

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2019**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2019 calendar year, or tax year beginning 10/01, 2019, and ending 12/31, 2019

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

C Name of organization **MARTIN MEMORIAL MEDICAL CENTER, INC**
 Doing business as MARTIN MEDICAL CENTER, CLEVELAND CLINIC MARTIN NORTH HOSPITAL, CLEVELAND CLINIC SOUTH HOSPITAL, CLEVELAND CLINIC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 PO BOX 9010
 City or town, state or province, country, and ZIP or foreign postal code
 STUART, FL 34995-9033

D Employer identification number 59-0637874

E Telephone number (772) 287-5200

G Gross receipts \$ 157,518,245

F Name and address of principal officer: ROBERT LORD
 200 HOSPITAL AVENUE, STUART, FL 34994

H (a) Is this a group return for subordinates? ☐ Yes ☒ No
 (b) Are all subordinates included? ☐ Yes ☒ No
 If "No," attach a list. (see instructions)

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

J Website: WWW.MARTINHEALTH.ORG

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

L Year of formation: 1939

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE BETTER CARE OF THE SICK, INVESTIGATION INTO THEIR PROBLEMS AND FURTHER EDUCATION OF THOSE WHO SERVE.

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 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2019 5,313

6 Total number of volunteers (estimate if necessary) 1,291

7a Total unrelated business revenue from Part VIII, column (C), line 12 7,339

7b Net unrelated business taxable income from Form 990-T, line 39 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 2,319,643 4,419,751		
9 Program service revenue (Part VIII, line 2g) 559,424,331 136,229,051		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 31,509,803 2,191,956		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,467,552 1,916,291		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 599,721,329 144,757,049		
13 Grants and similar amounts paid (Part IX, column (A), line 1) 309,159 78,610		
14 Benefits paid to or for members (Part IX, column (A), line 4) 0		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 266,173,551 61,026,301		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0		
16b Total fundraising expenses (Part IX, column (D), line 25) 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 302,141,692 70,168,470		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 568,624,402 131,273,381		
19 Revenue less expenses. Subtract line 18 from line 12 31,096,927 13,483,668		
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) 689,877,804 734,588,486		
21 Total liabilities (Part X, line 26) 411,161,805 413,668,904		
22 Net assets or fund balances. Subtract line 21 from line 20 278,715,999 320,919,582		

Part II Signature Block

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

Sign Here Signature of officer: Timothy Longville Date: 11/12/2020

Signature of officer: TIMOTHY LONGVILLE, CAO/CONTROLLER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BRITTNEY KOCAJ Preparer's signature: Brittney Kocaj Date: 11/11/2020 Check ☐ if self-employed PTIN: P01320603

Firm's name: CROWE LLP Firm's EIN: 35-0921680

Firm's address: 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230 Phone no.: (954) 202-8600

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

- | | | |
|-----------|---|--------------------|
| 4e | Total program service expenses ▶ | 120,560,217 |
|-----------|---|--------------------|

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<input checked="" type="checkbox"/>
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
25b 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		<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	
35b 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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	<input type="checkbox"/>	<input type="checkbox"/>
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 5,313		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	✓	
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		✓
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		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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		✓
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		✓
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		✓
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		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?	15	✓	
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 14		
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 on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
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 on Schedule O 9		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy? 13	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy? 14	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization 15b	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► FL

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)

19 Describe on 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 ►
 MICHAEL MOEHRING, 200 HOSPITAL AVE, STUART, FL 34994, (772) 287-5200

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

See instructions for the order in which to list the persons above.

☐ 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) TOMISLAV MIHALJEVIC, MD DIRECTOR	5.0 50.0	✓						0	3,263,418	45,449
(2) JOHN AFSHAR, MD NEUROSURGEON	50.0 0.0					✓		1,808,616	0	879,037
(3) JOHN ROBINSON, MD NEUROSURGEON	50.0 0.0					✓		1,506,975	0	1,082,932
(4) STEVEN C GLASS CFO & TREASURER	5.0 50.0			✓				0	1,733,491	58,941
(5) DAVID W ROWAN SECRETARY	5.0 50.0			✓				0	1,684,851	47,508
(6) WAEI BARSOUM, MD DIRECTOR	5.0 50.0	✓						0	1,459,656	41,626
(7) JOHN VIOLA, MD PHYSICIAN	50.0 0.0					✓		1,275,447	0	149,818
(8) JOSEPH IANNOTTI, MD DIRECTOR	5.0 50.0	✓						0	1,275,403	41,410
(9) ROBERT LORD PRESIDENT	50.0 1.0			✓				1,177,899	0	131,858
(10) CHARLES CLEAVER FORMER OFFICER	0.0 0.0						✓	593,752	0	690,271
(11) OSZKAR SZENTIRMAI NEUROSURGEON	50.0 0.0					✓		1,191,008	0	71,082
(12) ANGIE METCALF FORMER OFFICER	0.0 0.0						✓	581,242	0	326,456
(13) JORGE CASTILLO, MD PHYSICIAN	50.0 0.0					✓		756,455	0	55,682
(14) RAMONA THOMAS FORMER OFFICER	0.0 0.0						✓	335,584	0	359,042

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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			
(15) LIBBY FLIPPO FORMER OFFICER	0.0 0 0						✓	473,227	0	217,500
(16) FERNANDO PETRY, DO CMO	50.0 0 0				✓			624,452	0	58,471
(17) EDMUND COLLINS FORMER OFFICER	0.0 50.0						✓	592,048	0	39,871
(18) TIMOTHY LONGVILLE CAO & CONTROLLER	5.0 50.0			✓				0	478,836	119,941
(19) BARBARA DEL CASTILLO ASSISTANT SECRETARY	5.0 50 0			✓				0	554,125	41,654
(20) GEORGE RITTERSBACH, MD FORMER DIRECTOR	0.0 0 0						✓	396,457	0	55,682
(21) JEFFREY GLICKMAN, MD FORMER DIRECTOR	0.0 0.0						✓	416,166	0	25,282
(22) JESSICA MCLAIN FORMER OFFICER	0.0 50 0						✓	0	364,277	61,474
(23) MIGUEL COTY FORMER OFFICER	0.0 50 0						✓	341,834	0	62,468
(24) MICHAEL MOEHRING ASSISTANT TREASURER	50 0 0 0			✓				218,690	0	92,104
(25) (SEE STATEMENT)										
1b Subtotal								12,289,852	10,814,057	4,755,559
c Total from continuation sheets to Part VII, Section A								380,056	220,413	68,170
d Total (add lines 1b and 1c)								12,669,908	11,034,470	4,823,729
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										368

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

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
DIAGNOSTIC IMAGING SERVICES, INC , PO BOX 4, STUART, FL 34995	RADIOLOGY PROFESSIONAL READS	886,488
SOUTHERN SCRIPTS, LLC, 411 BIENVILLE ST, NATCHITOCHES, LA 71457	PHARMACY BENEFIT SOLUTIONS	769,233
CARDIOLOGY ASSOCIATES OF STUART, 1027 SE OCEAN BLVD, STUART, FL 34996	CARDIOLOGY	176,949
STUART CARDIOLOGY GROUP, PA, 1001 SE MONTEREY COMMONS BLVD, STUART, FL 34995	CARDIOLOGY	167,098
ADITUM, 13945 EVERGREEN AVE, 2ND FLOOR, CLEARWATER, FL 33762	CONSULTING	141,450
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		7

m

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 (Check all that apply)						(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			
(25) LAURENCE ROTHSTEIN, MD	0.0						✓	285,450	0	21,060
FORMER OFFICER	0.0									
(26) JASON OBLANDER	5.0			✓				0	220,413	23,119
ASSISTANT SECRETARY	50.0									
(27) DANIEL EDELMAN, DO	0.0						✓	94,606	0	23,991
FORMER OFFICER	50.0									
(28) MICHAEL MAROONE	5.0	✓		✓				0	0	0
CHAIRMAN	0.0									
(29) BETH MOONEY	5.0	✓						0	0	0
DIRECTOR	0.0									
(30) FREDERIC SALERNO	5.0	✓						0	0	0
DIRECTOR	0.0									
(31) H. WILLIAM LICHTENBERGER	5.0	✓						0	0	0
DIRECTOR	0.0									
(32) LEE SCOTT	5.0	✓						0	0	0
DIRECTOR	0.0									
(33) MICHAEL PETRAS	5.0	✓						0	0	0
DIRECTOR	0.0									
(34) ROBERT E RICH, JR.	5.0	✓						0	0	0
DIRECTOR	0.0									
(35) ROBERT WEBER	5.0	✓						0	0	0
DIRECTOR	0.0									
(36) THEORA WEBB	5.0	✓						0	0	0
DIRECTOR	0.0									
(37) WAYNE HOCKMEYER, PHD	5.0	✓						0	0	0
DIRECTOR	0.0									
(38) WILLIAM MACDONALD, III	5.0	✓						0	0	0
DIRECTOR	0.0									

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	78,610	78,610		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	417,239	13,193	404,046	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	921,994		921,994	
7 Other salaries and wages	51,683,151	48,500,766	3,182,385	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	531,834	522,423	9,411	
9 Other employee benefits	3,968,817	3,968,817	0	
10 Payroll taxes	3,503,266	3,281,351	221,915	
11 Fees for services (nonemployees):				
a Management				
b Legal	15,879	6,363	9,516	
c Accounting	120,737		120,737	
d Lobbying	6,350	6,350		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	100,548		100,548	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,763,830	5,320,231	443,599	0
12 Advertising and promotion	603,039	523,973	79,066	
13 Office expenses	3,099,381	2,115,370	984,011	
14 Information technology	2,884,568	1,091,724	1,792,844	
15 Royalties				
16 Occupancy	8,200,302	6,699,411	1,500,891	
17 Travel	72,170	61,263	10,907	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,765	53,516	5,249	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,849,142	9,073,505	775,637	
23 Insurance	2,070,880	2,070,880		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	26,415,551	26,403,267	12,284	
b BAD DEBT	7,763,000	7,763,000		
c INDIGENT TAX	2,037,177	2,037,177		
d PATIENT TRANSPORT	487,689	487,689		
e All other expenses	619,462	481,338	138,124	0
25 Total functional expenses. Add lines 1 through 24e	131,273,381	120,560,217	10,713,164	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	4,414,458			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,293			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		4,419,751			
	Program Service Revenue	2a PATIENT SERVICES			Business Code		
			622110	136,229,051	136,229,051		
b							
c							
d							
e							
f		All other program service revenue			0	0	0
g		Total. Add lines 2a-2f			136,229,051		
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			1,226,000	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	6a		536,214				
	b	Less: rental expenses	6b	214,314			
	c	Rental income or (loss)	6c	321,900	0		
	d	Net rental income or (loss)			321,900		321,900
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7a		13,412,256	100,582			
	b	Less: cost or other basis and sales expenses	7b	12,451,195	95,687		
	c	Gain or (loss)	7c	961,061	4,895		
	d	Net gain or (loss)			965,956		965,956
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a SUPPORT SERVICES TO AFFILIATES			Business Code			
				561000	961,311	961,311	
	b CAFETERIA			624210	625,741		625,741
	c LABORATORY SERVICES			621500	7,339	7,339	
	d All other revenue			0	0	0	0
	e Total. Add lines 11a-11d			1,594,391			
12 Total revenue. See instructions				144,757,049	137,190,362	7,339	3,139,597

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	23,044,000	1	23,143,000
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	61,257,003	4	64,060,833
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,870,485	8	11,846,121
	9 Prepaid expenses and deferred charges	3,019,571	9	3,771,743
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 857,996,998		
	b Less: accumulated depreciation	10b 469,778,511		
	11 Investments—publicly traded securities	384,885,964	10c	388,218,487
	12 Investments—other securities. See Part IV, line 11	152,240,232	11	192,402,935
	13 Investments—program-related. See Part IV, line 11	0	12	0
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	54,560,549	15	51,145,367	
Liabilities	17 Accounts payable and accrued expenses	689,877,804	16	734,588,486
	18 Grants payable	37,040,231	17	38,768,205
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	6,223	19	6,223
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	318,134,650	20	321,562,830
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties	2,775,449	22	2,534,265
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26 Total liabilities. Add lines 17 through 25	53,205,252	25	50,797,381
	Net Assets or Fund Balances	27 Net assets without donor restrictions	411,161,805	26
28 Net assets with donor restrictions				
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
29 Capital stock or trust principal, or current funds		256,628,000	27	297,533,898
30 Paid-in or capital surplus, or land, building, or equipment fund		22,087,999	28	23,385,684
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Retained earnings, endowment, accumulated income, or other funds			29	
32 Total net assets or fund balances			30	
33 Total liabilities and net assets/fund balances	278,715,999	31	320,919,582	
	689,877,804	32	734,588,486	
		33		

Form **990** (2019)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	144,757,049
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,273,381
3	Revenue less expenses. Subtract line 2 from line 1	3	13,483,668
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	278,715,999
5	Net unrealized gains (losses) on investments	5	2,912,327
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 on Schedule O)	9	25,807,588
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	320,919,502

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

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 instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

MARTIN MEMORIAL MEDICAL CENTER, INC.

Employer identification number

59-0637874

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)(vii). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
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).		
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 .		
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 .		
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 .		
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 10b below.		
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.)		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization MARTIN MEMORIAL MEDICAL CENTER, INC.	Employer identification number 59-0637874
--	--

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)				

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2019

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 (grassroots lobbying)		0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	6,350	630,216												
c	Total lobbying expenditures (add lines 1a and 1b)	6,350	630,216												
d	Other exempt purpose expenditures	120,553,867	10,294,630,286												
e	Total exempt purpose expenditures (add lines 1c and 1d)	120,560,217	10,295,260,502												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	69,960	68,176	59,158	630,216	827,510
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures				0	0

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE C, PART II-A. A
GROUP MEMBER INFORMATION

Name	THE CLEVELAND CLINIC FOUNDATION
Address	9500 EUCLID AVENUE, CLEVELAND, OH 44195
EIN	34-0714585
Election Under Section 501(h)	YES
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0
1b Total lobbying expenditures to influence a legislative body (direct lobbying)	623,866
1c Total lobbying expenditures	623,866
1d Other exempt purpose expenditures	10,174,076,419
1e Total exempt purpose expenditures	10,174,700,285
1f Lobbying nontaxable amount	1,000,000
1g Grassroots nontaxable amount	250,000
1h Total grassroots less nontaxable amount	0
1i Total expenditures less nontaxable amount	0

Name	OTHER EXEMPT AFFILIATES
Address	9500 EUCLID AVENUE, CLEVELAND, OH 44195
EIN	91-2153073
Election Under Section 501(h)	YES
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0
1b Total lobbying expenditures to influence a legislative body (direct lobbying)	0
1c Total lobbying expenditures	0
1d Other exempt purpose expenditures	0
1e Total exempt purpose expenditures	0
1f Lobbying nontaxable amount	0
1g Grassroots nontaxable amount	0
1h Total grassroots less nontaxable amount	0
1i Total expenditures less nontaxable amount	0

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

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

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

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 campaign activity 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.

SEE NEXT PAGE

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 - Identifier	Explanation
SCHEDULE C, PART II-A - DESCRIPTION OF LOBBYING	MARTIN HEALTH SYSTEM HAS RETAINED THE SERVICES OF CONSULTANTS IN TALLAHASSEE FOR THE PURPOSE OF MONITORING LEGISLATIVE AND REGULATORY HEALTHCARE-RELATED ISSUES THAT MIGHT AFFECT IT OR THE COMMUNITY IT SERVES, AND COMMUNICATING THE SYSTEM'S VIEWS ON THOSE ISSUES TO APPROPRIATE ELECTED OFFICIALS AND REGULATORS. ALSO INCLUDED IS THE LOBBYING PORTION OF DUES FOR THE ORGANIZATION'S MEMBERSHIP IN THE FLORIDA HOSPITAL ASSOCIATION.
SCHEDULE C, PART II-A - EXPLANATION OF AFFILIATE GROUP	THE CLEVELAND CLINIC FOUNDATION AND ITS OTHER EXEMPT AFFILIATES DO NOT HAVE AN ELECTION FILED UNDER 501(H), HOWEVER, DUE TO THE CLEVELAND CLINIC FOUNDATION'S ACQUISITION OF MARTIN MEMORIAL HEALTH SYSTEM, THE CLEVELAND CLINIC FOUNDATION AND ITS OTHER EXEMPT AFFILIATES ARE PRESENTED IN SCHEDULE C, PART II-A

**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 instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

MARTIN MEMORIAL MEDICAL CENTER, INC.

Employer identification number

59-0637874

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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 Tax 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB 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 FASB 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 make significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 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 on 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	9,322,246	10,267,340	8,249,523	7,098,167	6,480,115
b Contributions	4,711	72,523	2,019,361	915,974	203,324
c Net investment earnings, gains, and losses	1,896,982	(658,982)	506,875	727,298	597,404
d Grants or scholarships	243,442	358,635	508,419	491,916	182,676
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,980,497	9,322,246	10,267,340	8,249,523	7,098,167

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

- a Board designated or quasi-endowment ☒ 21.98 %
- b Permanent endowment ☒ 27.17 %
- c Term endowment ☒ 50.85 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)	<input checked="" type="checkbox"/>	
3b	<input checked="" type="checkbox"/>	

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		23,080,728		23,080,728
b Buildings		355,194,684	175,224,421	179,970,263
c Leasehold improvements				
d Equipment		454,677,194	284,484,238	170,192,956
e Other		25,044,392	10,069,852	14,974,540
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				388,218,487

Schedule D (Form 990) 2019

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) DUE FROM AFFILIATES	1,055,857
(2) INTEREST RECEIVABLE	249
(3) INTEREST IN MARTIN MEMORIAL FOUNDATION	24,933,439
(4) BOND ISSUANCE COST	425,773
(5) INVESTMENT IN AFFILIATES	7,804,554
(6) OTHER ASSETS	334,781
(7) OPERATING LEASE	16,590,714
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	51,145,367

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	
(2) SELF INSURANCE RESERVE	9,166,977
(3) ALLOWANCE INSURANCE AUDIT	631,562
(4) ASSET RETIREMENT OBLIGATION	1,653,915
(5) OTHER LIABILITIES	18,516
(6) DUE TO AFFILIATES	22,735,697
(7) OPERATING LEASE	16,590,714
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (D) line 25.)	50,797,381

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE STATEMENT

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 - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	MARTIN MEMORIAL FOUNDATION, INC. (A RELATED ORGANIZATION) HOLDS THE ENDOWMENT FUNDS WITH THE INTENDED PURPOSE TO SUPPORT MARTIN MEMORIAL MEDICAL CENTER, INC. ("MMMC"). THE FUNDS ARE USED BY MMC FOR A VARIETY OF PATIENT CARE ACTIVITIES AND PROGRAMS INCLUDING SUPPORT OF THE CANCER CENTER, SUPPORT OF NURSING EDUCATION, FOR THE PURCHASE OF MEDICAL EQUIPMENT, SUPPORT OF THE HEART CENTER, AND OTHER GENERAL HEALTHCARE ACTIVITIES.
SCHEDULE D, PART X; LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE FILING ORGANIZATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE CLEVELAND CLINIC FOUNDATION, D B A CLEVELAND CLINIC HEALTH SYSTEM (SYSTEM) THE TAX FOOTNOTE AT PAGE 59 OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS READS AS FOLLOWS</p> <p>THE CLINIC AND MOST OF ITS CONTROLLED AFFILIATES ARE TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THESE ORGANIZATIONS ARE SUBJECT TO INCOME TAX ON ANY INCOME FROM UNRELATED BUSINESS ACTIVITIES. THE SYSTEM ALSO OWNS OR CONTROLS CERTAIN DOMESTIC AND INTERNATIONAL TAXABLE AFFILIATES</p> <p>THE SYSTEM FILES INCOME TAX RETURNS IN THE U S FEDERAL JURISDICTION AND IN VARIOUS STATE AND FOREIGN JURISDICTIONS WITH FEW EXCEPTIONS, THE SYSTEM IS NO LONGER SUBJECT TO U S FEDERAL, STATE, AND LOCAL OR NON-U S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015.</p> <p>AT DECEMBER 31, 2019 AND 2018, THE LIABILITY FOR UNCERTAINTY IN INCOME TAXES WAS \$1 0 MILLION AND \$0 9 MILLION, RESPECTIVELY THE SYSTEM DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE IN UNRECOGNIZED TAX BENEFITS WITHIN THE NEXT 12 MONTHS THE SYSTEM RECOGNIZES INTEREST AND PENALTIES ACCRUED RELATED TO THE LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS.</p> <p>THE SYSTEM HAS TEMPORARY DIFFERENCES OF \$504 8 MILLION AND \$201.9 MILLION AT DECEMBER 31, 2019 AND 2018, RESPECTIVELY. THE TEMPORARY DIFFERENCES PRIMARILY RELATE TO NET OPERATING LOSSES AVAILABLE FOR INCOME TAX PURPOSES. THE MAJORITY OF THESE LOSSES EXPIRE IN VARYING AMOUNTS FROM 2020 THROUGH 2037 A DEFERRED TAX ASSET OF \$101 8 MILLION AND \$40 9 MILLION HAS BEEN RECORDED AT DECEMBER 31, 2019 AND 2018, RESPECTIVELY A VALUATION ALLOWANCE OF \$101.8 MILLION AND \$40 9 MILLION HAS BEEN RECORDED AT DECEMBER 31, 2019 AND 2018, RESPECTIVELY, AGAINST THE DEFERRED TAX ASSETS DUE TO THE UNCERTAINTY REGARDING THEIR USE</p>

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization

MARTIN MEMORIAL MEDICAL CENTER, INC.

Employer identification number

59 0637874

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 . . .	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)			7,200,363	0	7,200,363	6.20
b Medicaid (from Worksheet 3, column a)			12,176,722	4,818,644	7,358,078	6.34
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	0	19,377,085	4,818,644	14,558,441	12.54
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,874	0	7,874	0.01
f Health professions education (from Worksheet 5)			1,968,537	0	1,968,537	1.70
g Subsidized health services (from Worksheet 6)			0	0	0	0.00
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,155	0	5,155	0.00
j Total. Other Benefits	0	0	1,981,566	0	1,981,566	1.71
k Total. Add lines 7d and 7j	0	0	21,358,651	4,818,644	16,540,007	14.25

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

Cat. No. 50192T

Schedule H (Form 990) 2019

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					0	0.00
2 Economic development					0	0.00
3 Community support	1	3,000	3,679	0	3,679	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development	1	263	192,263	0	192,263	0.17
9 Other					0	0.00
10 Total	2	3,263	195,942	0	195,942	0.17

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** ☒ Yes ☐ No
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 7,763,000
- 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** 2,794,680
- 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** 33,546,163
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 43,521,424
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** (9,975,261)
- 8 Describe in Part VI the extent to which any shortfall reported on 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 **2**

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** ☒ Yes ☐ No
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** ☒ Yes ☐ No

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 (SEE STATEMENT)				
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? 3

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
1 CLEVELAND CLINIC MARTIN NORTH HOSPITAL 200 HOSPITAL AVE, STUART, FL 34994 WWW.MARTINHEALTH.ORG STATE LICENSE NO : 4102	✓	✓					✓			A
2 CLEVELAND CLINIC TRADITION HOSPITAL 10000 SW INNOVATION WAY, PORT ST LUCIE, FL 34987 WWW.MARTINHEALTH.ORG STATE LICENSE NO : 4102	✓	✓					✓			A
3 CLEVELAND CLINIC MARTIN SOUTH HOSPITAL 2100 SE SALERNO ROAD, STUART, FL 34997 WWW.MARTINHEALTH.ORG STATE LICENSE NO : 4102	✓	✓					✓			A
4										
5										
6										
7										
8										
9										
10										

Part IV

Management Companies and Joint Ventures

(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 %
TREASURE COAST INTEGRATED HEALTHCARE, LLC	CLINICALLY INTEGRATED NETWORK - SEE EXPLANATION AT SCH H, PART VI	17.00	0.00	49.00
TRADITION SURGERY CENTER, LLC	SURGICAL VENTURES	32.54	0.00	48.00
STUART SURGERY CENTER	SURGICAL VENTURES	45.88	0.00	26.00

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group A

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	✓
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	✓
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	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 _____		
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	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	
7 Did the hospital facility make its CHNA report widely available to the public?	7	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 _____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
a If "Yes," (list url): _____		
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	✓
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to 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)**Name of hospital facility or letter of facility reporting group A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<input checked="" type="checkbox"/>	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>5</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>4</u> <u>0</u> <u>0</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	<input checked="" type="checkbox"/>	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<input checked="" type="checkbox"/>	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<input checked="" type="checkbox"/>	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group A

	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?	✓	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> 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?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> 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 (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

	Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	✓	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group **A**

	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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		
If "Yes," explain in Section C.		

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 35

Name and address	Type of Facility (describe)
1 ROBERT AND CAROL WEISSMAN CANCER CENTER 501 OSCEOLA STREET STUART, FL 34994	CANCER CENTER
2 MARTIN MEDICAL SLEEP DISORDERS CENTER 3066 SW MARTIN DOWNS BLVD PALM CITY, FL 34950	SLEEP DISORDERS CENTER
3 MARTIN MEDICAL BACK AND SPINE CENTER 509 RIVERSIDE DRIVE STUART, FL 34994	NEUROSURGEONS OFFICES
4 MARTIN MEDICAL HEALTH & FITNESS 3496 NW FEDERAL HWY JENSEN BEACH, FL 34957	MEDICALLY DIRECTED FITNESS CENTER.
5 PALM CITY LAB DRAWING STATION 3066 SW MARTIN DOWNS BLVD PALM CITY, FL 34950	BLOOD DRAW STATION
6 MARTIN MEDICAL CARDIO REHAB 308 HOSPITAL AVE STUART, FL 34994	CARDIAC CARE REHABILITATION
7 MARTIN REHABILITATION CENTER 1651 SE TIFFANY PORT ST LUCIE, FL 34952	REHABILITATION CENTER
8 PORT ST LUCIE LAB DRAWING STATION 1651 SE TIFFANY PORT ST LUCIE, FL 34952	BLOOD DRAW STATION
9 MARTIN MEDICAL HEALTH & FITNESS 6001 SE TOWER DRIVE STUART, FL 34997	MEDICALLY DIRECTED FITNESS CENTER.
10 MARTIN CHRONIC DISEASE 2150 SE SALERNO ROAD STUART, FL 34997	CHRONIC DISEASE CENTER

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 35

Name and address	Type of Facility (describe)
1 MARTIN REHABILITATION CENTER 1095 SW ST LUCIE WEST BLVD PORT ST LUCIE, FL 34986	REHABILITATION CENTER
2 RICHARD C RAUB REHABILITATION CENTER 2195 SE OCEAN BLVD STUART, FL 34996	REHABILITATION CENTER
3 MARTIN MEDICAL RADIATION ONCOLOGY 1095 SW ST LUCIE WEST BLVD PORT ST LUCIE, FL 34986	RADIATION ONCOLOGY TREATMENT CENTER
4 MARTIN MEDICAL HEALTH & FITNESS 3066 SW MARTIN DOWNS BLVD PALM CITY, FL 34950	MEDICALLY DIRECTED FITNESS CENTER
5 MARTIN REHABILITATION CENTER 6001 SE TOWER DRIVE STUART, FL 34997	REHABILITATION CENTER
6 MARTIN MEDICAL OUTPATIENT SURGERY CENTER 509 RIVERSIDE DRIVE STUART, FL 34995	OUTPATIENT SURGERY DEPARTMENT
7 MARTIN MEDICAL BACK AND SPINE CENTER 10050 SW INNOVATION WAY PORT ST LUCIE, FL 34986	NEUROSURGEONS OFFICE.
8 MARTIN REHABILITATION CENTER 3066 SW MARTIN DOWNS BLVD PALM CITY, FL 34950	REHABILITATION CENTER
9 ST. LUCIE WEST LAB DRAWING STATION 1095 SW ST. LUCIE WEST BLVD PORT ST LUCIE, FL 34986	BLOOD DRAW STATION
10 MARTIN OCCUPATIONAL HEALTH SERVICES 2384 E. OCEAN BLVD STUART, FL 34996	MARTIN OCCUPATIONAL HEALTH SERVICES

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 35

Name and address	Type of Facility (describe)
1 LAB DRAWING STATION- TRADITION MEDICAL CENTER 10050 SW INNOVATION WAY PORT ST. LUCIE, FL 34987	BLOOD DRAW STATION
2 TREASURE COAST MEDICAL PAVILION FOR HEALTH AND HEALING 3496 NW FEDERAL HWY, SUITE F JENSEN BEACH, FL 34957	HEALTH AND HEALING
3 STUART SURGERY CENTER 2096 SE OCEAN BLVD STUART, FL 34996	SURGICAL
4 CLEVELAND CLINIC FAMILY HEALTH CENTER 3801 S KANNER HWY STUART, FL 34994	OP DIAGNOSTICS, PHYSICIAN OFFICES, SPECIALTY SERVICES
5 CLEVELAND CLINIC FLORIDA RESEARCH AND INNOVATION CENTER 9801 SW DISCOVERY WAY PORT ST. LUCIE, FL 34987	BIO RESERACH AND INNOVATION CENTER
6	
7	
8	
9	
10	

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Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS USED FOR THESE CALCULATIONS.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	7,763,000
SCHEDULE H, PART II - DESCRIBE HOW COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	<p>SCHEDULE H, PART II, LINE 3, COMMUNITY SUPPORT - COMMUNITY PROGRAM SUPPORT THROUGH THE UNITED WAY.</p> <p>SCHEDULE H, PART II, LINE 8, WORKFORCE DEVELOPMENT - MARTIN MEMORIAL HAS PROGRAMS TARGETED AT ADDRESSING COMMUNITY-WIDE WORKFORCE ISSUES. MARTIN MEMORIAL JOINED WITH THE MARTIN COUNTY SCHOOL DISTRICT TO FORM PROJECT SEARCH, WHICH IS A ONE YEAR HIGH SCHOOL TRANSITION PROGRAM IT IS OFFERED THROUGH THE SCHOOL DISTRICT AND PROVIDES TRAINING AND EDUCATION WHICH LEADS TO POSSIBLE EMPLOYMENT FOR INDIVIDUALS WITH DISABILITIES. IT SERVES AS A WORKFORCE ALTERNATIVE FOR STUDENTS AGES 18-21 IN THEIR LAST YEAR OF HIGH SCHOOL, OR STUDENTS 18-21 THAT GRADUATED WITH A SPECIAL DIPLOMA WE PROVIDE A TRAINING CLASSROOM, A BUSINESS LIAISON, AND A ROTATIONAL INTERNSHIP FOR ON THE JOB TRAINING FOR ALL PARTICIPANTS. IN ADDITION TO PROJECT SEARCH WE HAVE WORKFORCE DEVELOPMENT PROGRAMS THAT ARE SCHOOL-BASED PROGRAMS FOCUSED ON HEALTHCARE CAREERS STUDENTS ARE ABLE TO COME IN AND LEARN ABOUT HEALTHCARE CAREERS AND JOB SHADOW IN CRITICAL NATIONAL SHORTAGE AREAS.</p>
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS, NOT INCLUDED IN BAD DEBT EXPENSE
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	THE MEDICAL CENTER ATTEMPTS TO QUALIFY ALL NON-INSURED PATIENTS FOR MEDICAID OR OTHER MEANS-TESTED PROGRAMS ANY PATIENT THAT IS INELIGIBLE FOR MEDICAID OR OTHER MEANS-TESTED PROGRAMS AND DOES NOT HAVE INSURANCE IS CLASSIFIED AS SELF PAY. THE BAD DEBT IS PRIMARILY BASED ON UNPAID SELF PAY BALANCES MARTIN DOES NOT USE ANY PORTION OF BAD DEBT IN ITS FINANCIAL ASSISTANCE CALCULATION MARTIN ESTIMATES THAT 20 PERCENT OF THE BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS WHO MAY HAVE QUALIFIED FOR FINANCIAL ASSISTANCE IF IT WAS POSSIBLE TO OBTAIN SUFFICIENT INFORMATION TO DETERMINE THEIR ELIGIBILITY MARTIN MEMORIAL CONSIDERS THIS PORTION OF BAD DEBT TO BE COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	MARTIN MEMORIAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF THE CLEVELAND CLINIC FOUNDATION. SEE THE EXPLANATION OF IMPLICIT PRICE CONCESSIONS IN FOOTNOTE #3 ON PAGE 13 OF THE CLEVELAND CLINIC HEALTH SYSTEM AUDITED FINANCIAL STATEMENTS.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	<p>MARTIN MEMORIAL'S MISSION IS TO SERVE THE HEALTH CARE NEEDS OF ITS PATIENTS WITHIN THE COMMUNITY. MARTIN MEMORIAL CONSIDERS THE PROVISION OF CARE TO PATIENTS, DESPITE REPORTING A MEDICARE OPERATING SHORTFALL, TO BE A COMMUNITY BENEFIT.</p> <p>THE SHORTFALL OF \$9,975,261 REPRESENTS UNREIMBURSED SERVICES TO MEMBERS OF OUR COMMUNITY THESE SERVICES ARE A VITAL PART OF THE HEALTH CARE MARTIN MEMORIAL PROVIDES TO THESE PATIENTS. ONLY BY PROVIDING THESE SERVICES BELOW COST ARE WE ABLE TO MEET THE NEEDS OF THESE PATIENTS. THE DATA USED TO DETERMINE THE REVENUE AND COST AMOUNTS CAME DIRECTLY FROM THE MEDICARE COST REPORT</p>

Part V, Section C

Supplemental Information. 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, 20a, 20b, 20c, 20d, 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 2 - ACQUIRED OR PLACED IN SERVICE AS A TAX EXEMPT HOSPITAL	ON JANUARY 1, 2019, THE CLEVELAND CLINIC FOUNDATION BECAME THE SOLE MEMBER OF MARTIN HEALTH SYSTEM THROUGH A NON-CASH BUSINESS COMBINATION TRANSACTION.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW MARTINHEALTH.ORG/PATIENT-FINANCIAL-ASSISTANCE-POLICY
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW MARTINHEALTH ORG/PATIENT-FINANCIAL-ASSISTANCE-POLICY
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW MARTINHEALTH ORG/PATIENT-FINANCIAL-ASSISTANCE-POLICY

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? 35

Name and address	Type of Facility (describe)
1 MARTIN REHABILITATION CENTER 11602 SE FEDERAL HWY HOBE SOUND, FL 33455	REHABILITATION CENTER
2 MARTIN BARIATRIC AND METABOLIC SURGERY CENTER 3496 NW FEDERAL HWY JENSEN BEACH, FL 34957	MORBID OBESITY CONSULTING
3 MARTIN MEDICAL HEALTH & FITNESS 11602 SE FEDERAL HWY HOBE SOUND, FL 33455	MEDICALLY DIRECTED FITNESS CENTER.
4 DAVID L. SMYTHE WOUND CENTER 314 HOSPITAL AVE STUART, FL 34994	WOUND CARE CENTER
5 MARTIN PEDIATRIC AND AQUATICS THERAPY 3496 NW FEDERAL HWY JENSEN BEACH, FL 34957	PEDIATRIC REHABILITATION CENTER
6 MMC PEDIATRIC REHAB 1095 NW ST LUCIE W BLVD PORT ST LUCIE, FL 34986	PEDIATRIC REHABILITATION CENTER
7 MARTIN REHABILITATION CENTER 509 RIVERSIDE DRIVE STUART, FL 34994	REHABILITATION CENTER
8 EAST OCEAN LAB DRAWING STATION 2392 SE OCEAN BLVD STUART, FL 34996	BLOOD DRAW STATION
9 MMC WOUND CENTER 1095 NW ST LUCIE W BLVD PORT ST LUCIE, FL 34984	WOUND CARE CENTER
10 MARTIN MEMORIAL MEDICAL CENTER 1095 ST LUCIE WEST BLVD PORT ST LUCIE, FL 34986	EMERGENCY ROOM

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Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	<p>MARTIN MEMORIAL INTERVIEWS POTENTIAL FINANCIAL ASSISTANCE PATIENTS/GUARANTORS TO DETERMINE THE PAYMENT SOURCES, ASCERTAIN WHETHER A REFERRAL FOR A MEDICAL ECONOMIC SOCIAL PAYMENT SOURCE IS ADVISABLE OR DETERMINE IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE. MARTIN MEMORIAL LOOKS AT THE PATIENTS' INCOME, FAMILY SIZE, AND OTHER PERTINENT FINANCIAL INDICATORS, SUCH AS THE AMOUNT OF MEDICAL BILLS. MARTIN MEMORIAL USES THE STATE OF FLORIDA HCCB CHARITY/UNCOMPENSATED CARE GUIDELINES (250% OF THE CURRENT FEDERAL POVERTY GUIDELINES) AS A THRESHOLD FOR GRANTING FINANCIAL ASSISTANCE. IN CERTAIN INSTANCES WHERE MEDICAL INDIGENCY IS ASCERTAINED, FINANCIAL ASSISTANCE WOULD BE APPROVED FOR CASES THAT EXCEED THE HCCB INCOME THRESHOLD GUIDELINES. AFTER THE INTERVIEW, IF FULL OR PARTIAL PAYMENT IS NOT ANTICIPATED, THE ACCOUNT IS CONVERTED TO A FINANCIAL ASSISTANCE STATUS, AND WILL NOT BE CONSIDERED BAD DEBT. ONCE CONVERTED TO FINANCIAL ASSISTANCE THE PATIENT IS NOT EXPECTED TO MAKE PAYMENTS AND IS NOT PURSUED FOR PAYMENT</p> <p>IF THE PATIENT IS KNOWN TO BE UNDER A CURRENT FINANCIAL ASSISTANCE PROVISION, THE COMPUTER SYSTEM ALERTS MMMC AND THE SYSTEM ADJUSTS THE BALANCE SO THAT THE PATIENT IS NOT BILLED.</p>
SCHEDULE H, PART IV - MANAGEMENT COMPANIES AND JOINT VENTURES, COLUMN (C), OWNERSHIP %	MARTIN MEMORIAL'S OWNERSHIP OF TREASURE COAST INTEGRATED HEALTHCARE, LLC AT THE BEGINNING OF THE YEAR WAS 51%. OWNERSHIP BY TAX EXEMPT PARTNERS IN TREASURE COAST INTEGRATED HEALTHCARE, LLC REMAINS AT 51%, AS AFFILIATED TAX EXEMPT PARTNERS WERE ADMITTED DURING 2019
SCHEDULE H, PART V, SECTION B, LINE 3 - COMMUNITY HEALTH NEEDS ASSESSMENT	ON JANUARY 1, 2019, THE CLEVELAND CLINIC FOUNDATION BECAME THE SOLE MEMBER OF MARTIN HEALTH SYSTEM THROUGH A NON-CASH BUSINESS COMBINATION TRANSACTION. AS PURSUANT TO THE EXCEPTION FOR ACQUIRED HOSPITALS IN TREASURY REGULATION § 1.501(R)-3(D)(1), MARTIN'S NEXT COMMUNITY HEALTH NEEDS ASSESSMENT WILL BE DUE WITH THE RETURN ENDING 12/31/2020.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	IDENTIFYING THE HEALTH CARE NEEDS OF OUR COMMUNITIES IS IMPERATIVE SO THAT WE CAN BEST SERVE OUR RESIDENTS AND PROVIDE THEM WITH EXCEPTIONAL CARE. OUR COMMUNITY HEALTH NEEDS ASSESSMENT WAS EXTREMELY HELPFUL IN IDENTIFYING THE LOCAL NEEDS THAT ARE PRIORITY AREAS THAT WE CAN ADDRESS. AS A HOSPITAL SYSTEM IT SHOWED US THE OPPORTUNITIES WHERE WE ARE ABLE TO FILL THOSE GAPS. SOME OF THE WAYS THAT WE ASSESS THOSE NEEDS, IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT, ARE TO STAY ACTIVE AND ENGAGED WITH OTHER ORGANIZATIONS THAT DIRECTLY SERVE THESE VULNERABLE POPULATIONS. EXAMPLES OF THESE ARE THE QUARTERLY COMMUNITY CONVERSATIONS IN MARTIN COUNTY, LED BY THE UNITED WAY OF MARTIN COUNTY AND REPRESENTING OVER 50 ORGANIZATIONS COUNTY-WIDE. THE COUNCIL OF SOCIAL AGENCIES IN ST. LUCIE ALSO HAS A VERY SIMILAR GOAL OF BRINGING THESE ORGANIZATIONS TOGETHER. HURRICANE PREPAREDNESS, DENTAL AND ORAL HYGIENE FOR OUR PEDIATRIC AGE GROUPS, TO OBESITY AND NUTRITION CLASSES FOR THE HOMELESS POPULATION ARE SOME OF THE TOPICS THAT WERE DISCUSSED. BY HAVING THESE OPEN CONVERSATIONS MANY NEEDS ARE ABLE TO BE DISCUSSED AND CHANGE CAN THEN BE FACILITATED. ADDITIONALLY, THE HOSPITAL SYSTEM ATTENDS MONTHLY MEETINGS FOR THE INTER-AGENCY COALITION AND HEALTHY ST. LUCIE. WE COLLABORATE WITH THESE GROUPS TO ENHANCE OUR KNOWLEDGE AND REACH. THE HOSPITAL SYSTEM CONTINUES TO EVALUATE AND COLLABORATE TO MEET THE EVER-CHANGING NEEDS OF THE RESIDENTS AND COMMUNITY MEMBERS IN THE AREAS THAT WE SERVE
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	FINANCIAL ASSISTANCE PROGRAMS ARE POSTED IN THE LOBBIES OF THE THREE EMERGENCY DEPARTMENTS, ADMITTING AREAS AND WRITTEN ON PATIENT STATEMENTS AND BILLING. INFORMATION IS ALSO AVAILABLE ON MARTIN MEMORIAL'S WEBSITE AND ALL COLLECTION NOTICES ALSO CONTAIN INFORMATION ABOUT FINANCIAL ASSISTANCE. ESTIMATES FOR PROCEDURES ARE PROVIDED TO THE PATIENTS UPON REQUEST AND ARE AVAILABLE IN SPANISH AND CREOLE IN ADDITION TO ENGLISH.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	MARTIN MEMORIAL SERVES MARTIN COUNTY AND PORTIONS OF ST. LUCIE COUNTY, A POPULATION OF APPROXIMATELY 368,983. MOST OF THE AREA HAS TRADITIONALLY BEEN A RETIREMENT COMMUNITY, WITH A SUBSTANTIAL POPULATION OF SEASONAL RESIDENTS. HOWEVER, SUBSTANTIAL GROWTH IN ST. LUCIE COUNTY HAS INCLUDED MANY YOUNGER FAMILIES WHO LIVE THERE YEAR-ROUND. OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT SHOWED THAT WITHIN FIVE YEARS SUBSTANTIAL POPULATION GROWTH IS EXPECTED AMONG RESIDENTS AGES 65 AND OLDER (13.4%) ALONG WITH A SLIGHT POPULATION GROWTH OF INDIVIDUALS AGED 20-44 (3.6%). IN MARTIN COUNTY, NEARLY 30% OF MARTIN COUNTY RESIDENTS ARE OVER AGE 65 AND IN PORT ST. LUCIE, ONLY 21% ARE OLDER THAN 65. THE MOST COMMON RACE/ETHNICITY IN MARTIN MEMORIAL'S COMMUNITY IS WHITE (64.95%) FOLLOWED BY HISPANIC (16.6%) AND BLACK/AFRICAN AMERICAN (14.7%). SUBSTANTIAL POPULATION GROWTH IS EXPECTED FOR HISPANICS (12.1%). MEDIAN HOUSEHOLD INCOME IS \$51,703 IN MARTIN COUNTY AND \$42,665 IN ST. LUCIE COUNTY. IN MARTIN COUNTY 12% OF INDIVIDUALS LIVE BELOW THE POVERTY LINE AND IN ST. LUCIE COUNTY 18.4% OF INDIVIDUALS LIVE BELOW THE POVERTY LINE. THE PERCENTAGE OF CHILDREN LIVING BELOW POVERTY LEVEL - MARTIN COUNTY: 19.2%, ST. LUCIE COUNTY: 28.2%. ST. LUCIE COUNTY HAS A SLIGHTLY HIGHER INCIDENCE OF CHILDREN LIVING IN POVERTY THAN THE STATE AVERAGE OF 24.1%. MARTIN MEMORIAL MEDICAL CENTER IS THE ONLY HOSPITAL IN MARTIN COUNTY, FLORIDA. MARTIN MEMORIAL OPENED OUR THIRD HOSPITAL, TRADITION MEDICAL CENTER, IN DECEMBER 2013 IN WESTERN ST. LUCIE COUNTY. IN OCTOBER 2017 THE TRADITION MEDICAL CENTER EXPANSION WAS COMPLETED, WHICH DOUBLED OUR NUMBER OF BEDS AVAILABLE FOR PATIENTS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	MARTIN MEMORIAL HAS A MULTIFACETED APPROACH TO PROMOTING COMMUNITY HEALTH. OUR BOARD OF DIRECTORS IS COMPRISED OF COMMUNITY MEMBERS SEEKING TO ENSURE WE PROVIDE ACCESS TO HIGH-QUALITY CARE. THROUGHOUT THE YEAR, MARTIN MEMORIAL PROVIDES FREE OR LOW-COST EDUCATIONAL OPPORTUNITIES AND HEALTH SCREENINGS WHICH ARE AIMED AT DISEASE PREVENTION AND TARGET THE UNDERSERVED POPULATION IN THE COMMUNITY. IN JANUARY 2014 WE WERE ONE OF THE FIRST HOSPITALS IN THE AREA TO LAUNCH A COMPREHENSIVE HEALTH MANAGEMENT PROGRAM THAT FOCUSES ON PATIENTS WITH SEVERE CHRONIC DISEASES WHICH FOCUSES ON MANAGING COMPLICATED DISEASES TO IMPROVE THEIR HEALTH AND QUALITY OF LIFE. THIS CURRENT PROGRAM IS UNABLE TO BE REIMBURSED FROM ANY TYPE OF INSURANCE AND IS COMPLETELY FREE OF CHARGE TO PEOPLE REFERRED INTO THIS PROGRAM. THE ORGANIZATION ALSO OFFERS FREE SUPPORT GROUPS FOR PATIENTS AND FAMILY MEMBERS THAT ARE FACING ONGOING MANAGEMENT OF CHRONIC DISEASES. MARTIN MEMORIAL ASSOCIATES PROVIDE COUNTLESS HOURS OF VOLUNTEER SERVICE TO NOT-FOR-PROFIT AGENCIES AND ORGANIZATIONS, WITH AN EMPHASIS ON THOSE WITH A MISSION TO ENHANCE COMMUNITY HEALTH. MARTIN MEMORIAL OFFERS NUMEROUS SPONSORSHIPS INTENDED TO PROMOTE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES, INCLUDING THE SUPPORT OF TWO LOCAL FREE HEALTH CLINICS THAT HELP THE MEDICALLY UNDERSERVED POPULATION. MARTIN MEMORIAL IS COLLABORATING WITH LOCAL COMMUNITY ORGANIZATIONS TO CREATE PROGRAMS THAT PROMOTE THE OVERALL HEALTH OF THE COMMUNITY AND COUNTY WIDE HEALTH INITIATIVES. WE HAVE WORKED WITH THE HEALTH DEPARTMENTS IN BOTH MARTIN AND ST. LUCIE COUNTY TO DEVELOP A COMMUNITY WIDE PLAN THAT FOCUSES ON HEALTHY LIFESTYLE. IN ADDITION, A MAJORITY OF THE GOVERNING BODY OF MARTIN MEMORIAL IS COMPRISED OF PEOPLE WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA AND WHO ARE NEITHER EMPLOYEES, INDEPENDENT CONTRACTORS, NOR FAMILY MEMBERS THEREOF. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. MARTIN MEMORIAL PERIODICALLY CONDUCTS A PHYSICIAN NEEDS ASSESSMENT THAT REVIEWS THE MAKEUP OF BOTH OUR MEDICAL STAFF AS WELL AS THE PHYSICIAN COMMUNITY IN OUR SERVICE AREA AS A WHOLE. THIS PROVIDES AN OVERVIEW OF WHAT PHYSICIAN SPECIALTIES MAY BE NEEDED IN OUR COMMUNITY.
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	MARTIN MEMORIAL BELONGS TO A GROUP OF AFFILIATED COMPANIES THAT PROVIDE DIAGNOSTIC AND AMBULANCE SERVICES TO THE LOCAL COMMUNITY AND FUNDRAISING FOR THE BENEFIT OF MARTIN MEMORIAL MEDICAL CENTER. MARTIN MEMORIAL ALSO HAS FOR-PROFIT AFFILIATES PROVIDING PHYSICIAN SERVICES TO THE LOCAL COMMUNITY AS WELL AS BILLING AND COLLECTION SERVICES FOR THE AFFILIATED COMPANIES. THERE ARE LIMITED PARTNERSHIPS THAT OWN MEDICAL OFFICE BUILDINGS WHICH PRIMARILY HOUSE AFFILIATED COMPANIES' MEDICAL OFFICES AND CLINICS AS WELL AS AN AFFILIATION WITH AMBULATORY SURGERY CENTERS. ON JAN 1, 2019 WE BECAME AFFILIATED WITH CLEVELAND CLINIC. WE NOW CONTINUE TO WORK TO SERVE OUR COMMUNITIES IN THE MOST IMPACTFUL WAY. COMMUNITY IS A DESIGNATED CARE PRIORITY FOR CLEVELAND CLINIC MARTIN HEALTH.

**SCHEDULE I
(Form 990)**

**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.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.

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

Name of the organization

MARTIN MEMORIAL MEDICAL CENTER, INC.

Employer identification number

59-0637874

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.

1 (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)							
(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 ▲
- 3** Enter total number of other organizations listed in the line 1 table ▲

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

Cat. No. 50055P

Schedule I (Form 990) (2019)

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 HEALTHCARE FOR INDIGENT PATIENTS	58	66,318	0	N/A	N/A
2 SHELTER/TRANSPORTATION/FOOD	64	12,292	0	N/A	N/A
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.

(SEE STATEMENT)

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	HEALTH CARE ASSISTANCE IS PROVIDED TO ONCOLOGY PATIENTS THAT HAVE A FINANCIAL NEED INCLUDING HELP PAYING FOR MEDICAL EXPENSES, FOOD, SHELTER AND TRANSPORTATION THE ORGANIZATION'S SOCIAL SERVICES DEPARTMENT ALSO ASSISTS INDIGENT PATIENTS THAT ARE BEING DISCHARGED WITH PHARMACY ITEMS. GRANTS ARE CLOSELY MONITORED AND ASSESSMENTS ARE MADE TO ENSURE THEY ARE USED FOR THE INTENDED PURPOSES.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARTIN MEMORIAL MEDICAL CENTER, INC

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

2019

**Open to Public
Inspection**

Employer identification number

59-0637874

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
2		
3 Indicate which, if any, of the following the 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/>	
4a		
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<input checked="" type="checkbox"/>	
4b		
c Participate in, or receive payment from, an equity-based compensation arrangement?		<input checked="" type="checkbox"/>
4c		
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 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?		<input checked="" type="checkbox"/>
5a		
b Any related organization?		<input checked="" type="checkbox"/>
5b		
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?		<input checked="" type="checkbox"/>
6a		
b Any related organization?		<input checked="" type="checkbox"/>
6b		
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 on lines 5 and 6? If "Yes," describe in Part III		<input checked="" type="checkbox"/>
7		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		<input checked="" type="checkbox"/>
8		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
9		

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

Cat. No. 50053T

Schedule J (Form 990) 2019

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 aren't 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	Wael Barsoum, MD	(i)	0	0	0	0	0	0
	DIRECTOR	(ii)	1,321,697	0	137,959	28,000	13,626	1,501,282
2	TOMISLAV MIHALJEVIC, MD	(i)	0	0	0	0	0	0
	DIRECTOR	(ii)	2,965,469	0	297,949	28,000	17,449	3,308,867
3	JOSEPH IANOTTI, MD	(i)	0	0	0	0	0	0
	DIRECTOR	(ii)	1,157,453	0	117,950	28,000	13,410	1,316,813
4	ROBERT LORD	(i)	748,644	0	429,255	98,302	33,556	1,309,757
	PRESIDENT	(ii)	0	0	0	0	0	0
5	MICHAEL MOEHRING	(i)	218,498	0	192	49,682	42,422	310,794
	ASSISTANT TREASURER	(ii)	0	0	0	0	0	0
6	STEVEN C. GLASS	(i)	0	0	0	0	0	0
	CFO & TREASURER	(ii)	1,578,904	0	154,587	40,369	18,572	1,792,432
7	TIMOTHY LONGVILLE	(i)	0	0	0	0	0	0
	CAO & CONTROLLER	(ii)	457,721	0	21,115	101,441	18,500	598,777
8	DAVID W. ROWAN	(i)	0	0	0	0	0	0
	SECRETARY	(ii)	1,524,968	0	159,883	28,000	19,508	1,732,359
9	BARBARA DEL CASTILLO	(i)	0	0	0	0	0	0
	ASSISTANT SECRETARY	(ii)	525,927	0	28,198	28,244	13,410	595,779
10	JASON OBLANDER	(i)	0	0	0	0	0	0
	ASSISTANT SECRETARY	(ii)	215,149	0	5,264	8,382	14,737	243,532
11	FERNANDO PETRY, DO	(i)	468,665	0	155,787	15,900	42,571	682,923
	CMO	(ii)	0	0	0	0	0	0
12	JOHN AFSHAR, MD	(i)	602,261	524,603	681,752	847,994	31,043	2,687,653
	NEUROSURGEON	(ii)	0	0	0	0	0	0
13	JOHN VIOLA, MD	(i)	91,584	0	1,183,863	144,121	5,697	1,425,265
	PHYSICIAN	(ii)	0	0	0	0	0	0
14	JOHN ROBINSON, MD	(i)	600,845	87,694	818,436	1,051,889	31,043	2,589,907
	NEUROSURGEON	(ii)	0	0	0	0	0	0
15	JORGE CASTILLO, MD	(i)	493,322	263,133	0	15,900	39,782	812,137
	PHYSICIAN	(ii)	0	0	0	0	0	0
16	(SEE STATEMENT)	(i)						
		(ii)						

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) OSZKAR SZENTIRMAI NEUROSURGEON	(i) 841,875 (ii) 0	336,166 0	12,967 0	15,900 0	55,182 0	1,262,090 0	12,967 0
(17) CHARLES CLEAVER FORMER OFFICER	(i) 152,256 (ii) 0	65,000 0	376,496 0	675,089 0	15,182 0	1,284,023 0	85,979 0
(18) EDMUND COLLINS FORMER OFFICER	(i) 345,415 (ii) 0	0 0	246,633 0	0 0	39,871 0	631,919 0	246,633 0
(19) MIGUEL COTY FORMER OFFICER	(i) 242,700 (ii) 0	65,000 0	34,134 0	31,394 0	31,074 0	404,302 0	34,134 0
(20) LIBBY FLIPPO FORMER OFFICER	(i) 1,956 (ii) 0	0 0	471,271 0	193,389 0	24,111 0	690,727 0	149,278 0
(21) ANGIE METCALF FORMER OFFICER	(i) 71,841 (ii) 0	65,000 0	444,401 0	288,691 0	37,765 0	907,698 0	191,819 0
(22) JESSICA MCLAIN FORMER OFFICER	(i) 255,926 (ii) 0	0 0	108,351 0	36,650 0	24,824 0	425,751 0	108,272 0
(23) LAURENCE ROTHSTEIN, MD FORMER OFFICER	(i) 0 (ii) 0	0 0	285,450 0	0 0	21,060 0	306,510 0	35,898 0
(24) DANIEL EDELMAN, DO FORMER OFFICER	(i) 94,606 (ii) 0	0 0	0 0	17,526 0	6,465 0	118,597 0	0 0
(25) GEORGE RITTERSBACH, MD FORMER DIRECTOR	(i) 274,749 (ii) 0	121,708 0	0 0	15,900 0	39,782 0	452,139 0	0 0
(26) JEFFREY GLICKMAN, MD FORMER DIRECTOR	(i) 356,210 (ii) 0	59,956 0	0 0	15,900 0	9,382 0	441,448 0	0 0
(27) RAMONA THOMAS FORMER OFFICER	(i) 129,857 (ii) 0	0 0	205,727 0	334,452 0	24,590 0	694,626 0	34,784 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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	<p>THE FOLLOWING PEOPLE RECEIVED A SEVERANCE PAYMENT: \$290,308 FOR MR. CLEAVER, \$170,654 FOR MS. THOMAS, \$252,308 FOR MS. METCALF, \$321,994 FOR MS. FLIPPO, \$249,719 FOR DR. ROTHSTEIN, \$241,923 FOR DR. AFSHAR, \$751,923 FOR DR. VIOLA, AND \$241,923 FOR DR. ROBINSON.</p> <p>SEVERANCE PAYMENTS ACCRUED IN 2019 BUT NOT YET PAID ARE REPORTED IN PART VII, COLUMN F AND SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS: \$432,502 FOR MR. CLEAVER, \$192,933 FOR MS. FLIPPO, \$326,214 FOR MS. THOMAS, \$280,870 FOR MS. METCALF, \$584,895 FOR DR. AFSHAR, \$131,957 FOR DR. VIOLA, AND \$776,888 FOR DR. ROBINSON.</p>
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>COMPENSATION REPORTED IN THE FORM 990, PARTICULARLY BENEFIT COSTS, MAY BE CONFUSING, ESPECIALLY WHEN MAKING COMPARISONS FROM ONE ORGANIZATION TO ANOTHER OR EVEN FROM ONE YEAR TO ANOTHER FOR THE SAME ORGANIZATION. RETIREMENT BENEFIT COSTS VARY WIDELY DEPENDING ON THE TYPE OF PLAN - DEFINED BENEFIT OR CONTRIBUTION, AND THE AGE AND TENURE OF THE EXECUTIVE.</p> <p>MARTIN MEMORIAL MAINTAINS SEVERAL UNFUNDED SUPPLEMENTAL RETIREMENT PLANS. THE SERP PLAN WAS TERMINATED IN 2019. THE FOLLOWING PARTICIPANTS IN THIS PLAN RECEIVED DISTRIBUTIONS. \$428,966 FOR MR. LORD, \$155,787 FOR DR. PETRY, \$34,134 FOR MR. COTY, \$246,633 FOR MR. COLLINS, \$108,272 FOR MS. MCLAIN, \$85,979 FOR MR. CLEAVER, \$34,784 FOR MS. THOMAS, \$191,819 FOR MS. METCALF, \$149,278 FOR MS. FLIPPO, \$35,808 FOR DR. ROTHSTEIN, \$439,828 FOR DR. AFSHAR, \$431,940 FOR DR. VIOLA, \$576,513 FOR DR. ROBINSON, AND \$12,967 FOR DR. SZENTIRMAI</p> <p>THE FOLLOWING INDIVIDUALS PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN AND/OR A QUALIFIED DEFINED BENEFIT PLAN WITH THE CLEVELAND CLINIC FOUNDATION, AND THE ANNUAL INCREASE OR DECREASE IN THE ACTUARIAL VALUE IS INCLUDED IN SCHEDULE J, PART II, COLUMN C. RETIREMENT AND OTHER DEFERRED COMPENSATION: \$209,012 INCREASE FOR MR. CLEAVER, \$15,404 INCREASE FOR MR. COTY, \$244 INCREASE FOR MS. DEL CASTILLO, \$8,845 INCREASE FOR DR. EDELMAN, \$12,369 INCREASE FOR MR. GLASS, \$69,023 INCREASE FOR MR. LONGVILLE, \$63,402 INCREASE FOR MR. LORD, \$1,750 INCREASE FOR MS. MCLAIN, \$38,483 INCREASE FOR MR. MOEHRING, \$1,766 INCREASE FOR MR. OBLANDER, \$228,199 INCREASE FOR DR. AFSHAR, AND \$240,101 INCREASE FOR DR. ROBINSON.</p>

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MARTIN MEMORIAL MEDICAL CENTER, INC

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number
59-0637874

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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MARTIN COUNTY HEALTH FACILITIES AUTHORITY	36-2646523		12/15/2010	24,095,000	ACQUISITION OF MEDICAL EQUIPMENT		✓		✓		✓
B	MARTIN COUNTY HEALTH FACILITIES AUTHORITY	36-2646523		09/24/2013	26,555,000	REFUND 5/2007 BOND ISSUE		✓		✓		✓
C												
D												

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired		8,900,000	10,355,000				
2	Amount of bonds legally defeased		0	0				
3	Total proceeds of issue		24,242,680	26,555,000				
4	Gross proceeds in reserve funds		0	0				
5	Capitalized interest from proceeds		0	0				
6	Proceeds in refunding escrows		0	0				
7	Issuance costs from proceeds		202,903	0				
8	Credit enhancement from proceeds		0	0				
9	Working capital expenditures from proceeds		0	0				
10	Capital expenditures from proceeds		24,039,777	0				
11	Other spent proceeds		0	26,555,000				
12	Other unspent proceeds		0	0				
13	Year of substantial completion		2013	2013				
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		✓	✓				
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓	✓				
16	Has the final allocation of proceeds been made?		✓	✓				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		✓	✓				

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

Cat. No. 50193E

Schedule K (Form 990) 2019

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?		✓		✓				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓				
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓		✓					
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?	✓		✓					
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		0.00 %		0.00 %				%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0.00 %		0.00 %				%
6 Total of lines 4 and 5		0.00 %		0.00 %				%
7 Does the bond issue meet the private security or payment test?		✓		✓				
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?		✓		✓				
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?	✓		✓					

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?		✓		✓				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓				
b Exception to rebate?		✓		✓				
c No rebate due?	✓		✓					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	11/15/2019		11/15/2019					
3 Is the bond issue a variable rate issue?		✓		✓				

Schedule K (Form 990) 2019

Part VI**Supplemental Information.** Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART II, LINE 3 - PROCEEDS OF ISSUE	THE TOTAL PROCEEDS OF ISSUE SHOWN IN PART II, LINE 3 ARE DIFFERENT THAN THE ISSUE PRICE SHOWN IN PART 1 BECAUSE THE FIGURE IN PART II INCLUDES INVESTMENT EARNINGS ON THE PROCEEDS. THIS IS CONSISTENT WITH THE FORM INSTRUCTIONS.
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME: MARTIN COUNTY HEALTH FACILITIES AUTHORITY THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 11/15/2019
SCHEDULE K, PART IV, LINE 2C - COLUMN B	ISSUER NAME: MARTIN COUNTY HEALTH FACILITIES AUTHORITY THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 11/15/2019

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, line 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 instructions and the latest information.

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization

MARTIN MEMORIAL MEDICAL CENTER, INC.

Employer identification number

59-0637874

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$						

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2019

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

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Part IV Business Transactions Involving Interested Persons (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANNE LORD	SISTER-IN-LAW OF ROB LORD, OFFICER OF MARTIN MEDICAL CENTER	\$16,420	COMPENSATION		✓

SCHEDULE O
(Form 990 or 990-EZ)Department of 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

2019

Open to Public Inspection

Name of the Organization
MARTIN MEMORIAL MEDICAL CENTER, INCEmployer Identification Number
59-0637874

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	MARTIN MEMORIAL HEALTH SYSTEMS, INC A 501(C)(3) TAX EXEMPT CORPORATION, IS THE SOLE MEMBER OF MARTIN MEMORIAL MEDICAL CENTER, INC
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE MEMBER OF MARTIN MEMORIAL MEDICAL CENTER MAY SELECT, REPLACE OR REMOVE THE MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>THE SOLE MEMBER OF THE MEDICAL CENTER EXPRESSLY RESERVES THE FOLLOWING POWERS, TO BE EXERCISED BY IT IN ITS SOLE DISCRETION:</p> <p>-TO SELECT OR REPLACE AND TO REMOVE, WITH OR WITHOUT CAUSE, DIRECTORS OF THE MEDICAL CENTER, AND</p> <p>-TO AMEND THE ARTICLES OF INCORPORATION,</p> <p>-TO AMEND THE BYLAWS OF THE MEDICAL CENTER,</p> <p>-ADOPT ANY ANNUAL OR LONG-TERM CAPITAL OR OPERATIONAL BUDGET OR ANY CHANGES THEREIN,</p> <p>-AUTHORIZE THE MEDICAL CENTER TO ENTER INTO ANY CONTRACT OR ENGAGE IN ANY TRANSACTION WHICH IS NOT PROVIDED FOR IN AN ANNUAL OR LONG-TERM CAPITAL OR OPERATIONAL BUDGET APPROVED BY THE SOLE MEMBER OF THE MEDICAL CENTER WHERE THE AMOUNT INVOLVED EXCEEDS \$100,000.00,</p> <p>-ADOPT ANY NEW, OR ANY CHANGES TO THE EXISTING, LONG-TERM OR MASTER INSTITUTIONAL PLANS OF THE MEDICAL CENTER,</p> <p>-AUTHORIZE THE MEDICAL CENTER TO ENGAGE IN, OR ENTER INTO, ANY TRANSACTION PROVIDING FOR OR REQUIRING A CERTIFICATE OF NEED. HOWEVER, THE PRESIDENT/ CEO OF THE MEDICAL CENTER, OR THE EXECUTIVE COMMITTEE OF THE SOLE MEMBER, MAY SUBMIT A LETTER OF INTENT AND/OR AN APPLICATION FOR A CERTIFICATE OF NEED AT ANY TIME WITHOUT PRIOR AUTHORIZATION. THE BOARD OF DIRECTORS OF THE SOLE MEMBER SHALL SUBSEQUENTLY EITHER RATIFY THE ACTION OR VOTE TO WITHDRAW THE LETTER OF INTENT OR THE APPLICATION.</p> <p>-ADOPT A PLAN OF DISSOLUTION OF THE MEDICAL CENTER;</p> <p>-AUTHORIZE THE MEDICAL CENTER TO ENGAGE IN, OR ENTER INTO, ANY TRANSACTION PROVIDING FOR THE SALE, LEASE, MORTGAGE OR OTHER DISPOSITION OF THE ASSETS OF THE MEDICAL CENTER NOT CONTEMPLATED AS PART OF THE CAPITAL OR OPERATING BUDGET. HOWEVER, IT IS UNDERSTOOD THAT THIS DOES NOT PRECLUDE THE SALE OF FULLY DEPRECIATED ASSETS, ASSETS TO BE SCRAPPED AND TAKEN OUT OF SERVICE, OR ASSETS TO BE TRADED IN ON THE PURCHASE OF NEW ASSETS APPROVED AS PART OF THE BUDGETING PROCESS</p> <p>-ADOPT A PLAN OF MERGER OR CONSOLIDATION OF THE MEDICAL CENTER WITH ANOTHER CORPORATION,</p> <p>-ORGANIZE OR ACQUIRE, OR AUTHORIZE THE ORGANIZATION OR ACQUISITION OF, ANY SUBSIDIARY OR AFFILIATE OF THE MEDICAL CENTER ("AFFILIATE" SHALL INCLUDE ANY CORPORATION, ASSOCIATION, PARTNERSHIP, TRUST, JOINT VENTURE OR OTHER ENTITY DIRECTLY OR INDIRECTLY CONTROLLING, CONTROLLED BY, OR UNDER COMMON CONTROL WITH THE MEDICAL CENTER).</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS REVIEWED IN DETAIL BY INTERNAL MANAGEMENT TO ENSURE THE ACCURACY AND COMPLETENESS OF THE RETURN PRIOR TO FILING WITH THE IRS THE FORM 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS SUBSEQUENT TO THE FILING OF THE FORM
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE CORPORATE COMPLIANCE OFFICER SURVEYS EACH DIRECTOR, OFFICER AND KEY EMPLOYEE OF MARTIN MEMORIAL MEDICAL CENTER AND RELATED AFFILIATED COMPANIES THESE ANNUAL SURVEYS ARE DESIGNED TO DETERMINE IF ANY POTENTIAL CONFLICTS OF INTEREST EXIST THE CORPORATE COMPLIANCE OFFICER EDUCATES BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES OF THEIR RESPONSIBILITY TO REPORT ANY POSSIBLE CONFLICTS OF INTEREST THAT MAY ARISE BETWEEN ANNUAL SURVEYS. THE CORPORATE COMPLIANCE OFFICER ALSO MONITORS AND INVESTIGATES ANY POSSIBLE CONFLICTS THAT MAY ARISE IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE CONFLICT WILL ABSTAIN FROM VOTING ON ANY ISSUES OR PARTICIPATING IN DISCUSSIONS THAT ARE RELATED TO THE CONFLICT OF INTEREST
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES FOLLOWS THE SAME PROCESS AS DESCRIBED IN PART VI, LINE 15A.

Return Reference - Identifier	Explanation	
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	MARTIN MEMORIAL MEDICAL CENTER DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. A COPY OF THE MOST RECENTLY FILED 990 IS POSTED ON THE CLEVELAND CLINIC WEBSITE	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	TRANSFER TO AFFILIATE	- 11,073,694
	CHANGE IN NET ASSETS HELD AT MARTIN FOUNDATION	2,905,340
	MIN PENSION LIABILITY ADJUSTMENT	- 287,194
	UNREALIZED GAIN ON SWAP AGREEMENT	276,880
	RETIREE HEALTH LIABILITY ADJUSTMENT	- 88,834
	NET ASSETS TEMPORARILY RELEASED	- 4,387,411
	CCF TRANSFER TO AFFILIATES	34,060,415
	RATE RESET ON SWAP	- 97,914
	ADVANCED FOUNDATION DONATION RELEASED	4,500,000
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE FINANCIAL STATEMENT AUDIT IS PERFORMED FOR THE CLEVELAND CLINIC, AND MARTIN IS INCLUDED IN THIS AUDIT. THERE IS NO LONGER AN AUDIT COMMITTEE AT THIS ENTITY, BUT RATHER AN AUDIT COMMITTEE THAT OVERSEES THE PROCESS FOR THE CLEVELAND CLINIC FOUNDATION IN ITS ENTIRETY	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MARTIN MEMORIAL MEDICAL CENTER, INC

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

2019

**Open to Public
Inspection**

Employer identification number
59-0637874

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) (SEE STATEMENT)							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

Cat. No. 50135Y

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b	Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c	Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d	Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	
e	Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f	Dividends from related organization(s)		<input checked="" type="checkbox"/>
g	Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h	Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i	Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j	Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	
k	Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l	Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	
m	Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	
o	Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
p	Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q	Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	
r	Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s	Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MEDICAL CENTER AT ST LUCIE WEST, LTD	J	369,438	FMV
(2)	MEDICAL CENTER AT HOBE SOUND, LTD	J	50,794	FMV
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019

Part II Identification of Related Tax-Exempt Organizations (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MARTIN MEMORIAL HEALTH SYSTEMS (59-2307522) PO BOX 9033, STUART, FL 34995	SUPPORTS MARTIN MEMORIAL MEDICAL CENTER AND COASTAL CARE CORPORATION	FL	501(C)(3)	12 TYPE II	N/A		✓
(2) MARTIN MEMORIAL FOUNDATION (59-2343938) PO BOX 9033, STUART, FL 34995-9033	FUNDRAISING	FL	501(C)(3)	7	MMHS		✓
(3) COASTAL CARE CORPORATION (59-2333374) PO BOX 9033, STUART, FL 34995-9033	HEALTHCARE	FL	501(C)(3)	3	MMHS		✓
(4) MARTIN MEMORIAL HOSPITAL AUXILIARY (23-7115443) PO BOX 9033, STUART, FL 34995-9033	PROMOTE PURPOSES & ACTIVITIES OF MARTIN MEMORIAL HOSPITAL HEALTH SYSTEMS & AFFILIATES	FL	501(C)(3)	10	MMHS		✓
(5) COMMUNITY WEST FOUNDATION (34-1456398) 800 SHARON DRIVE, STE C, WESTLAKE, OH 44145	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OH	501(C)(3)	7	N/A		✓
(6) THREE ARCHES FOUNDATION (34-6519834) 14601 DETROIT AVENUE, STE 240, LAKEWOOD, OH 44107	SUPPORT LAKEWOOD HOSPITAL ASSOCIATION	OH	501(C)(3)	12 TYPE I	N/A		✓
(7) NATIONAL HEALTHCARE RESEARCH & EDUCATION FINANCE CORP (31-1707979) 2001 ROSS AVENUE, DALLAS, TX 75201	SUPPORT CHARITABLE PURPOSES OF HOSPITALS & UNIVERSITIES	TX	501(C)(3)	12 TYPE III-FI	N/A		✓
(8) W.O. WALKER CENTER, INC (91-1818256) 10700 EUCLID AVENUE, CLEVELAND, OH 44106	HEALTH CARE SERVICES	OH	501(C)(3)	12 TYPE III-FI	N/A		✓
(9) AUXILIARY BOARD OF FAIRVIEW GENERAL HOSPITAL (23-7108198) 18101 LORAIN AVENUE, CLEVELAND, OH 44111	SUPPORT FAIRVIEW HOSPITAL	OH	501(C)(3)	12 TYPE III-O	N/A		✓
(10) TUSCARAWAS VALLEY REGIONAL CANCER CENTER (34-0000100) 559 BOULEVARD, DOVER, OH 44622	PHYSICIAN HOSPITAL AND ORGANIZATION	OH	501(C)(3)	3	N/A		✓
(11) UNION HOSPITAL AUXILIARY (34-1204928) 659 BOULEVARD, DOVER, OH 44622	SUPPORT THE UNION HOSPITAL ASSOCIATION	OH	501(C)(3)	10	N/A		✓
(12) INDIAN RIVER MEMORIAL HOSPITAL, INC. (59-2496294) 1000 36TH STREET, VERO BEACH, FL 32960	HOSPITAL	FL	501(C)(3)	3	N/A		✓
(13) HEALTH SYSTEMS OF INDIAN RIVER, INC. (65-0705680) 1000 36TH STREET, VERO BEACH, FL 32960	HEALTHCARE	FL	501(C)(3)	12 TYPE II	N/A		✓
(14) INDIAN RIVER HEALTH SERVICES, INC. (65-0029298) 1000 36TH STREET, VERO BEACH, FL 32960	HEALTHCARE	FL	501(C)(3)	12 TYPE I	N/A		✓
(15) INDIAN RIVER HOSPITAL FOUNDATION, INC (59-0760215) 1000 36TH STREET, VERO BEACH, FL 32960	FUND RAISING	FL	501(C)(3)	12 TYPE I	N/A		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(16) HOSPITAL AUXILIARY OF THE INDIAN RIVER MEMORIAL HOSPITAL INC (59-1003707) 1000 36TH STREET, VERO BEACH, FL 32960	SUPPORTING FL	FL	501(C)(3)	12 TYPE III-FI	N/A		✓
(17) THE CLEVELAND CLINIC FOUNDATION (34-0714585) 6801 BRECKSVILLE RD, RK 1-85, INDEPENDENCE, OH 44131	HOSPITAL OH	OH	501(C)(3)	3	N/A		✓
(18) CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT CORPORATION (83-2249666) 2950 CLEVELAND CLINIC BLVD., WESTON, FL 33331	SUPPORTING FL	FL	501(C)(3)	12 TYPE II	N/A		✓

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AKRON SURGICAL ASSOCIATES, LLC (01-0672877) 4125 MEDINA ROAD, AKRON, OH 44333	AMBULATORY SURGERY CENTER	OH	N/A	N/A	N/A	N/A			N/A			N/A
(2) CCAW JV, LLC (84-3867549) 10000 CEDAR AVE, CLEVELAND, OH 44106	MEDICAL SERVICES & TELE HEALTH	DE	N/A	N/A	N/A	N/A			N/A			N/A
(3) CCF/MHS RENAL CARE COMPANY LTD. (34-1863789) 9500 EUCLID AVENUE, CLEVELAND, OH 44195	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A			N/A			N/A
(4) CLEVELAND HEALTH NETWORK MSO, LLC (31-1566180) 4700 ROCKSIDE ROAD, STE 200, INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A			N/A			N/A
(5) ACCELERATE STRATEGIC HEALTH SOURCING, LLC (46-1810992) 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE OP & MGMT	DE	N/A	N/A	N/A	N/A			N/A			N/A
(6) MARTIN SURGICAL VENTURES, LLC (32-0496475) 9131 ANSON WAY, SUITE 304, RALEIGH, NC 27615	SURGICAL VENTURE	NC	MARTIN MEMORIAL MEDICAL CENTER, INC.	N/A	321,570	(108,382)	✓		0		✓	62.00
(7) MEDICAL CENTER AT HOBE SOUND, LTD. (65-0748232) PO BOX 9033, STUART, FL 34996	MEDICAL OFFICES	FL	MARTIN MEMORIAL MEDICAL CENTER, INC.	RELATED	27,555	1,825,445	✓		0		✓	99.00
(8) MEDICAL CENTER AT ST LUCIE WEST, LTD. (65-0504863) PO BOX 9033, STUART, FL 34996	MEDICAL OFFICES	FL	MARTIN MEMORIAL MEDICAL CENTER, INC.	RELATED	130,534	7,231,256	✓		0		✓	99.00
(9) MEDISTRY, LLC (45-4880352) 3029 PROSPECT AVENUE, CLEVELAND, OH 44115	DATA HOSTING & RELATED SVCS	DE	N/A	N/A	N/A	N/A			N/A			N/A
(10) PROGNOSTIX, LLC (30-0624422) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	MEDICAL SERVICES	OH	N/A	N/A	N/A	N/A			N/A			N/A
(11) TREASURE COAST INTEGRATED HEALTHCARE, LLC (82-0708813) PO BOX 9010, STUART, FL 34995	CLINICALLY INTEGRATED NETWORK	FL	MARTIN MEMORIAL MEDICAL CENTER, INC.	RELATED	0	112,278	✓		0		✓	51.00

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 33 GROSVENOR PLACE, LIMITED 47 ESPLANADE, ST. HELIER, JE	LEASE HOLDING COMPANY	JERSEY	N/A	C CORPORATION	N/A	N/A	N/A		
(2) AKRON GENERAL MANAGED CARE ASSOCIATION, INC. (34-1784985) 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	SUPPORTING SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(3) CASHEL NEURAL, INC. (82-4625105) 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	SCIENTIFIC RESEARCH	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(4) CCF BOLTON, INC. (20-4596571) 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	BUSINESS SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(5) CCHS INDEMNITY CO., LTD. (98-0207086) 23 LIME TREE BAY, BOX 1051, GRAND CAYMAN KY11102	INSURANCE COMPANY	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		
(6) CELLX TECHNOLOGIES, INC. (82-2405500) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(7) CHARITABLE REMAINDER TRUSTS	N/A	OH	N/A	TRUST	N/A	N/A	N/A		
(8) CLEVELAND CLINIC CANADA-TORONTO, INC. 181 BAY STREET, BOX 818, TORONTO, CA	HEALTH CARE SERVICES	CANADA	N/A	C CORPORATION	N/A	N/A	N/A		
(9) CLEVELAND CLINIC EMR, INC. (20-4856025) 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(10) CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION (34-1877409) 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(11) CLEVELAND CLINIC LONDON, LTD 11-12 ST. JAMES'S SQUARE, STE1, 3RD FL, LONDON, UK	HOSPITAL OPERATING COMPANY	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	N/A	C CORPORATION	N/A	N/A	N/A		
(12) CLEVELAND CLINIC SAUDI ARABIA (A LIMITED LIABILITY COMPANY) PO BOX 340340, RIYADH, SA	MEDICAL SERVICES	SAUDI ARABIA	N/A	C CORPORATION	N/A	N/A	N/A		
(13) CLEVELAND CLINIC UK FINANCING PLC 11-12 ST. JAMES'S SQUARE, STE1, 3RD FL, LONDON, UK	FINANCING ENTITY	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	N/A	C CORPORATION	N/A	N/A	N/A		
(14) CLEVELAND CLINIC UK HOLDINGS, LTD 11-12 ST. JAMES'S SQUARE, STE1, 3RD FL, LONDON, UK	HOLDING COMPANY	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	N/A	C CORPORATION	N/A	N/A	N/A		

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(15) CLEVELAND HEALTH NETWORK (34-1770780) 6000 WEST CREEK ROAD, STE 20, INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(16) CLEVELAND HEALTH NETWORK MANAGED CARE ORGANIZATION (34-1808138) 6000 WEST CREEK ROAD, STE 20, INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(17) CLINIC MEDICAL SOLUTIONS, INC. (34-1695388) 18101 LORAIN AVENUE, CLEVELAND, OH 44111	HEALTH CARE SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(18) CMCD, INC. (34-1256599) 1000 E WASHINGTON STREET, MEDINA, OH 44256	REAL ESTATE	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(19) CSC CONDOMINIUM ASSOCIATION, INC (59-2320501) PO BOX 9033, STUART, FL 34995	CONDOMINIUM ASSOCIATION	FL	MARTIN MEMORIAL MEDICAL CENTER	C CORPORATION	205,184	608,520	1.00	✓	
(20) ENHALE MEDICAL, INC (82-1613340) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	SLEEP APNEA TREATMENT	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(21) INFUSEON THERAPEUTICS, INC. (46-1776182) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(22) ION-VAC, INC (46-1560044) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(23) LAKEWOOD HEALTHCARE FOUNDATION (34-1574608) 14519 DETROIT AVENUE, LAKEWOOD, OH 44107	HEALTH CARE SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(24) MARTIN MEMORIAL PHYSICIAN CORPORATION, INC (65-0556041) PO BOX 9010, STUART, FL 34995	PHYSICIAN OFFICES	FL	N/A	C CORPORATION	N/A	N/A	N/A		
(25) MCZ, INC (34-1256598) 1000 E WASHINGTON STREET, MEDINA, OH 44256	LEASING	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(26) MEDICAL & FINANCIAL MANAGEMENT, INC (59-2843163) PO BOX 9033, STUART, FL 34995	BILLING AND COLLECTIONS	FL	N/A	C CORPORATION	N/A	N/A	N/A		
(27) MEDICAL CAMPUS MANAGEMENT, INC (65-0605328) PO BOX 9033, STUART, FL 34995	MANAGEMENT SERVICES	FL	N/A	C CORPORATION	N/A	N/A	N/A		
(28) MEDINVEST, INC. (20-3978297) 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	INACTIVE	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(29) MERIDIA HEALTH VENTURES, INC. (34-1533871) 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(30) MERLOT ORTHOPEDIX, INC (11-3779414) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	MEDICAL DEVICE MANUFACTURING	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(31) NEOMEDICS, INC. (02-0656818) 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	BUSINESS SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(32) NEUROTHERAPIA, INC. (47-3977513) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(33) NEW COS, INC (82-4828042) 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	SCIENTIFIC RESEARCH	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(34) OPTOQUEST CORPORATION (26-3589643) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	N/A	C CORPORATION	N/A	N/A	N/A		

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(35) PINE FALLS CONDOMINIUM ASSOCIATES, INC. (34-1617589) 6100 WEST CREEK, SUITE 25, INDEPENDENCE, OH 44131	CONDO RENTALS	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(36) RENOVO BIOSCIENCES, INC. (34-1956569) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(37) RENOVO NEURAL, INC. (80-0185146) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(38) TMAO, INC. (82-4850194) 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	INACTIVE	DE	N/A	C CORPORATION	N/A	N/A	N/A		
(39) UNION CARE CORPORATION (34-1556177) 659 BOULEVARD, DOVER, OH 44622	HEALTH CARE SERVICES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(40) UNION PHARMACEUTICAL CARE, INC. (04-3588229) 659 BOULEVARD, DOVER, OH 44622	RETAIL PHARMACY SALES	OH	N/A	C CORPORATION	N/A	N/A	N/A		
(41) VIVERE PHARMA, INC. (47-5397125) 10000 CEDAR AVENUE, CLEVELAND, OH 44106	INACTIVE	DE	N/A	C CORPORATION	N/A	N/A	N/A		