRISTINE IVERSON VICE CHAIR	1 00 1 00	X		X				0	0	0
(3) JASON DOUGLAS PRESIDENT/CEO - MMC	37 00 3 00	X		X				423,031	0	47,269
(4) JEFFREY LEWIS MEDICAL STAFF PRESIDENT	1 00	X		X				0	0	0
(5) JOHN OUJIRI MD BOARD MEMBER	1 00	X						0	0	0
(6) JOHN SMYLIE SECRETARY	1 00	X		X				0	0	0
(7) MATTHEW ANICH BOARD MEMBER	1 00 2 00	X						0	0	0
(8) PATRICIA SCHRAUFNAGEL CHAIR	1 00 1 00	X		X				0	0	0
(9) PEGGY VAN HOLLEN-KMAN BOARD MEMBER	1 00	X						0	0	0
(10) RICHARD SETZKE BOARD MEMBER	1 00	X						0	0	0
(11) SCOTT WARREN MD BOARD MEMBER	1 00 1 00	X						0	0	0
(12) T JAY JONES BOARD MEMBER	1 00	X						0	0	0
(13) THOMAS CUNNINGHAM MD BOARD MEMBER	1 00	X						300	0	0
(14) THOMAS JOKINEN TREASURER	1 00	X		X				0	0	0
(15) TYLER WICKMAN BOARD MEMBER	1 00	X						0	0	0
(16) KAREN HANSEN CHIEF OPERATING OFFICER	39 00 1 00			X				241,576	0	34,756
(17) KENT DUMONSEAU VICE PRESIDENT/CFO - REI	24 00 16 00			X				0	261,427	40,438

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN WHITE PHYSICIAN	40 00					X		423,096	0	38,491
(19) JUSTIN CUMMINS PHYSICIAN	36 00					X		392,382	0	12,023
(20) KEVIN MCCLELLAND PHYSICIAN	40 00					X		321,091	0	26,358
(21) NICHOLAS MILLER PHYSICIAN	40 00					X		510,219	0	35,964
(22) TERRENCE TUOMINEN PHYSICIAN	40 00					X		393,298	0	42,711
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								2,704,993	261,427	278,010

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 ▶ 38

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
REGIONAL ENTERPRISES 1615 MAPLE LANE ASHLAND, WI 54806	IS/ACCTNG/COMPLIANCE	3,736,983
ESSENTIA HEALTH 532 EAST 1ST ST DULUTH, MN 55805	CALL COVERAGE/ PRO-FEES/ SERVICE AGREEME	3,119,892
KBK SERVICES PO BOX 546 ASHLAND, WI 54806	CONSTRUCTION COMPANY	1,610,721
TAMARACK 1615 MAPLE LANE ASHLAND, WI 54806	ER PRO-FEES	891,239
MARKET & JOHNSON 2350 GALLOWAY ST EAU CLAIRE, WI 54703	CONSTRUCTION COMPANY	814,229

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 ▶ 44

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	17,950		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,375		
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		22,325		

Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	621500	104,139,443	104,128,050	11,393	
	b CAFETERIA	722210	260,487	260,487		
	c OTHER OPERATING REVENUE	900099	91,397	91,397		
	d MISC EMERGENCY ROOM REVENUE	621500	37,145	37,145		
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f . . . . ▶		104,528,472			

Other Revenue						
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		872,973			872,973
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	717,156				
	b Less rental expenses	689,442				
	c Rental income or (loss)	27,714				
	d Net rental income or (loss) . . . . . ▶		27,714			27,714
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	18,978,717	6,000			
	b Less cost or other basis and sales expenses	19,535,117	18,655			
	c Gain or (loss)	-556,400	-12,655			
	d Net gain or (loss) . . . . . ▶		-569,055			-569,055
	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					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d . . . . . ▶					
	12 Total revenue. See Instructions . . . . . ▶		104,882,429	104,517,079	11,393	331,632

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	177,975	177,975		
2 Grants and other assistance to domestic individuals See Part IV, line 22	26,000	26,000		
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	780,599	808	779,791	
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	33,213,242	31,306,316	1,906,926	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,139,732	1,072,649	67,083	
9 Other employee benefits	6,826,246	6,360,347	465,899	
10 Payroll taxes	2,200,238	2,031,670	168,568	
11 Fees for services (non-employees)				
a Management				
b Legal	331,404		331,404	
c Accounting	438,319		438,319	
d Lobbying	7,992		7,992	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,260,810	11,931,666	329,144	
12 Advertising and promotion	473,491		473,491	
13 Office expenses	2,030,286	1,621,340	408,946	
14 Information technology	1,796,760	1,796,760		
15 Royalties . .				
16 Occupancy	1,131,667	984,550	147,117	
17 Travel	390,618	280,086	110,532	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	191,983	167,025	24,958	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	6,500,368	5,716,595	783,773	
23 Insurance . . .	253,078	11,449	241,629	
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 DRUGS	9,425,416	9,425,416		
b MEDICAL SUPPLIES	6,756,291	6,753,492	2,799	
c BAD DEBT EXPENSE	4,260,053	4,260,053		
d REPAIRS & MAINTENANCE	2,204,590	2,159,882	44,708	
e All other expenses	3,605,429	956,372	2,649,057	
25 **Total functional expenses.** Add lines 1 through 24e	96,422,587	87,040,451	9,382,136	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 Sheet

Check 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		1	
	2	Savings and temporary cash investments	32,063,884	2	34,374,383
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,850,200	4	13,670,756
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	76,083	5	231,922
	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	1,278,256	7	644,197
	8	Inventories for sale or use	2,927,499	8	2,986,896
	9	Prepaid expenses and deferred charges	1,478,417	9	1,474,244
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 97,017,228			
	b	Less accumulated depreciation — 10b: 44,956,973	49,409,128	10c	52,060,255
	11	Investments—publicly traded securities	46,179,074	11	49,926,564
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	989,583	15	774,318
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	148,252,124	16	156,143,535
Liabilities	17	Accounts payable and accrued expenses	8,861,618	17	9,149,553
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	9,691,053	20	7,597,450
	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	6,715,568	25	7,137,937
	26	**Total liabilities.** Add lines 17 through 25	25,268,239	26	23,884,940
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	122,983,885	27	132,258,595
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		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	122,983,885	33	132,258,595
	34	Total liabilities and net assets/fund balances	148,252,124	34	156,143,535

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,882,429
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,422,587
3	Revenue less expenses Subtract line 2 from line 1	3	8,459,842
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	122,983,885
5	Net unrealized gains (losses) on investments	5	814,868
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	132,258,595

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		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	3b		

Additional Data

Software ID:

Software Version:

EIN: 23-7013497

Name: MEMORIAL MEDICAL CENTER INC

Form 990, Part III, Line 4a:

MEMORIAL MEDICAL CENTER (MMC) IS A CRITICAL ACCESS HOSPITAL WITH OVER 60 FULL-TIME PHYSICIANS ON STAFF AND OVER 500 EMPLOYEES LOCATED IN THE CITY OF ASHLAND, MMC SERVES AS A REGIONAL MEDICAL REFERRAL CENTER FOR PATIENTS FROM SEVEN NORTHWESTERN WISCONSIN COUNTIES AND THE NEIGHBORING GOGEBIC COUNTY OF MICHIGAN MMC OFFERS INPATIENT AND OUTPATIENT SERVICES INCLUDING MEDICAL-SURGICAL, INTENSIVE CARE, OBSTETRICS INCLUDING LABOR, DELIVERY, POSTPARTUM AND RECOVERY (LDPR) SUITES, BEHAVIORAL HEALTH, AND 24-HOUR EMERGENCY CARE INPATIENT AND OUTPATIENT SURGERIES INCLUDE ORTHOPEDIC, UROLOGY, OPHTHALMOLOGY, ENT AND OB/GYN IN ADDITION TO GENERAL SURGERY SUPPORT DIAGNOSTIC SERVICES INCLUDE LABORATORY, RADIOLOGY WITH MRI, CT AND DIAGNOSTIC ULTRASOUND, NUTRITIONAL SERVICES, PHARMACY, ENDOSCOPY SUITES AND A SLEEP DISORDER CENTER REHABILITATION SERVICES INCLUDE CARDIAC REHABILITATION AND CARDIOPULMONARY REHABILITATION, PHYSICAL THERAPY AND SPORTS MEDICINE LIFELINE EMERGENCY RESPONSE SYSTEM, HOSPICE SERVICES AND SOCIAL SERVICES ARE ALSO AVAILABLE WITHIN MMC AN ADDITIONAL BUILDING ON THE MMC CAMPUS HOUSES THE BEHAVIORAL HEALTH SERVICES PROVIDING INPATIENT AND OUTPATIENT AODA AND MENTAL HEALTH CARE AND THERAPIES MMC OPENED AS A PRIVATE, NOT-FOR-PROFIT HOSPITAL IN 1972, COMBINING THE SERVICES PREVIOUSLY PROVIDED BY TRINITY HOSPITAL AND ASHLAND COMMUNITY HOSPITAL, BOTH LOCATED IN ASHLAND MMC IS THE ONLY HOSPITAL LOCATED IN ASHLAND, BAYFIELD AND IRON COUNTIES

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MEMORIAL MEDICAL CENTER INC

Employer identification number
23-7013497

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 **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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	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? *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*	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)? *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)*	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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)

			Yes	No
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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 23-7013497

Name: MEMORIAL MEDICAL CENTER INC

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

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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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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	Employer identification number
MEMORIAL MEDICAL CENTER INC	23-7013497

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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		
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-		

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

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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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) Yes	(a) No	(b) 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		7,992
j	Total Add lines 1c through 1i			7,992
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	MEMORIAL MEDICAL CENTER PAYS DUES TO CERTAIN ORGANIZATIONS RELATED TO THE INDUSTRY WHICH HAVE LOBBYING EXPENSES THE AMOUNT LISTED IS THE PERCENTAGE OF THE DUES PAID THAT WERE USED FOR LOBBYING

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MEMORIAL MEDICAL CENTER INC

Employer identification number
23-7013497

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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 ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" 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		426,641		426,641
b Buildings		36,111,656	17,285,423	18,826,233
c Leasehold improvements				
d Equipment		53,405,592	25,650,498	27,755,094
e Other		7,073,339	2,021,052	5,052,287
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				52,060,255

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	
COLLABORATIVE AGREEMENT	7,137,937
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,137,937

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	102,139,341
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	814,868		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-4,260,053		
e	Add lines **2a** through **2d**			2e	-3,445,185
3	Subtract line **2e** from line **1**			3	105,584,526
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-702,097		
c	Add lines **4a** and **4b**			4c	-702,097
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	104,882,429

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	92,864,631
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	702,097		
e	Add lines **2a** through **2d**			2e	702,097
3	Subtract line **2e** from line **1**			3	92,162,534
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	4,260,053		
c	Add lines **4a** and **4b**			4c	4,260,053
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	96,422,587

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: 23-7013497
Name: MEMORIAL MEDICAL CENTER INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	NONPROFIT ORGANIZATIONS MAY BECOME SUBJECT TO INCOME TAXES IF QUALIFICATION AS A TAX-EXEMPT ENTITY CHANGES, IF UNRELATED BUSINESS INCOME IS GENERATED, AND IN CERTAIN OTHER INSTANCES NONPROFIT ORGANIZATIONS ARE REQUIRED TO ASSESS THE CERTAINTY OF THEIR TAX POSITIONS RELATED TO THESE MATTERS AND, IN SOME CASES, RECORD LIABILITIES FOR POTENTIAL TAXES, INTEREST AND PENALTIES ACCOMPANIED BY FOOTNOTE DISCLOSURES THE HOSPITAL HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE THE ACCRUAL OF AN INCOME TAX PROVISION GENERALLY, THE HOSPITAL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2016

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PROVISION FOR DOUBTFUL RECEIVABLES -4,260,053

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RECLASSIFICATION OF RENTAL EXPENSES -689,442 LOSS ON DISPOSAL OF PROPERTY -12,655

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF PROPERTY 12,655 RECLASSIFICATION OF RENTAL EXPENSES 689,442

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PROVISION FOR DOUBTFUL RECEIVABLES 4,260,053

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MEMORIAL MEDICAL CENTER INC

Employer identification number
23-7013497

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ 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	
	☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
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	Yes	
	☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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 eligibile 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	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			845,940		845,940	0 920 %
b Medicaid (from Worksheet 3, column a)			17,987,727	13,628,644	4,359,083	4 730 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			18,833,667	13,628,644	5,205,023	5 650 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			25,195		25,195	0 030 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			10,158,304	6,802,585	3,355,719	3 640 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			276,970		276,970	0 300 %
j **Total.** Other Benefits			10,460,469	6,802,585	3,657,884	3 970 %
k **Total.** Add lines 7d and 7j			29,294,136	20,431,229	8,862,907	9 620 %

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						
9 Other						
10 Total						

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 Heathcare 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	4,260,053		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	31,058,292		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	31,882,434		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-824,142		
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? **1**

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)

Name of hospital facility or letter of facility reporting group MEMORIAL MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
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 18			
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		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, PAGE 8			
b	☑ Other website (list url) SEE PART V, PAGE 8			
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 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, PAGE 8			
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)

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 000000000000 % and FPG family income limit for eligibility for discounted care of 200 000000000000 %			
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?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ 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?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, PAGE 8			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, PAGE 8			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, PAGE 8			
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

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 nonpayment?	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)

MEMORIAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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
See Add'l Data	

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? _____

Name and address	Type of Facility (describe)
1	
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 7	COSTS ARE CALCULATED USING FINANCIAL DATA AND THE COST TO CHARGE RATIO FROM THE AS FILED 2019 MEDICARE COST REPORT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES INCLUDE CARDIAC REHABILITATION, PHYSICAL THERAPY, PSYCHIATRIC/PSYCHOLOGICAL SERVICES AND BEHAVIORAL HEALTH INPATIENT, AND OBSERVATION BEDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE FROM FINANCIAL STATEMENTS IS $4,260,053

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDE BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AS A PERCENTAGE OF SELF-PAY AND OTHER RECEIVABLES HAS INCREASED FROM 53 2% FOR THE YEAR ENDED SEPTEMBER 30, 2018, TO 56 8% FOR THE YEAR ENDED SEPTEMBER 30, 2019

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	AT MEMORIAL MEDICAL CENTER, INC BAD DEBT IS CONSIDERED THE UNWILLINGNESS TO PAY, WHILE CHARITY CARE AND FREE CARE ARE INABILITY TO PAY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	SEE FOOTNOTE 1 ON PAGE 7 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE COSTING METHODOLOGY USED IN DETERMINING THE MEDICARE ALLOWABLE COST REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT AS REFLECTED IN THE AMOUNT REPORTED IN PART III, LINE 6 THE HOSPITAL FOLLOWED MEDICARE'S PRESCRIBED METHODS OF DETERMINING COSTS PAYABLE UNDER TITLE XVIII (MEDICARE) IN COMPLETING ITS ANNUAL MEDICARE COST REPORT (COST REPORT) USING DATA AVAILABLE FROM THE INSTITUTION'S BASIC ACCOUNTS, AS USUALLY MAINTAINED, TO ARRIVE AT EQUITABLE AND PROPER PAYMENT FOR SERVICES THE COST REPORT WAS COMPLETED USING THE HOSPITAL'S TRIAL BALANCE OF EXPENSES, AS WELL AS OTHER STATISTICAL AND FINANCIAL RECORDS MAINTAINED BY THE HOSPITAL AS REQUIRED BY MEDICARE REGULATIONS, CERTAIN RECLASSIFICATIONS AND ADJUSTMENTS TO COSTS WERE INCLUDED IN THE COST REPORT TO DETERMINE MEDICARE ALLOWABLE COSTS AFTER MEDICARE ALLOWABLE COSTS ARE DETERMINED, THE COST REPORT PROVIDES FOR THE STEP DOWN METHOD OF COST FINDING THIS METHOD PROVIDES FOR ALLOCATING THE COST OF SERVICES RENDERED BY EACH GENERAL SERVICE COST CENTER TO OTHER COST CENTERS, WHICH UTILIZE THE SERVICES ONCE THE COSTS OF A GENERAL SERVICE COST CENTER HAVE BEEN ALLOCATED, THAT COST CENTER IS CONSIDERED CLOSED ONCE CLOSED, IT DOES NOT RECEIVE ANY OF THE COSTS SUBSEQUENTLY ALLOCATED FROM THE REMAINING GENERAL SERVICE COST CENTERS AFTER ALL COSTS OF THE GENERAL SERVICE COST CENTERS HAVE BEEN ALLOCATED TO THE REMAINING COST CENTERS, THE TOTAL COSTS OF THESE REMAINING COST CENTERS ARE FURTHER DISTRIBUTED TO THE DEPARTMENTAL CLASSIFICATION TO WHICH THEY PERTAIN, E G , HOSPITAL GENERAL INPATIENT ROUTINE, SUBPROVIDER, ANCILLARY, ETC AFTER THE STEP-DOWN PROCESS, THE COST REPORT PROVIDES FOR THE APPORTIONMENT OF COSTS TO THE MEDICARE PROGRAM BASED ON A NUMBER OF DIFFERENT METHODOLOGIES INCLUDING PER PATIENT DAY, PER VISIT, AND PERCENTAGE OF CHARGES, AS MOST PREVALENT MEDICARE COSTS AS DETERMINED BY THE COST REPORT METHODOLOGIES DESCRIBED PREVIOUSLY WERE UTILIZED TO COMPLETE THE APPLICABLE MEDICARE ALLOWABLE COSTS OF CARE FOR SCHEDULE H (FORM 990) PART III SECTION B LINE 6

Form and Line Reference	Explanation
PART III, LINE 9B	MEMORIAL MEDICAL CENTER'S BILLING AND COLLECTION POLICY STATES A SUBJECT TO COMPLIANCE WI TH THE PROVISIONS OF THIS POLICY, MMC MAY TAKE ANY AND ALL LEGAL ACTIONS, INCLUDING EXTRAO RDINARY COLLECTION ACTIONS (ECAS), TO OBTAIN PAYMENT FOR MEDICAL SERVICES PROVIDED B ALL PATIENTS WILL BE OFFERED A PLAIN LANGUAGE SUMMARY (APPENDIX A) AND AN APPLICATION FORM (AP PENDIX B) FOR FINANCIAL ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY (FAP) AS PART OF THE DISCHARGE OR INTAKE PROCESS FROM A HOSPITAL C AT LEAST THREE SEPARATE STATEMENTS FOR COLLECTION OF SELF-PAY ACCOUNTS SHALL BE MAILED OR EMAILED TO THE LAST KNOWN ADDRESS OF EA CH RESPONSIBLE INDIVIDUAL(S), PROVIDED, HOWEVER, THAT NO ADDITIONAL STATEMENTS NEED BE SEN T AFTER A RESPONSIBLE INDIVIDUAL(S) SUBMITS A COMPLETE APPLICATION FOR FINANCIAL ASSISTANC E UNDER THE FAP OR HAS PAID IN-FULL AT LEAST 60 DAYS SHALL HAVE ELAPSED BETWEEN THE FIRST AND LAST OF THE REQUIRED THREE MAILINGS IT IS THE RESPONSIBLE INDIVIDUAL(S) OBLIGATION T O PROVIDE A CORRECT MAILING ADDRESS AT THE TIME OF SERVICE OR UPON MOVING IF AN ACCOUNT D OES NOT HAVE A VALID ADDRESS, THE DETERMINATION FOR "REASONABLE EFFORT" WILL HAVE BEEN MAD E ALL SINGLE PATIENT ACCOUNT STATEMENTS OF SELF-PAY ACCOUNTS WILL INCLUDE BUT NOT LIMITED TO 1 AN ACCURATE SUMMARY OF THE HOSPITAL SERVICES COVERED BY THE STATEMENT,2 THE CHARGE S FOR SUCH SERVICES,3 THE AMOUNT REQUIRED TO BE PAID BY THE RESPONSIBLE INDIVIDUAL(S) (OR , IF SUCH AMOUNT IS NOT KNOWN, A GOOD FAITH ESTIMATE OF SUCH AMOUNT AS OF THE DATE OF THE INITIAL STATEMENT), AND4 A CONSPICUOUS WRITTEN NOTICE THAT NOTIFIES AND INFORMS THE RESPO NSIBLE INDIVIDUAL(S) ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE UNDER THE HOSPITAL FAP INCLUDING THE TELEPHONE NUMBER OF THE DEPARTMENT AND DIRECT WEBSITE ADDRESS WHERE COPIES OF DOCUMENTS MAY BE OBTAINED D AT LEAST ONE OF THE STATEMENTS MAILED OR EMAILED WILL INCL UDE WRITTEN NOTICE THAT INFORMS THE RESPONSIBLE INDIVIDUAL(S) ABOUT THE ECAS THAT ARE INTE NDED TO BE TAKEN IF THE RESPONSIBLE INDIVIDUAL(S) DOES NOT APPLY FOR FINANCIAL ASSISTANCE UNDER THE FAP OR PAY THE AMOUNT DUE BY THE BILLING DEADLINE SUCH STATEMENT MUST BE PROVID ED TO THE RESPONSIBLE INDIVIDUAL(S) AT LEAST 30 DAYS BEFORE THE DEADLINE SPECIFIED IN THE STATEMENT A PLAIN LANGUAGE SUMMARY WILL ACCOMPANY THIS STATEMENT IT IS THE RESPONSIBLE I NDIVIDUAL(S) OBLIGATION TO PROVIDE A CORRECT MAILING ADDRESS AT THE TIME OF SERVICE OR UPO N MOVING IF AN ACCOUNT DOES NOT HAVE A VALID ADDRESS, THE DETERMINATION FOR "REASONABLE E FFORT" WILL HAVE BEEN MADE E RESPONSIBLE INDIVIDUAL(S) PROPENSITY TO PAY WILL BE SCORED B ASED ON THAT ASSESSMENT OF THE RESPONSIBLE INDIVIDUAL (S) LIKELIHOOD TO PAY AND DOLLAR AMOU NT OF THE SELF-PAY ACCOUNT F MMC OFFERS PAYMENT PLANS THAT BEAR NO INTEREST GENERALLY, B ALANCE REQUIRE A MINIMUM PAYMENT OF $25 00 PER MONTH AND MUST BE PAID IN FULL WITHIN 24 MO NTHS G PRIOR TO INITIATION OF ANY ECAS, AN ORAL ATTEMPT WILL BE MADE TO CONTACT RESPONSIB LE INDIVIDUAL(S) BY TELEPHONE AT THE LAST KNOWN TELEPHONE NUMBER, IF ANY, AT LEAST ONCE DU RING THE SERIES OF MAILED OR EMAILED STATEMENTS IF THE ACCOUNT REMAINS UNPAID DURING ALL CONVERSATIONS, THE PATIENT OR RESPONSIBLE INDIVIDUAL(S) WILL BE INFORMED ABOUT THE FINANCI AL ASSISTANCE THAT MAY BE AVAILABLE UNDER THE FAP H ECAS MAY BE COMMENCED AS FOLLOWS 1 I F ANY RESPONSIBLE INDIVIDUAL(S) FAIL TO APPLY FOR FINANCIAL ASSISTANCE UNDER THE FAP BY 12 0 DAYS AFTER THE FIRST POST DISCHARGE STATEMENT, AND THE RESPONSIBLE PARTIES HAVE RECEIVED A STATEMENT WITH A BILLING DEADLINE DESCRIBED IN SECTION III E ABOVE, THEN MMC OR COLLECT ION AGENCY MAY INITIATE ECAS 2 IF ANY RESPONSIBLE INDIVIDUAL(S) SUBMITS AN INCOMPLETE APP LICATION FOR FINANCIAL ASSISTANCE UNDER THE FAP PRIOR TO THE APPLICATION DEADLINE, THEN EC AS MAY NOT BE INITIATED UNTIL AFTER EACH OF THE FOLLOWING STEPS HAS BEEN COMPLETED A PFS PROVIDES THE RESPONSIBLE INDIVIDUAL(S) WITH A WRITTEN NOTICE THAT DESCRIBES THE ADDITIONAL INFORMATION OR DOCUMENTATION REQUIRED UNDER THE FAP IN ORDER TO COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE, WHICH NOTICE WILL INCLUDE A COPY OF THE PLAIN LANGUAGE SUMMARY B PFS PROVIDES THE RESPONSIBLE INDIVIDUAL(S) WITH AT LEAST 30 DAYS' PRIOR WRITTEN NOTICE O F THE ECAS THAT MMC OR COLLECTION AGENCY MAY INITIATE AGAINST THE RESPONSIBLE INDIVIDUAL(S) IF THE FAP APPLICATION IS NOT COMPLETED OR PAYMENT IS NOT MADE, PROVIDED, HOWEVER, THAT THE COMPLETION DEADLINE FOR PAYMENT MAY NOT BE SET PRIOR TO 120 DAYS AFTER THE FIRST POST DISCHARGE STATEMENT C IF THE RESPONSIBLE INDIVIDUAL(S) WHO HAS SUBMITTED THE INCOMPLETE A PPLICATION COMPLETES THE APPLICATION FOR FINANCIAL ASSISTANCE, AND PFS DETERMINES DEFINITI VELY THAT THE RESPONSIBLE INDIVIDUAL(S) IS INELIGIBLE FOR ANY FINANCIAL ASSISTANCE UNDER T HE FAP, MMC WILL INFORM THE RESPONSIBLE INDIVIDUAL(S) IN WRITING THE DENIAL AND INCLUDE A 30 DAYS' PRIOR WRITTEN NOTICE OF THE ECAS THAT MMC OR COLLECTION AGENCY MAY INITIATE AGAIN ST THE RESPONSIBLE INDIVIDUAL(S), PROVIDED, HOWEVE

Form and Line Reference	Explanation
PART III, LINE 9B	R, THAT THE BILLING DEADLINE MAY NOT BE SET PRIOR TO 120 DAYS AFTER THE FIRST POST DISCHAR GE STATEMENT D IF THE RESPONSIBLE INDIVIDUAL(S) WHO HAS SUBMITTED THE INCOMPLETE APPLICAT ION FAILS TO COMPLETE THE APPLICATION BY THE COMPLETION DEADLINE SET IN THE NOTICE PROVIDE D PURSUANT TO SECTION III G 3 B ABOVE, THEN ECAS MAY BE INITIATED E IF AN APPLICATION, CO MPLETE OR INCOMPLETE, FOR FINANCIAL ASSISTANCE UNDER THE FAP IS SUBMITTED BY A RESPONSIBLE INDIVIDUAL(S), AT ANY TIME PRIOR TO THE APPLICATION DEADLINE, MMC WILL SUSPEND ECAS WHILE SUCH FINANCIAL ASSISTANCE APPLICATION IS PENDING I AFTER THE COMMENCEMENT OF ECAS IS PER MITTED UNDER SECTION III G ABOVE, COLLECTION AGENCIES SHALL BE AUTHORIZED TO REPORT UNPAID ACCOUNTS TO CREDIT AGENCIES, AND TO FILE JUDICIAL OR LEGAL ACTION, GARNISHMENT, OBTAIN JU DGMENT LIENS AND EXECUTE UPON SUCH JUDGMENT LIENS USING LAWFUL MEANS OF COLLECTION, PROVID ED, HOWEVER, THAT PRIOR APPROVAL OF PFS SHALL BE REQUIRED BEFORE INITIAL LAWSUITS MAY BE I NITIATED MMC AND EXTERNAL COLLECTION AGENCIES MAY ALSO TAKE ANY AND ALL LEGAL OTHER ACTIO NS INCLUDING BUT NOT LIMITED TO TELEPHONE CALLS, EMAILS, TEXTS, MAILING NOTICES, AND SKIP TRACING TO OBTAIN PAYMENT FOR MEDICAL SERVICES PROVIDED IV POLICY AVAILABILITYCONTACT OUR BUSINESS OFFICE AT 715-685-5500 FOR INFORMATION REGARDING ELIGIBILITY OR THE PROGRAMS THA T MAY BE AVAILABLE TO YOU, TO REQUEST A COPY OF THE FAP, FAP APPLICATION FORM, OR COLLECTI ON POLICY TO BE MAILED TO YOU, OR IF YOU NEED A COPY OF THE FAP, FAP APPLICATION FORM, OR COLLECTION POLICY TRANSLATED TO SPANISH FULL DISCLOSURE OF THE FAP, FAP APPLICATION FORM, OR COLLECTION POLICY MAY BE FOUND AT WWW ASHLANDMMC COM A PAPER COPY OF OUR FAP, FAP APP LICATION FORM, OR COLLECTION POLICY CAN BE OBTAINED AT OUR FACILITY LOCATED AT 1615 MAPLE LANE, ASHLAND, WI 54806 AT THE REGISTRATION DESK

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT MEMORIAL MEDICAL CENTER WORKED WITH A MULTIDISCIPLINARY GROUP OF AREA HEALTH AGENCIES AND ORGANIZATIONS TO SURVEY, IDENTIFY, PRIORITIZE AND IMPACT AREAS OF GREAT HEALTH CONCERNS IN THE COMMUNITIES WE SERVE WHILE THE CHNA PROCESS INCLUDES DATA COLLECTION THROUGH SURVEYS, FOLLOWED BY ANALYZING THE DATA TO CREATE A CHNA PLAN, THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) COMMITTEE DID AN ADDITIONAL LAYER OF ASSESSMENT TO REALLY ENSURE IMPACTS WERE BEING MADE IN THE COMMUNITIES STAKEHOLDER QUESTIONNAIRES WERE SENT TO AREA AGENCIES, GROUPS, BUSINESSES, SCHOOLS, ETC FOR FEEDBACK ON THE PLAN'S IMPACT TO MEASURE HOW AGENCIES VIEW THE EFFICACY OF THE COMMUNITY HEALTH IMPROVEMENT PLAN COMMITTEE AND ITS PLANS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE NOTICES ARE PUBLISHED IN THE LOCAL NEWSPAPER, INTERVIEWS ARE CONDUCTED AT ADMISSION AND FOR THOSE PATIENTS PREADMITTED INFORMATION IS DISTRIBUTED AND INTERVIEWS CONDUCTED TO EXPLORE ALL THE AVENUES AVAILABLE FOR PAYMENT OF THEIR HEALTHCARE SERVICES TO INCLUDE THEIR ELIGIBILITY FOR CHARITY CARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION MEMORIAL MEDICAL CENTER SERVES AN AREA THAT EXTENDS 25 MILES WEST, 75 MILES EAST AND 45 MILES SOUTH OUR PRIMARY SERVICE AREA HAS A POPULATION OF APPROX 35,000 PEOPLE THE AVERAGE INCOME OF OUR SERVICE AREA IS WELL BELOW STATE AVERAGES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH MEMORIAL MEDICAL CENTER DOES HAVE AN OPEN MEDICAL STAFF WITH A BROAD RANGE OF SPECIALTIES THE MEMBERS OF THE MEDICAL STAFF PROVIDE SERVICES OUT OF TWO LARGER CLINICS AS WELL AS MANY SMALL INDEPENDENT PRACTICES ALL HAVE EQUAL PRIVILEGES ON THE MEDICAL STAFF IN ADDITION WE HAVE A BOARD OF DIRECTORS THAT REPRESENT THE LARGER SERVICE AREA BOARD OF DIRECTORS COME FROM COMMUNITIES 30-40 MILES FROM ASHLAND AS WELL AS REPRESENTATIVES FROM ASHLAND AND WASHBURN (10 MILES AWAY)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM MEMORIAL MEDICAL CENTER IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 23-7013497

Name: MEMORIAL MEDICAL CENTER INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	MEMORIAL MEDICAL CENTER 1615 MAPLE LANE ASHLAND, WI 54806 WWW ASHLANDMMC COM 1065	X	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MEMORIAL MEDICAL CENTER	PART V, SECTION B, LINE 5 THE PLAN WAS DEVELOPED BY A COMMUNITY HEALTH IMPROVEMENT COMMITTEE THAT CONSISTED OF THE HEALTH OFFICER FROM ASHLAND COUNTY HEALTH AND HUMAN SERVICES (CYNDI ZACH), THE HEALTH OFFICER FROM THE IRON COUNTY HEALTH DEPARTMENT (KATIE HAMPSTON), THE HEALTH OFFICER FROM THE BAYFIELD COUNTY HEALTH DEPARTMENT (SARA WARTMAN), A CHIP WRITER FROM THE AREA HEALTH EDUCATION CENTERS WITH ASHLAND COUNTY HEALTH AND HUMAN SERVICES (LAUREN MCKAY), THE DIRECTOR OF BEHAVIORAL HEALTH AT MEMORIAL MEDICAL CENTER (TOM JENSEN), MARKETING SPECIALIST AT MEMORIAL MEDICAL CENTER (BETH PROBST) AND THE DIRECTOR OF STRATEGY AND PATIENT EXPERIENCE AT MEMORIAL MEDICAL CENTER (KEVIN STRANBERG)

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MEMORIAL MEDICAL CENTER	PART V, SECTION B, LINE 6B ORGANIZATIONS INVOLVED INCLUDED MEMORIAL MEDICAL CENTER, ASHLAND COUNTY HEALTH AND HUMAN SERVICES, THE BAYFIELD COUNTY HEALTH DEPARTMENT, AND THE IRON COUNTY HEALTH DEPARTMENT

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MEMORIAL MEDICAL CENTER	PART V, SECTION B, LINE 7D PAPER COPIES ARE AVAILABLE AT THE ASHLAND COUNTY HUMAN SERVICES & HEALTH DEPARTMENT, BAYFIELD COUNTY HEALTH DEPARTMENT AND IRON COUNTY HEALTH DEPARTMENT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MEMORIAL MEDICAL CENTER	PART V, SECTION B, LINE 11 DURING THE PLANNING PROCESS FOR COMMUNITY IMPROVEMENT FOR THE 2015-2017 CHNA, THE TOP THREE PRIORITIES IDENTIFIED WERE ALCOHOL AND OTHER DRUG USE, MENT AL HEALTH, AND CHRONIC DISEASE, WHILE DETERMINING THAT ALCOHOL AND OTHER DRUG USE WAS TO B E THE TOP PRIORITY OF INTEREST TO ASHLAND AND BAYFIELD COUNTIES THE FIRST GOAL FOCUSED ON RESEARCHING OPPORTUNITIES TO IMPROVE THE RECOVERY CAPACITY OF ASHLAND AND BAYFIELD COUNTY RESIDENTS ADDICTED TO METHAMPHETAMINE, AND ACHIEVE A SUSTAINABLE, SYSTEMS LEVEL, LOCAL RE SPONSE THE CHIP COALITION WORKED CLOSELY WITH THE CHEQUAMEGON COALITION ON EMERGING DRUGS THROUGH A FIVE-YEAR, $25,000 PER YEAR GRANT, DRUG RECOGNITION EXPERT (DRE) TRAINING WAS PROVIDED FOR THE ASHLAND POLICE DEPARTMENT AND FINANCIAL SUPPORT FOR CHASE THE K9 DOG COM MUNITY SHARPS DROP BOX LOCATIONS WERE ADDED THROUGHOUT ASHLAND AND BAYFIELD COUNTIES AND N EW PRESCRIPTION DROP BOX LOCATIONS IN MELLEN AND LA POINTE TO SAFELY ADDRESS DRUG USAGE M EMORIAL MEDICAL CENTER (MMC) PURCHASED A "HIDDEN IN PLAIN SIGHT" ROOM TO EDUCATE PROVIDERS , PARENTS, COMMUNITY, AND BUSINESS LEADERS ABOUT THE SIGNS OF SOMEONE USING MMC ALSO INIT IATED THE CHILDREN'S DAY TREATMENT PROGRAM WHICH SERVES CHILDREN IN GRADES 1-5 IN AREA SCH OOL DISTRICTS WITH MENTAL HEALTH ISSUES AND ADDRESSES THE WIDESPREAD IMPACT DRUG USAGE CAN HAVE ON THE COMMUNITY THE SECOND GOAL WAS TO IMPLEMENT STRATEGIES THAT WOULD REDUCE ACCES S TO ALCOHOL FOR INDIVIDUALS UNDER AGE 21 IN ASHLAND AND BAYFIELD COUNTIES BOTH COUNTIES COLLABORATED THROUGH A 5-YEAR, $500,000, ADOLESCENT HEALTH GRANT LEAD AND SEED TRAINING W AS IMPLEMENTED IN BAYFIELD COUNTY TO CULTIVATE LEADERSHIP AND IMPROVED DECISION-MAKING SKI LLS IN YOUTH SOURCES OF STRENGTH IS A PROGRAM THAT USES TRAUMA INFORMED, UPSTREAM PREVENT ION TO EMPOWER YOUTH THE PROGRAM IS IN USE AT ASHLAND SCHOOL DISTRICT, CHEQUAMEGON SCHOOL DISTRICT IN GLIDDEN, AND WASHBURN SCHOOLS YOUTH ADVISORY GROUPS WERE FORMED WITH THE WEL LNESS FOR LIFE COALITION TO ADDRESS ADOLESCENT HEALTH CONCERNS IN TWO ASHLAND COUNTY SCHOO LS AND THREE BAYFIELD COUNTY SCHOOLS BEHAVIORAL HEALTH SERVICES NURSING AT MMC IS WORKING TO SCREEN ALL UNDERAGE PATIENTS FOR ALCOHOL USE AND TO REFER COUNSELING SERVICES AND RESO URCES UPON DISCHARGE THE THIRD GOAL WAS TO ADVOCATE FOR POLICY CHANGE AND PROVIDE EDUCATIO N TO DECREASE ALCOHOL AND OTHER DRUG USE IN ASHLAND AND BAYFIELD COUNTIES THIS IS SUPPORT ED BY A 2-YEAR, $50,000 COMMUNITY OPPORTUNITY GRANT FACT SHEETS ON ALCOHOL USE STATISTICS , COST, AND IMPACTS FOR ASHLAND AND BAYFIELD COUNTIES AND GUIDING MATERIALS WERE SHARED WI TH LOCAL GOVERNING BOARDS TO ENCOURAGE BEST PRACTICES OF SERVING ALCOHOL AT COMMUNITY FEST IVALS THE FACT SHEETS PROVIDE EVIDENCE-BASED RECOMMENDATIONS FOR FESTIVAL LICENSING, SERV ER TRAINING, AND PLACE OF LAST DRINK THE GOAL IS TO BRING THESE MATERIALS TO LOCAL GOVERN MENT, SUCH AS TOWN AND COUNTY BOARD MEETINGS, FOR FUTURE COMMUNITY FESTIVAL PLANNING OTHER ACCOMPLISHMENTS INCLUDED A RE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MEMORIAL MEDICAL CENTER	GIONAL AODA MEETING, THE WORK OF VOICES FOR RECOVERY, AND CONTINUED EDUCATION PROVIDED TO THE COMMUNITIES OF ASHLAND AND BAYFIELD BY THE BAY AREA EDUCATION COALITION ADDITIONALLY, MMC INTRODUCED A PUBLIC AWARENESS CAMPAIGN CENTERED ON AODA AND MENTAL HEALTH IN WINTER 2 017 ON THE 2018-2020 CHNA, THE FOLLOWING GOALS WERE SET OVERALL OBJECTIVE BUILDING RESILI ENCE BY CREATING PROTECTIVE FACTORS THROUGHOUT THE THREE-COUNTY REGION FOR HEALTHIER COMMU NITIES GOAL 1 INCREASE AWARENESS OF TRAUMA-INFORMED CARE AMONG COMMUNITY MEMBERS BUILDIN G ON NEW HORIZONS NORTH'S ZERO SUICIDE GRANT, TRAUMA-INFORMED CARE TRAINING WILL BE PROVID ED TO CENTRAL LOCATIONS IN ALL THREE COUNTIES TRAINING WILL GROW TO INCLUDE SCHOOL DISTRI CTS AND SERVICE PROVIDERS THROUGHOUT 2019 TO PROMOTE TRAUMA-INFORMED CARE AND INCREASE COM MUNITY AWARENESS OF THE IMPACT OF TRAUMA, A MEDIA CAMPAIGN ON TRAUMA-INFORMED CARE WILL BE IMPLEMENTED IN THE THREE COUNTIES INFORMATION WILL BE DISTRIBUTED THROUGH FACEBOOK PAGES OF LOCAL HEALTH DEPARTMENTS AND MEMORIAL MEDICAL CENTER PRINTED MEDIA WILL BE DISTRIBUTE D IN EARLY 2019 TO INCREASE THE GENERAL PUBLIC'S AWARENESS DURING THE 2018 TAX YEAR, THE F OLLOWING ACTIVITES WERE CONDUCTED - THERE WAS A "BRIGHT FUTURES" GRANT RECEIVED BY ASHLAND SCHOOL DISTRICT - THERE WAS A TRAINING ON COLUMBIA SCREENING TOOL FOR OUR ZERO SUICIDE P ROGRAMMING AND WHAT WILL BE DONE IF A PERSON FLAGS AS HIGH RISK FOR SUICIDE GOAL 2 INCREA SE RESILIENCE AMONG ADOLESCENTS THE ASHLAND - BAYFIELD COUNTY ADOLESCENT HEALTH PROGRAM HA S INITIATED THE SOURCES OF STRENGTH RESILIENCE-BUILDING PROGRAM IN SEVERAL SCHOOL DISTRICT S IN THE COUNTIES AND ESTABLISHED LOCAL TRAINERS FOR THE PROGRAM THE CHIP STEERING COMMIT TEE WILL WORK WITH TRAINERS TO IMPLEMENT ADDITIONAL RESILIENCE PROGRAMMING IN MOST SCHOOL DISTRICTS THROUGHOUT THE THREE-COUNTY REGION IN 2019 AND 2020 IMPLEMENTATION OF RESILIENC E SKILLS AND AODA PREVENTION CAMPAIGN WILL OCCUR VIA PRINT AND SOCIAL MEDIA IN LATE 2019 D URING THE 2018 TAX YEAR, THERE WAS "SOURCE OF STRENGTH AND RESILIENCY" TRAINING IN AREA SC HOOLS GOAL 3 ADVOCATE AND EDUCATE FOR POLICY CHANGE TO DECREASE AODA ABUSE IN ASHLAND AN D BAYFIELD COUNTIES THE THREE LOCAL HEALTH DEPARTMENTS WILL WORK WITH THE WISCONSIN DEPART MENT OF PUBLIC INSTRUCTION AND LOCAL SCHOOL DISTRICTS TO CREATE A THREE-COUNTY REGIONAL CO LLECTION SITE FOR YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA IN 2019 REGIONAL COLLECTION SITE S WILL PROVIDE ANONYMITY TO SCHOOLS PARTICIPATING IN THE SURVEY AS COLLECTION SITES OF RE GIONAL-LEVEL STATISTICS, THE LOCAL HEALTH DEPARTMENTS WILL EFFECTIVELY USE THIS DATA TO IN CREASE FUNDING FOR PREVENTION PROJECTS AND DEMONSTRATE NEED AND/OR IMPROVEMENTS THE CHIP STEERING COMMITTEE WILL ASSIST BY WORKING WITH LOCAL NORTHWOODS COALITIONS TO ADVOCATE FOR SCHOOLS TO PARTICIPATE IN THE YRBS THIS WILL BE THROUGHOUT THE CHIP TIMELINE FURTHER EFF ORTS TO ENHANCE PROTECTIVE FACTORS AMONG YOUTH WILL INCLUDE THE CREATION OF A ONE-PAGE EDU CATIONAL FACT SHEET THAT PROVI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MEMORIAL MEDICAL CENTER	DES DATA-SUPPORTED INFORMATION ABOUT JUULING/VAPING AND MARIJUANA RISKS TO COMMUNITY MEMBE RS AND LEADERS IN 2019 DURING THE 2018 TAX YEAR, "JUST THE FACTS" PROGRAM WAS BROUGHT TO O UR COMMUNITY BY THE CHIP STEERING COMMITTEE IT PROVIDED INFORMATION ABOUT VAPING AND MARI JUANA AND TEENAGERS THERE WAS A HANDOUT WITH INFORMATION ABOUT VAPING AND MARIJUANA IN AD DITION TO A SOCIAL MEDIA CAMPAIGN THE COMMUNITY HEALTH IMPROVEMENT PLAN COMMITTEE IDENTIF IED SEVERAL OTHER HEALTH CONCERNS PREVALENT IN OUR COMMUNITIES WHICH INCLUDED, BUT WERE NO T LIMITED TO NUTRITION AND HEALTHY FOODS, PHYSICAL ACTIVITY, INJURY AND VIOLENCE PREVENTI ON, HEALTHY GROWTH AND DEVELOPMENT, TOBACCO USE AND EXPOSURE, COMMUNICABLE DISEASES, ETC STAKEHOLDERS WERE ASKED TO RANK THESE HEALTH CONCERNS BY PRIORITY, AND WHILE ALL ARE IMPOR TANT AND DEMAND TO BE ACKNOWLEDGED, THE COMMITTEE DECIDED TO USE AVAILABLE RESOURCES IN TH E MOST EFFICIENT WAY POSSIBLE THIS MEANT PRIORITIZING THREE ISSUES FOR THE GREATEST IMPAC T, RATHER THAN TRYING TO DO A LITTLE IN EACH AREA

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MEMORIAL MEDICAL CENTER	PART V, SECTION B, LINE 16J THE FINANCIAL ASSISTANCE POLICY IS PUBLISHED IN THE LOCAL NEWSPAPER

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 7A, CHNA - HOSPITAL'S WEBSITE	HTTP //ASHLANDMMC COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 7B, CHNA REPORT - OTHER WEBSITE	HTTPS //CO ASHLAND WI US/INDEX ASP?SEC=B77F5C3A-9D66-4656-B09F-63B28DF12119&DE=DEBD1C96-ADCF-4ECC-ABF2-234591ABB8E9

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 10A, IMPLEMENTATION PLAN WEBSITE	HTTP //ASHLANDMMC COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 16A, FAP WEBSITE	HTTPS //ASHLANDMMC COM/WP-LIB/WP-CONTENT/UPLOADS/2020/02/MMC-FINANCIAL-ASSISTANCE-POLICY-UPDATED-2 27 20 PDF

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 16B, FAP APPLICATION WEBSITE	HTTPS //ASHLANDMMC COM/WP-LIB/WP-CONTENT/UPLOADS/2020/02/MMC-FINANCIAL-ASSISTANCE-APPLICATION-2 28 2020 PDF

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE	HTTPS //ASHLANDMMC COM/WP-LIB/WP-CONTENT/UPLOADS/2020/02/2020-MMC-FAP-PLAIN-LANGUAGE-SUMMARY-FANCY PDF

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MEMORIAL MEDICAL CENTER INC

Employer identification number
23-7013497

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FUTURE CAREGIVER SCHOLARSHIPS AND HOWARD V SANDIN FELLOWSHIP AWARDS	16	26,000			
(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	THE HOSPITAL REQUIRES RECIPIENTS TO PROVIDE DOCUMENTATION SUPPORTING EXPENDITURE OF RELATED GRANT FUNDS RECEIVED EXPENDITURES ARE REQUIRED TO QUALIFY FOR THE PURPOSE THE GRANT/AWARD WAS GIVEN OR THE FUNDS ARE REQUIRED TO BE RETURNED

Additional Data

Software ID:
Software Version:
EIN: 23-7013497
Name: MEMORIAL MEDICAL CENTER 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
NEW DAY ADVOCACY CENTER PO BOX 88 ASHLAND, WI 54806	39-1364912	501(C)3	26,700				MATCHING FUNDS
ASHLAND CARES 211 8TH STREET EAST ASHLAND, WI 54806	47-3650960	501(C)3	10,000				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
CAMBA PO BOX 141 CABLE, WI 54821	39-1743206	501(C)3	10,000				FUNDING MOUNT ASHWABAY MOUNTAIN BIKE TRAILS
DAVE GALLUP FOUNDATION INC 314 MADISON AVE FORK ATKINSON, WI 53538	47-1582030	501(C)3	8,000				SOBER LIVING FACILITY

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
EVERGROW LEARNING CENTER 422 W THIRD STREET ASHLAND, WI 54806	82-5220699	501(C)3	100,000				FUNDING FOR NEW DAY CARE PROVIDER

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MEMORIAL MEDICAL CENTER INC

Employer identification number
23-7013497

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JASON DOUGLAS PRESIDENT/CEO - MMC	(i)	387,215	35,186	630	13,750	33,519	470,300	0
	(ii)	0	0	0	0	0	0	0
2 KAREN HANSEN CHIEF OPERATING OFFICER	(i)	218,859	21,384	1,333	7,856	26,900	276,332	0
	(ii)	0	0	0	0	0	0	0
3 KENT DUMONSEAU VICE PRESIDENT/CFO - REI	(i)	0	0	0	0	0	0	0
	(ii)	238,652	22,452	323	11,854	28,584	301,865	0
4 JOHN WHITE PHYSICIAN	(i)	422,064	0	1,032	12,477	26,014	461,587	0
	(ii)	0	0	0	0	0	0	0
5 JUSTIN CUMMINS PHYSICIAN	(i)	392,302	0	80	0	12,023	404,405	0
	(ii)	0	0	0	0	0	0	0
6 KEVIN MCCLELLAND PHYSICIAN	(i)	304,507	15,000	1,584	13,750	12,608	347,449	0
	(ii)	0	0	0	0	0	0	0
7 NICHOLAS MILLER PHYSICIAN	(i)	495,003	15,000	216	6,000	29,964	546,183	0
	(ii)	0	0	0	0	0	0	0
8 TERRENCE TUOMINEN PHYSICIAN	(i)	378,516	13,750	1,032	10,962	31,749	436,009	0
	(ii)	0	0	0	0	0	0	0

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MEMORIAL MEDICAL CENTER INC

Employer identification number
23-7013497

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ASHLAND COUNTY WISCONSIN	39-6005666		09-20-2011	10,000,000	CONSTRUCT AND EQUIP FACILITY		X		X		X
B	BAYFIELD COUNTY WISCONSIN	39-6005670		10-05-2011	3,827,785	CONSTRUCT AND EQUIP FACILITY		X		X		X
C	ASHLAND COUNTY WISCONSIN	39-6005666		12-29-2014	7,120,000	CONSTRUCT AND EQUIP FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	8,532,183	3,270,288	1,470,127	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,000,000	3,827,785	7,120,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds			123,433	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	10,000,000	3,827,785	6,996,567	
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2012	2012	2016	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?		X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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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.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MEMORIAL MEDICAL CENTER INC

Employer identification number
23-7013497

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) JASON DOUGLAS	PRESIDENT/CEO	RETENTION		X	70,000	28,076		No	Yes		Yes	
(2) NICHOLAS MILLER	HIGHLY COMPENSATED EMPLOYEE	SIGN-ON BONUS		X	30,000	7,692		No	Yes		Yes	
(3) JUSTIN CUMMINS	HIGHLY COMPENSATED EMPLOYEE	SIGN-ON BONUS		X	250,000	196,154		No	Yes		Yes	
Total					▶ $	231,922						

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

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

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MEMORIAL MEDICAL CENTER INC

Employer identification number
23-7013497

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	REGIONAL ENTERPRISES, INC IS THE SOLE CORPORATE MEMBER OF MEMORIAL MEDICAL CENTER, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	REGIONAL ENTERPRISES, INC MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	IN ADDITION TO DOING ALL THINGS REQUIRED BY LAW, REI, AS THE SOLE MEMBER OF MMC, SHALL HAVE THE FOLLOWING RESERVE POWERS A) THE POWER TO MAKE, AMEND, OR REPEAL MMC'S BYLAWS AND ARTICLES OF INCORPORATION B) TO APPROVE ANY CHANGE IN MMC'S PHILOSOPHY, MISSION OR VISION STATEMENTS, AND APPROVE THE LONG-RANGE GOALS AND STRATEGIC PLAN FOR MMC C) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGET D) TO APPROVE ALL BUILDING PROGRAMS THAT EXCEED $1,000,000 IN VALUE E) TO SELECT AND RETAIN AN INDEPENDENT AUDING FIRM F) TO APPROVE THE PURCHASE, SALE, LEASE, DISPOSITION, OR ALIENATION OF ANY REAL PROPERTY OWNED BY MMC G) TO APPROVE ANY PLAN OF DISSOLUTION OR MERGER, CONSOLIDATION, ACQUISITION OR DISPOSITION OF REAL PROPERTY OR RELOCATION OF THE FACILITIES OF MMC H) BASED ON A RECOMMENDATION FROM THE BOARD OF DIRECTORS OF MMC, TO APPOINT AND MONITOR THE PERFORMANCE OF THE PRESIDENT/CEO OF REI, WHO SHALL ALSO SIMULTANEOUSLY SERVE AS THE PRESIDENT/CEO OF MMC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 MUST GO THROUGH AN ADMINISTRATIVE REVIEW AND THEN BE APPROVED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A DEFINITIONS 1 AN "INTERESTED PERSON" MEANS ANY CURRENT DIRECTOR, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE THAT REPORTS TO THE BOARD OF DIRECTORS IF A PERSON MEETS THE DEFINI TION OF AN INTERESTED PERSON FOR REI OR ANY OF ITS AFFILIATED CORPORATIONS, THAT PERSON SH ALL BE CONSIDERED AN INTERESTED PERSON FOR ALL CORPORATIONS WITH THE REI SYSTEM 2 AN "IN SIDER" MEANS ANY PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AF FAIRS OF REI FOR PURPOSES OF APPLYING THE PROCEDURES OF THIS POLICY, THE FOLLOWING WILL B E CONSIDERED INSIDERS ANY INTERESTED PERSON AS DEFINED HEREIN, THE MANAGERS AT REI AND IT S AFFILIATED CORPORATIONS, AND MEMBERS OF THE VARIOUS MEDICAL STAFFS AT MEMBERS' HOSPITALS FOR PURPOSES OF THIS PROTOCOL, A "MANAGER" INCLUDES ANY PERSON WHO MANAGES A DISCRETE SE GMENT OR ACTIVITY OF REI, OR ANY OF ITS AFFILIATES, THAT REPRESENTS A SUBSTANTIAL PORTION (I E , 10% OR MORE) OF THE ACTIVITIES, ASSETS, INCOME, OR EXPENSES OF REI OR SUCH AFFILIAT E AS COMPARED TO THE ORGANIZATION AS A WHOLE FINALLY, ANYONE WHO HAS BEEN AN INTERESTED P ERSON AT ANY TIME IN THE PAST FIVE (5) YEARS AND ANYONE WHO WAS A MEMBER OF ANY MEDICAL ST AFF OF A MEMBER HOSPITAL AT SOME TIME IN THE PAST FIVE (5) YEARS, SHALL BE CONSIDERED AN I NSIDER 3 FOR PURPOSES OF THIS POLICY, "FAMILY" OF AN INSIDER SHALL MEAN A SUCH INDIVID UAL'S SPOUSE AND THE PARENTS AND SIBLINGS OF THE SPOUSE, B SUCH INDIVIDUAL'S PARENTS, GRA NDPARENTS, SIBLINGS (WHOLE OR HALF BLOOD OR BY ADOPTIONS), CHILDREN, GRANDCHILDREN AND GRE AT GRANDCHILDREN, AND C SPOUSES OF SUCH INDIVIDUAL'S GRANDPARENTS, SIBLINGS, CHILDREN, GR ANDCHILDREN, AND GREAT GRANDCHILDREN B DISCLOSURE 1 EACH DIRECTOR AND OFFICER SHALL DIS CLOSE TO THE BOARD OF DIRECTORS, OR TO THE OTHER MEMBERS OF ANY COMMITTEE CONSIDERING A PR OPOSED BUSINESS TRANSACTION OR ARRANGEMENT, THE EXISTENCE AND NATURE OF ANY FINANCIAL INTE REST SUCH PERSON OR A MEMBER OF SUCH PERSON'S FAMILY MAY HAVE WITH RESPECT TO SUCH PROPOSE D TRANSACTION OR ARRANGEMENT EACH DIRECTOR AND PRINCIPAL OFFICER SHALL PROMPTLY MAKE DISC LOSURES AS MAY BE NECESSARY TO KEEP THE BOARD OR COMMITTEE FULLY APPRISED OF SUCH PERSON'S FINANCIAL INTERESTS DISCLOSURE SHALL ALSO BE ACCOMPLISHED ON AN ANNUAL BASIS BY HAVING E ACH DIRECTOR AND PRINCIPAL OFFICER EXECUTE AND DELIVER TO REI A CERTIFICATE REGARDING CONF LICTS OF INTEREST IN SUBSTANTIALLY THE FORM ATTACHED TO THIS POLICY 2 THE REQUIREMENT TH AT INTERESTED PERSONS DISCLOSE THEIR FINANCIAL INTERESTS SUBSTANTIALLY REQUIRES EACH DIREC TOR AND PRINCIPAL OFFICER TO DISCLOSE ANY INSIDER TRANSACTION IN WHICH HE OR SHE, HIS/HER FAMILY MEMBERS OR A CONTROLLED ENTITY ARE INVOLVED THIS OCCURS BECAUSE THE DEFINITION OF A FINANCIAL INTEREST IS BROADER THAN THE DEFINITION OF AN INSIDER TRANSACTION HOWEVER, NO T ALL FINANCIAL INTERESTS DISCLOSED WILL RESULT IN A CONFLICT OF INTEREST OR AN INSIDER TR ANSACTION A TRANSACTION INVOLVING A DIRECTOR OR OFFICER WILL FALL INTO ONE OF THE FOLLOWI NG THREE CATEGORIES (I) IT NE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ITHER INVOLVES AN INTERESTED PERSON NOR IS AN INSIDER TRANSACTION, (II) IT INVOLVES AN INT ERESTED PERSON, BUT IS NOT AN INSIDER TRANSACTION, OR (III) IT INVOLVES AN INTERESTED PERS ON AND IS AN INSIDER TRANSACTION C RESPONSE TO DISCLOSURES IF ANY DIRECTOR OR PRINCIPAL OFFICER DISCLOSES A POTENTIAL FINANCIAL INTEREST TO THE BOARD OF DIRECTORS OR ANY COMMITTE E REGARDING A PROPOSED TRANSACTION OR ARRANGEMENT, THE BOARD OR COMMITTEE SHALL FIRST DETE RMINE WHETHER THE PROPOSED TRANSACTION OR ARRANGEMENT COULD BE CONSIDERED AN INSIDER TRANS ACTION IF THE BOARD OR COMMITTEE IS CERTAIN THAT THE TRANSACTION OR ARRANGEMENT WILL NOT INVOLVE AN INSIDER, THE BOARD OR COMMITTEE SHALL FOLLOW ONLY THE PROCEDURES SET FORTH IN S ECTION III(C)(1) BELOW IF THE TRANSACTION OR ARRANGEMENT INVOLVES OR MAY INVOLVE AN INSID ER, THE BOARD OR COMMITTEE SHALL FOLLOW THE PROCEDURES IN BOTH SECTION III(C)(1) AND SECTI ON III(C)(2) 1 PROCEDURES FOR DISCLOSURES OF ANY FINANCIAL INTEREST THAT MAY RESULT IN A CONFLICT OF INTEREST ON THE PART OF AN INTERESTED PERSON THAT DOES NOT MEET THE DEFINITIO N OF AN INSIDER TRANSACTION A THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE ME ETING WHILE THE FINANCIAL INTEREST IS DISCUSSED THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IF IT IS DETERMINED NO CONFLICT EXISTS, THE INTERESTED PERSON MAY REJOIN THE MEETING AND PARTICIPATE IN THE DISCUSSIONS AND ACTIONS R EGARDING THIS AGENDA ITEM B THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER REI CAN OBTAI N A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST I IF A MORE ADVANTAGEOUS TRANS ACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE, THAT BODY SHALL DETERMINE BY A MAJORIT Y VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN REI'S B EST INTEREST AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO REI II IF THE BOARD O R COMMITTEE BELIEVES AN ALTERNATE TRANSACTION COULD BE CONSIDERED THAT WOULD BE MORE ADVAN TAGEOUS TO REI, THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL APPOINT A DISINTERESTED PE RSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION FURTHER ACTION BY THE BOARD OR COMMITTEE SHALL BE TABLED UNTIL SUCH TIMES AS THE DISINTERESTED PERSON HAS BEEN ABLE TO REPORT HIS OR HER FINDINGS TO THE APPROPRIATE GOVERNING BODY C THE BOARD O R COMMITTEE SHALL NOT APPROVE ANY TRANSACTION OR ARRANGEMENT THAT IS NOT IN THE BEST INTER ESTS OF REI AND THAT IS NOT FAIR AND REASONABLE TO REI D ONCE DISCUSSION AND/OR ACTION R EGARDING THE AGENDA ITEM RELATING TO THE DIRECTOR'S FINANCIAL INTEREST HAS BEEN COMPLETED, THE INTERESTED PERSON MAY REJOIN THE BOARD OR COMMITTEE MEETING 2 PROCEDURES FOR DISCLO SURE OF ANY FINANCIAL INTEREST THAT MAY RESULT IN A CONFLICT OF INTEREST THAT IS ALSO A PO TENTIAL INSIDER TRANSACTION A THE INSIDER SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHIL E THE INSIDER TRANSACTION IS D

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ISCUSSED IN ADDITION, THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL ALSO DECIDE WHETHER THE TRANSACTION OR ARRANGEMENT UNDER CONSIDERATION COULD CONSTITUTE AN INSIDER TRANSACTION AS A PART OF THIS CONSIDERATION, THE BOARD OR COMMITTEE SHALL ALSO CONSIDER WHETHER THEI R ACTION COULD BE CONSTRUED TO BE AN EXCESS BENEFIT TRANSACTION SUBJECT TO THE INTERMEDIAT E SANCTIONS DISCUSSED ABOVE B IN DETERMINING WHETHER A TRANSACTION OR ARRANGEMENT IS AN EXCESS BENEFIT TRANSACTION, THE BOARD OR COMMITTEE CONSIDERING THE TRANSACTION OR ARRANGEM ENT SHOULD REVIEW APPROPRIATE DATA AS TO COMPARABILITY THE BOARD OR COMMITTEE MAY RELY ON SUCH INFORMATION OR DATA PROVIDED BY REI'S MANAGEMENT C THE BOARD OR COMMITTEE SHALL NO T APPROVE ANY TRANSACTION OR ARRANGEMENT THAT IS AN EXCESS BENEFIT TRANSACTION D RECORDS OF PROCEEDINGS 1 THE MINUTES OF THE BOARD AND COMMITTEE MEETINGS SHALL CONTAIN A THE N AMES OF PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST WITH RE SPECT TO ANY PROPOSED TRANSACTION OR ARRANGEMENT WITH REI, THE NATURE OF THE FINANCIAL INT EREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND A REC ORD OF ANY VOTES TAKEN IN CONNECTION WITH THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHE R A CONFLICT OF INTEREST IN FACT EXISTED B THE NAMES OF THE PERSONS WHO DISCLOSED OR OTH ERWISE WERE FOUND TO BE A PARTY TO AN INSIDER TRANSACTION, THE NATURE OF THE INSIDER'S REL ATIONSHIP TO REI, AND A RECORD OF ALL VOTES TAKEN IN CONNECTION WITH THE BOARD'S DECISION AS TO WHETHER THE INSIDER TRANSACTION WAS AN EXCESS BENEFIT TRANSACTION C THE NAMES OF T HE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO ANY TRANSACTION OR ARRAN GEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO PROPOSED TRANSACTION OR A ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN APPROVING OR REJECTING ANY PROPOSED TRAN SACTION OR ARRANGEMENT 2 REI SHALL DOCUMENT THE BASIS FOR ITS DETERMINATION REGARDING WH ETHER ANY INSIDER TRANSACTION IS AN EXCESS BENEFIT TRANSACTION E VIOLATIONS OF THE PROTO COL 1 IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR OR PRINCI PAL OFFICER HAS FAILED TO DISCLOSE A FINANCIAL INTEREST, IT SHALL INFORM THE DIRECTOR OR P RINCIPAL OFFICER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE DIRECTOR OR PRINCIPAL OFFICER AN OPPORTUNITY TO EXPLAIN WHY DISCLOSURE WAS NOT MADE 2 IF, AFTER HEARING THE RESPONSE OF THE DIRECTOR OR PRINCIPAL OFFICER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRA NTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE DIRECTOR HAS IN FACT FAILED TO DISCLOSE A FINANCIAL INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND/OR CO RRECTIVE ACTION THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE ABOVE CONFLICT OF INTEREST POLICY BY PROVIDING A QUESTIONNAIRE TO BOARD MEMBERS ANNUALLY AS WELL AS REVI EWING THE POLICY ANNUALLY WITH THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	MMC PARTICIPATES IN SALARY SURVEYS SPECIFIC TO ADMINISTRATOR POSITIONS THIS INFORMATION IS USED TO DEVELOP SALARY RANGES FOR THE ADMINISTRATIVE STAFF THE BOARD OF DIRECTORS PARTICIPATES IN DEVELOPMENT OF RANGES AND ESTABLISHMENT OF SALARIES FOR THE THREE SENIOR LEADERS OF THE ORGANIZATION AS DESCRIBED IN CORPORATE BYLAWS AND BOARD POLICIES ANY CHANGES TO THE BENEFIT PACKAGE MUST BE APPROVED BY THE MMC BOARD OF DIRECTORS THE BOARD APPROVES ALL COMPENSATION CHANGES FOR THE PRESIDENT AS OUTLINED IN CORPORATE BYLAWS AND BOARD POLICIES CHANGES IN COMPENSATION FOR THE VICE-PRESIDENTS ARE DETERMINED BY THE PRESIDENT USING RANGES ESTABLISHED AND APPROVED BY THE BOARD, IN CONJUNCTION WITH SALARY SURVEY INFORMATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM ADMINISTRATION FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 11,931,666 MANAGEMENT AND GENERAL EXPENSES 329,144 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,260,810

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MEMORIAL MEDICAL CENTER INC

Employer identification number
23-7013497

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.

(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	(g) Section 512(b)(13) controlled entity? No
(1)MEDICAL SERVICES INC 11040 N STATE ROAD 77 HAYWARD, WI 54843 39-1536207	HEALTH CARE	WI	501(C)(3)	LINE 3	REGIONAL ENTERPRISES INC		No
(2)REGIONAL ENTERPRISES INC 1615 MAPLE LANE ASHLAND, WI 54806 39-1555837	SUPPORT	WI	501(C)(3)	LINE 10	N/A		No
(3)REI MEDICAL CLINICS INC 1615 MAPLE LANE ASHLAND, WI 54806 39-1701306	SUPPORT	WI	501(C)(3)	LINE 12A, I	REGIONAL ENTERPRISES INC		No
(4)TAMARACK PROFESSIONAL GROUP INC 1615 MAPLE LANE ASHLAND, WI 54806 39-1198085	HEALTH CARE	WI	501(C)(3)	LINE 12B, II	REGIONAL ENTERPRISES INC		No
(5)REGIONAL WELLNESS FUND OF MEMORIAL MEDICAL CENTER 1615 MAPLE LANE ASHLAND, WI 54806 39-1360035	SUPPORT	WI	501(C)(3)	PF	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) 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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
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	Yes	
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	Yes	
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		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation