

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**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.**2018**Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning OCT 1, 2018 and ending DEC 31, 2018

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

INDIAN RIVER MEMORIAL HOSPITAL INC

Doing business as INDIAN RIVER MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) Room/suite
1000 36TH STCity or town, state or province, country, and ZIP or foreign postal code
VERO BEACH, FL 32960F Name and address of principal officer GREG ROSENCRANCE
SAME AS C ABOVE

D Employer identification number

59-2496294

E Telephone number

772-567-4311

G Gross receipts \$ 80,863,145.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶

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

J Website: WWW.INDIANRIVERMEDICALCENTER.COM

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

L Year of formation: 1984

M State of legal domicile: FL

Part I Summary

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

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 16

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

4 14

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5 2679

6 Total number of volunteers (estimate if necessary)

6 522

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

7a 57,177.

7b Net unrelated business taxable income from Form 990-T, line 36

7b 27,396.

Revenue

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

Prior Year

Current Year

8,623,355. 649,532.

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

311,090,420. 78,996,417.

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

832,450. 633,867.

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

1,698,657. 367,645.

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

322,244,882. 80,647,461.

Expenses

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

0. 0.

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

0. 0.

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

164,341,854. 44,557,926.

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

0. 0.

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

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

152,562,046. 43,007,090.

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

316,903,900. 87,565,016.

19 Revenue less expenses Subtract line 18 from line 12

5,340,982. -6,917,555.

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

225,918,514. 214,746,790.

21 Total liabilities (Part X, line 26)

70,545,199. 73,339,725.

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

155,373,315. 141,407,065.

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

Date

GREG ROSENCRANCE, PRESIDENT/CEO

Type or print name and title

Paid

Print/Type preparer's name

ZACK FORTSCH

Preparer's signature

Zack Fortsch

Date

11/14/19

Check if self-employed

PTIN

P00052725

Preparer

Firm's name ▶ RSM US LLP

Firm's EIN ▶

42-0714325

Use Only

Firm's address ▶ 1 S. WACKER DRIVE, STE 800
CHICAGO, IL 60606

Phone no 312-634-3400

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

☒ Yes ☐ No

X

924

Part III Statement of Program Service Accomplishments

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

☒ X

- 1** Briefly describe the organization's mission
SEE SCHEDULE O

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 65,547,663. including grants of \$ _____) (Revenue \$ 79,080,347.)
 INDIAN RIVER MEDICAL CENTER IS A 286-BED HOSPITAL IN VERO BEACH, FLORIDA. FROM 10/01/18 TO 12/31/2018, THE HOSPITAL ADMITTED 3,910 PATIENTS. SERVICES WERE PROVIDED FOR 14,869 PATIENT DAYS. THE HOSPITAL HAD 522 VOLUNTEERS WHO WORKED 19,380 HOURS DURING THIS PERIOD. OVER 16,380 PEOPLE WERE SEEN THIS YEAR IN THE HOSPITAL'S STATE-OF THE-ART EMERGENCY DEPARTMENT. THE MEDICAL CENTER'S THREE LARGEST PROGRAM SERVICES ARE HEART, CANCER AND ORTHOPEDICS. THE HEART CENTER, AFFILIATED WITH DUKE UNIVERSITY HEALTH SYSTEMS, OPENED IN 2006 AND TREATED OVER 481 PATIENTS DURING THE YEAR. ITS OUTSTANDING SURGICAL OUTCOMES HAVE EARNED IT TOP RECOGNITION FROM THE SOCIETY OF THORACIC SURGEONS, WHO NAMED IT ONE OF THE BEST CARDIAC SURGERY PROGRAMS IN AMERICA. DR. CARY STOWE, MEDICAL DIRECTOR OF CARDIOVASCULAR SURGERY

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

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

- 4d** Other program services (Describe in Schedule O)

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

4e Total program service expenses 65,547,663.

2A3CDH50

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 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*
- 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*
- 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*
- 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
 - 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*
 - 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*
 - 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*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - 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*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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*
- 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*
- 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*
- 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*
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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*

	Yes	No
1	X	
2	X	
3		X
4	X	
5		X
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f	X	
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a	X	
20b	X	
21		X

Part IV Checklist of Required Schedules (continued)

- 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*
- 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*
- 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*
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
- b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*
- 26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*
- 27** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*
- 28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
- a** A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*
- b** A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*
- c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*
- 29** Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M*
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*
- 31** Did the organization liquidate, terminate, or dissolve and cease operations?
If "Yes," complete Schedule N, Part I
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*
- 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*
- 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*
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*
- 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*
- 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*
- 38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	Yes	No
22		X
23	X	
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33	X	
34	X	
35a	X	
35b	X	
36		X
37		X
38	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

- 1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
- b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
- c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a		
1b		
1c	X	

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 2679		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

Form 990 (2018)

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 in Schedule O. See instructions.

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

☒ X

Section A. Governing Body and Management

		Yes	No
1a	16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	14		
2			X
3			X
4			X
5			X
6			X
7a		X	
b		X	
8			
a		X	
b		X	
9			X

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

		Yes	No
10a			X
b			
11a			X
b			
12a		X	
b		X	
c		X	
13		X	
14		X	
15			
a		X	
b		X	
16a		X	
b		X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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 in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records. **WARREN FULLER, CONTROLLER - 772-567-4311**
1000 36TH ST, VERO BEACH, FL 32960

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) WAYNE T. HOCKMEYER, PH.D. CHAIRMAN	5.00 2.00	X		X				0.	0.	0.
(2) JOHN PASTOR VICE CHAIRMAN	5.00 2.00	X		X				0.	0.	0.
(3) GERRI SMITH SECRETARY	5.00 2.00	X		X				0.	0.	0.
(4) JACK WEISBAUM TREASURER	5.00 2.00	X		X				0.	0.	0.
(5) HAL BROWN, M.D. CHIEF OF STAFF	5.00 2.00	X						85,950.	0.	0.
(6) JOHN LINDENTHAL, M.D. VICE CHIEF OF STAFF	5.00 2.00	X						74,421.	0.	0.
(7) PRANAY RAMDEV, M.D. MEDICAL STAFF REPRESENTATIVE	5.00 2.00	X						5,700.	0.	0.
(8) MICHAEL J. HAMMES MEMBER	5.00 2.00	X						0.	0.	0.
(9) KATHY HENDRIX MEMBER	5.00 2.00	X						0.	0.	0.
(10) HUGH MCCRYSTAL, M.D. MEMBER	5.00 2.00	X						0.	0.	0.
(11) KEITH MORGAN MEMBER	5.00 2.00	X						0.	0.	0.
(12) JULIETTE LOMAX-HOMIER, M.D. MEMBER	5.00 2.00	X						0.	0.	0.
(13) MATTHEW REISER MEMBER	5.00 2.00	X						0.	0.	0.
(14) ANTHONY C. WOODRUFF MEMBER	5.00 12.00	X						0.	0.	0.
(15) DONALD LAURIE MEMBER	5.00 2.00	X						0.	0.	0.
(16) CHESTER KALETKOWSKI MEMBER	5.00 2.00	X						0.	0.	0.
(17) JEFFREY L. SUSI PRESIDENT/CEO	50.00 4.00			X				943,573.	0.	13,277.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEORGE EIGHMY SR. VP, CFO	50.00 2.00			X				326,153.	0.	21,716.
(19) VALERIE LARCOMBE SR. VP, CLO	50.00 3.00				X			577,236.	0.	16,675.
(20) LINDA WALTON SR. VP, CNO	50.00				X			282,766.	0.	13,240.
(21) CHARLES MACKETT, M.D. SR. VP CHIEF MEDICAL OFFICER	50.00				X			421,446.	0.	30,441.
(22) RICHARD VANLITH VP STRATEGIC PLAN AND BUS DEV	50.00				X			299,557.	0.	36,562.
(23) TODD BIBENS VP OPERATIONS	50.00				X			283,018.	0.	13,534.
(24) WARREN FULLER VP FINANCE	50.00 2.00				X			213,718.	0.	32,477.
(25) CARY STOWE, M.D. PHYSICIAN	50.00					X		805,349.	0.	13,550.
(26) EDWARD MURPHY PHYSICIAN	50.00					X		746,609.	0.	24,627.
1b Sub-total								5,065,496.	0.	216,099.
c Total from continuation sheets to Part VII, Section A								2,787,356.	0.	46,247.
d Total (add lines 1b and 1c)								7,852,852.	0.	262,346.

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 **178**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

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
REPUBLIC HEALTH RESOURCES LLC, 290 E. JOHN CARPENTER FWY, STE. 1200, IRVING, TX 75062	CONTRACT LABOR	3,527,769.
ARUBAH NEUROSCIENCE INSTITUTE PLLC, 9140 SPRING TIME DRIVE, VERO BEACH, FL 32963	PROFESSIONAL SERVICES	1,272,549.
ALVAREZ & MARSAL HEALTHCARE INDUSTRY GRP, 600 MADISON AVENUE, 8TH FLOOR, NEW YORK, FLORIDA LINEN SERVICES LLC	CONSULTING SERVICES	1,161,662.
1407 SW 8TH STREET, POMPANO BEACH, FL 33069	LAUNDRY SERVICES	945,736.
MCKESSON TECH RELAYHEALTH AHI PARENT P.O. BOX 98347, CHICAGO, IL 60693	SOFTWARE & CONSULTING	916,331.

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 **50**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2018)

[illegible]

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	649,532.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		649,532.			
Program Service Revenue	2 a NET PATIENT REVENUE	Business Code 621990	78,996,417.	78,996,417.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		78,996,417.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		849,551.		
4 Income from investment of tax exempt bond proceeds						
5 Royalties						
6 a Gross rents		(i) Real (ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis and sales expenses			215,684.			
c Gain or (loss)			-215,684.			
d Net gain or (loss)			-215,684.			-215,684.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a CAFETERIA	722100	226,538.			226,538.	
b LABORATORY	621500	57,177.		57,177.		
c						
d All other revenue	900099	83,930.	83,930.			
e Total. Add lines 11a-11d		367,645.				
12 Total revenue. See instructions		80,647,461.	79,080,347.	57,177.	860,405.	

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				
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	627,892.		627,892.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	35,969,020.	30,406,293.	5,562,727.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	934,533.	780,853.	153,680.	
9 Other employee benefits	4,973,790.	4,182,075.	791,715.	
10 Payroll taxes	2,052,691.	1,675,315.	377,376.	
11 Fees for services (non-employees)				
a Management	962,992.	720,804.	242,188.	
b Legal	166,144.		166,144.	
c Accounting	178,517.	28,743.	149,774.	
d Lobbying	7,500.		7,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	7,380,281.	4,726,487.	2,653,794.	
12 Advertising and promotion	216,436.	3,509.	212,927.	
13 Office expenses	166,498.	18,911.	147,587.	
14 Information technology				
15 Royalties				
16 Occupancy	2,986,920.	1,367,418.	1,619,502.	
17 Travel	8,163.	2,222.	5,941.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	100,819.		100,819.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,495,481.	2,183,151.	1,312,330.	
23 Insurance	1,637,115.	106,625.	1,530,490.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	15,403,487.	15,198,149.	205,338.	
b BAD DEBT	3,990,846.	3,628,266.	362,580.	
c OTHER SUPPLIES	562,075.	212,148.	349,927.	
d				
e All other expenses	5,743,816.	306,694.	5,437,122.	
25 Total functional expenses. Add lines 1 through 24e	87,565,016.	65,547,663.	22,017,353.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	13,604,567.	1	7,495,879.
	2 Savings and temporary cash investments	16,126,662.	2	16,119,921.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	41,602,884.	4	42,224,482.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,214,207.	8	5,431,605.
	9 Prepaid expenses and deferred charges	2,784,588.	9	3,106,389.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	334,318,408.		
	10b Less accumulated depreciation	229,506,554.	10c	104,871,854.
	11 Investments - publicly traded securities	5,855,549.	11	5,871,878.
	12 Investments - other securities. See Part IV, line 11		12	108,426.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	6,279,375.	14	6,231,975.
	15 Other assets. See Part IV, line 11	27,876,549.	15	23,284,381.
16 Total assets. Add lines 1 through 15 (must equal line 34)	225,918,514.	16	214,746,790.	
Liabilities	17 Accounts payable and accrued expenses	30,551,477.	17	30,860,417.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	9,646,707.	23	9,185,313.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30,347,015.	25	33,293,995.
	26 Total liabilities. Add lines 17 through 25	70,545,199.	26	73,339,725.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 950), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	155,373,315.	27	141,407,065.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	155,373,315.	33	141,407,065.
34 Total liabilities and net assets/fund balances	225,918,514.	34	214,746,790.	

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	80,647,461.
2	Total expenses (must equal Part IX, column (A), line 25)	2	87,565,016.
3	Revenue less expenses Subtract line 2 from line 1	3	-6,917,555.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,373,315.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,048,695.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	141,407,065.

Part XII Financial Statements and Reporting

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

☐

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

Form **990** (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
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 ☐ 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) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization INDIAN RIVER MEMORIAL HOSPITAL INC	Employer identification number 59-2496294
----------------------------------------------------------------	--------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		7,500.
j Total. Add lines 1c through 1i			7,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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.

PART II-B, LINE 1, LOBBYING ACTIVITIES.

INDIAN RIVER MEDICAL CENTER HAS RETAINED SERVICES OF CONSULTANTS IN

TALLAHASSEE, FLORIDA FOR THE PURPOSE OF MONITORING LEGISLATIVE AND

REGULATORY HEALTHCARE RELATED ISSUES THAT MIGHT AFFECT IT OR THE

COMMUNITY IT SERVES AND COMMUNICATING THE MEDICAL CENTER'S VIEWS ON

THOSE ISSUES TO ELECTED OFFICIALS.

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

2018Open to Public
Inspection

Name of the organization

INDIAN RIVER MEMORIAL HOSPITAL INC

Employer identification number

59-2496294

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 (e.g., 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? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ 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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	3,271,161.	2,365,210.	2,111,662.	1,929,112.	779,112.
b Contributions	20,045.	782,736.	37,136.	75,000.	1,150,000.
c Net investment earnings, gains, and losses	-178,780.	113,215.	231,887.	147,005.	
d Grants or scholarships					
e Other expenditures for facilities and programs	0.	0.	15,475.	39,455.	
f Administrative expenses					
g End of year balance	3,112,426.	3,271,161.	2,365,210.	2,111,662.	1,929,112.

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 66.55 %

c Temporarily restricted endowment ☐ 33.45 %

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)		X
3a(ii)	X	
3b	X	

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		1,631,582.		1,631,582.
b Buildings		128,609,781.	68,260,541.	60,349,240.
c Leasehold improvements		15,506,072.	4,206,647.	11,299,425.
d Equipment		187,669,737.	157,039,366.	30,630,371.
e Other		961,236.		961,236.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				104,871,854.

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. (Col. (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. (Col. (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 RELATED PARTIES	15,490,564.
(2) INVESTMENTS IN JOINT VENTURE	2,182,172.
(3) INVESTMENT IN HEALTH SYSTEMS OF INDIAN RIVER	5,400,000.
(4) DUE TO AFFILIATES	211,645.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	23,284,381.

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 LIABILITY		12,895,828.
(3) PENSION LIABILITY		16,870,985.
(4) INDIGENT FUND PAYABLE		641,500.
(5) ESTIMATED THIRD PARTY PAYOR SETTLEMENT		2,880,403.
(6) INTEREST RATE SWAP		5,279.
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		33,293,995.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	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.

PART V, LINE 4:

A PORTION OF THE ENDOWMENT ASSETS ARE HELD BY INDIAN RIVER HOSPITAL

FOUNDATION, INC. (A RELATED ORGANIZATION). THE ENDOWMENT ASSETS ARE HELD

TO SUPPORT THE PROGRAMS OF THE HOSPITAL INCLUDING MAINTENANCE OF THE

CRITICAL CARE UNIT AS WELL AS TO PROVIDE CLINICAL EXCELLENCE AWARDS.

PART X, LINE 2.

IRMH AND ITS SUBSIDIARIES ARE NONPROFIT CORPORATIONS AND HAVE BEEN

RECOGNIZED AS TAX-EXEMPT ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE

(IRS) PURSUANT TO SECTION 501(C)(3) OF THE CODE. INCOME EARNED IN

FURTHERANCE OF THE HOSPITAL'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL

AND STATE INCOME TAXES. THE CODE PROVIDES FOR TAXATION OF UNRELATED

Part XIII Supplemental Information *(continued)*

BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE HOSPITAL HAS NO MATERIAL

UNRELATED BUSINESS INCOME; HOWEVER, SUCH STATUS IS SUBJECT TO FINAL

DETERMINATION UPON EXAMINATION OF THE RELATED INCOME TAX RETURNS BY THE

APPROPRIATE TAXING AUTHORITY.

GAAP PRESCRIBES RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE

FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN. TAX BENEFITS WILL BE RECOGNIZED ONLY

IF THE TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IN A TAX

EXAMINATION, WITH BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING

REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE LIKELY

THAN NOT TEST, NO TAX BENEFIT WILL BE RECORDED. MANAGEMENT HAS CONCLUDED

THAT THEY ARE UNAWARE OF ANY TAX BENEFITS OR LIABILITIES TO BE RECOGNIZED

AT DECEMBER 31, 2018 AND SEPTEMBER 30, 2017.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

INDIAN RIVER MEMORIAL HOSPITAL INC

Employer identification number

59-2496294

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

b If "Yes," was it a written policy?

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
☐ Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?

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

- ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ %

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

- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %

c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

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?

6a Did the organization prepare a community benefit report during the tax year?

b If "Yes," did the organization make it available to the public?

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)			2,574,187.	1,897,274.	676,913.	.81%
b Medicaid (from Worksheet 3, column a)			6,687,575.	3,393,049.	3,294,526.	3.94%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			9,261,762.	5,290,323.	3,971,439.	4.75%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			91,396.	42,604.	48,792.	.06%
g Subsidized health services (from Worksheet 6)			4,199,697.	2,713,105.	1,486,592.	1.78%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			4,291,093.	2,755,709.	1,535,384.	1.84%
k Total. Add lines 7d and 7j			13,552,855.	8,046,032.	5,506,823.	6.59%

Part III	Bad Debt, Medicare, & Collection Practices
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Schedule H (Form 990) 2018

Part V	Facility Information
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Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

[illegible]

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

INDIAN RIVER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE

INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN

ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED AS PART OF THIS PROCESS. A

LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY INDIAN RIVER MEDICAL

CENTER; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR A PHYSICIAN,

A PUBLIC HEALTH REPRESENTATIVE, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE

PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL

PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY

CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE

COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE

SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE. IN ALL, 23

COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY.

UPON COMPLETION OF THE SURVEY, A GROUP OF MORE THAN 30 COMMUNITY

STAKEHOLDERS (REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND

ORGANIZATIONS) MET TO EVALUATE, DISCUSS AND PRIORITIZE HEALTH ISSUES FOR

COMMUNITY, BASED ON FINDINGS OF THIS SURVEY. REFER TO PAGE 11 OF THE CHNA

REPORT AT WWW.INDIANRIVERMEDICALCENTER.COM FOR A LIST OF ORGANIZATIONS

THAT PARTICIPATED.

INDIAN RIVER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6B: INDIAN RIVER MEMORIAL HOSPITAL INC.'S MOST

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

RECENT CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING

ORGANIZATIONS THAT ARE NOT HOSPITAL FACILITIES:

INDIAN RIVER COUNTY FIRE AND RESCUE

INDIAN RIVER SHORES EMS

AMERICAN HEART ASSOCIATION

TREASURE COAST COMMUNITY HEALTH

FLORIDA DEPARTMENT OF HEALTH

VISITING NURSE ASSOCIATION OF THE TREASURE COAST

SENIOR RESOURCE ASSOCIATION

INDIAN RIVER HOSPITAL DISTRICT

INDIAN RIVER MEMORIAL HOSPITAL.

PART V, SECTION B, LINE 11: THE HOSPITAL FACILITY IS ADDRESSING THE

SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA BY (A)

ADOPTION OF AN IMPLEMENTATION STRATEGY THAT ADDRESSES EACH OF THE

COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA, (B) EXECUTION OF THE

IMPLEMENTATION STRATEGY, (C) PARTICIPATION IN THE DEVELOPMENT OF A

COMMUNITY-WIDE PLAN, (D) PARTICIPATION IN THE EXECUTION OF A

COMMUNITY-WIDE PLAN, (E) ADOPTION OF A BUDGET FOR PROVISION OF SERVICES

THAT ADDRESS THE NEEDS IDENTIFIED IN THE CHNA, (F) PRIORITIZATION OF

HEALTH NEEDS IN ITS COMMUNITY, AND (G) PRIORITIZATION OF SERVICES THAT THE

HOSPITAL FACILITY WILL UNDERTAKE TO MEET HEALTH NEEDS IN ITS COMMUNITY.

THE OTHER NEEDS IDENTIFIED AS PRIORITIES BY THE CHNA WILL BE LED BY OTHER

FACILITIES AND OTHER ORGANIZATIONS IN COLLABORATION WITH OUR HOSPITAL.

PLEASE REFER TO PAGE 2 OF OUR COMMUNITY HEALTH IMPROVEMENT PLAN AT .

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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

WWW.INDIANRIVERMEDICALCENTER.COM.

INDIAN RIVER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 13H. ALL UNINSURED PATIENTS THAT DO NOT QUALIFY

FOR FREE CARE RECEIVE DISCOUNTED HEALTH SERVICES REGARDLESS OF INCOME OR

ASSETS.

INDIAN RIVER MEMORIAL HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

HTTPS://WWW.INDIANRIVERMEDICALCENTER.COM/FINANCIAL-ASSISTANCE/

INDIAN RIVER MEMORIAL HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.INDIANRIVERMEDICALCENTER.COM/FINANCIAL-ASSISTANCE/

INDIAN RIVER MEMORIAL HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTPS://WWW.INDIANRIVERMEDICALCENTER.COM/FINANCIAL-ASSISTANCE/

INDIAN RIVER MEMORIAL HOSPITAL

PART V, SECTION B, LINE 7A. WEBSITE FOR CHNA

HTTPS://WWW.INDIANRIVERMEDICALCENTER.COM/ABOUT/PUBLIC-INFORMATION/

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

INDIAN RIVER MEMORIAL HOSPITAL

PART V, SECTION B, LINE 10A: WEBSITE FOR IMPLEMENTATION PLAN

[HTTPS://WWW.INDIANRIVERMEDICALCENTER.COM/ABOUT/PUBLIC-INFORMATION/](https://www.indianrivermedicalcenter.com/about/public-information/)

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? 32

Name and address	Type of Facility (describe)
1 INDIAN RIVER CARDIOLOGY CENTRAL 3450 11TH COURT, SUITE 102 VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
2 INDIAN RIVER GASTROENTEROLOGY 3450 11TH COURT, SUITE 206 VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
3 INDIAN RIVER PARTNERS IN WOMEN'S HEAL 1050 37TH PL, SUITE 103 VERO BEACH, FL 32960-6501	OUTPATIENT CLINIC
4 INDIAN RIVER ORTHOPEDICS 3450 11TH COURT, SUITE 302A VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
5 INDIAN RIVER WALK-IN CLINIC POINTE WE 1960 POINTE WEST DRRIVE, SUITE 102 VERO BEACH, FL 32966-1302	OUTPATIENT CLINIC
6 INDIAN RIVER UROLOGY 3450 11TH COURT, SUITE 303 VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
7 INDIAN RIVER CARDIOTHORACIC SURGEONS 3450 11TH COURT, SUITE 105 VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
8 INDIAN RIVER GENERAL SURGERY 3450 11TH COURT, SUITE 204 VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
9 INDIAN RIVER VERO INTERNAL MEDICINE 3450 11TH COURT, SUITE 201 VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
10 INDIAN RIVER SCULLY WELSH CANCER CENT 3555 10TH COURT VERO BEACH, FL 32960-4048	OUTPATIENT CLINIC

Schedule H (Form 990) 2018

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? 32

Name and address	Type of Facility (describe)
11 INDIAN RIVER CARDIOLOGY CENTRAL 801 WELLNESS WAY, SUITE 203 SEBASTIAN, FL 32958-3783	OUTPATIENT CLINIC
12 INDIAN RIVER WALK-IN CLINIC SEBASTIAN 801 WELLNESS WAY, SUITE 2107 SEBASTIAN, FL 32958-3783	OUTPATIENT CLINIC
13 INDIAN RIVER FAMILY PRACTICE NORTH 801 WELLNESS WAY, SUITE 200 SEBASTIAN, FL 32958-3783	OUTPATIENT CLINIC
14 INDIAN RIVER CARDIOLOGY NORTH 13885 US HIGHWAY 1 SEBASTIAN, FL 32958-3232	OUTPATIENT CLINIC
15 INDIAN RIVER INFECTIOUS DISEASE 3450 11TH COURT, SUITE 203 VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
16 INDIAN RIVER CARDIOLOGY CENTRAL CE 3607 15TH AVE, SUITE A VERO BEACH, FL 32960-6513	OUTPATIENT CLINIC
17 INDIAN RIVER NEUROLOGY 3450 11TH COURT, SUITE 305B VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
18 INDIAN RIVER NEUROSURGERY 3450 11TH COURT, SUITE 301 VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
19 INDIAN RIVER FAMILY PRACTICE 1960 POINTE WEST DRIVE, SUITE 101 VERO BEACH, FL 32966-1302	OUTPATIENT CLINIC
20 INDIAN RIVER RHEUMATOLOGY 3450 11TH COURT, SUITE 305A VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC

Schedule H (Form 990) 2018

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? 32

Name and address	Type of Facility (describe)
21 INDIAN RIVER ELECTROPHYSIOLOGY 3450 11TH COURT, SUITE 104A VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
22 INDIAN RIVER PRIMARY CARE SOUTH 4165 9TH STREET, SUITE 106 VERO BEACH, FL 32968-4879	OUTPATIENT CLINIC
23 INDIAN RIVER PULMONARY 3450 11TH COURT, SUITE 306 VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
24 INDIAN RIVER INFECTIOUS DISEASE 1000 36TH STREET, SUITE 2-201 VERO BEACH, FL 32960	OUTPATIENT CLINIC
25 VERO RADIOLOGY ASSOCIATES 3725 11TH CIR. VERO BEACH, FL 32960	OUTPATIENT CLINIC
26 INDIAN RIVER PREMIER WOMEN'S HEALTH 801 WELLNESS WAY, SUITE 109 SEBASTIAN, FL 32958-3783	OUTPATIENT CLINIC
27 INDIAN RIVER BARIATRICS WEIGHT LOSS 920 37TH PL, SUITE 104 VERO BEACH, FL 32960-6595	OUTPATIENT CLINIC
28 INDIAN RIVER HEART FAILURE MANAGEMENT 3450 11TH COURT, SUITE 104B VERO BEACH, FL 32960-5012	OUTPATIENT CLINIC
29 INDIAN RIVER MEDICATION MANAGEMENT 1960 POINTE WEST DRIVE, SUITE 201 VERO BEACH, FL 32966-1302	OUTPATIENT CLINIC
30 INDIAN RIVER MEDICATION MANAGEMENT 801 WELLNESS WAY, SUITE 109 SEBASTIAN, FL 32958-3783	OUTPATIENT CLINIC

Schedule H (Form 990) 2018

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 INDIAN RIVER MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> 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 <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
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		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, PAGE 8</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url) <u>SEE PART V, PAGE 8</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 INDIAN RIVER MEMORIAL HOSPITAL

	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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</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)		

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group INDIAN RIVER MEMORIAL HOSPITAL

	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?	X	
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?		X
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

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?	X	
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)		

Schedule H (Form 990) 2018

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 INDIAN RIVER MEMORIAL HOSPITAL**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		X
24		X

Schedule H (Form 990) 2018

Part VI Supplemental Information

Provide the following information

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

PART I, LINE 3C:

PATIENTS WITH HOUSEHOLD INCOME BETWEEN 150% AND 400% OF THE FEDERAL

POVERTY GUIDELINES AND HAVE A CATASTROPHIC MEDICAL ILLNESS, WITHOUT OTHER

SUBSTANTIAL FINANCIAL RESOURCES, AND NOT ELIGIBLE FOR MEDICAID OR OTHER

COVERAGE (E.G. INDIAN RIVER COUNTY HOSPITAL DISTRICT COVERAGE FOR

MEDICALLY INDIGENT), WILL BE GRANTED A 82% DISCOUNT. ALL UNINSURED

PATIENTS THAT DO NOT QUALIFY FOR ONE OF THESE PROGRAMS WILL RECEIVE A 58%

DISCOUNT WHICH IS CONSISTENT WITH PAYMENTS NEGOTIATED WITH INSURANCE

COMPANIES.

PART I, LINE 7:

LINE 7A, COL(C) - RATIO OF COST TO CHARGE METHODOLOGY FROM THE MEDICARE

COST REPORT WAS UTILIZED TO CALCULATE COMMUNITY BENEFIT EXPENSE WHICH

INCLUDES ALL SERVICE LINES AND PAYORS.

LINE 7B, COL(C) - RATIO OF COST TO CHARGE METHODOLOGY FROM THE MEDICAID

COST REPORT WAS UTILIZED TO CALCULATE COMMUNITY BENEFIT EXPENSE WHICH

INCLUDES ONLY MEDICAID PATIENTS.

Part VI Supplemental Information (Continuation)

LINE 7F , COL(C) - RATIO OF COST TO CHARGE METHODOLOGY FROM THE MEDICARE

COST REPORT WAS UTILIZED TO CALCULATE COMMUNITY BENEFIT EXPENSE WHICH

INCLUDES ALL SERVICE LINES AND PAYORS.

LINE 7G , COL(C) - RATIO OF COST TO CHARGE METHODOLOGY FROM THE MEDICARE

COST REPORT WAS UTILIZED TO CALCULATE COMMUNITY BENEFIT EXPENSE WHICH

INCLUDES ALL SERVICE LINES AND PAYORS.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),

BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN

THIS COLUMN IS \$ 3,990,846.

PART II, COMMUNITY BUILDING ACTIVITIES:

INDIAN RIVER MEDICAL CENTER PROMOTES COMMUNITY HEALTH THROUGH A BROAD

VARIETY OF APPROACHES THAT INCLUDES A COMMUNITY BASED BOARD OF DIRECTORS

THAT ENSURES ACCESS TO PATIENT CARE THROUGHOUT THE YEAR, FREE OR LOW COST

HEALTH FAIRS TO PROMOTE DISEASE PREVENTION, FREE EDUCATIONAL SESSIONS AND

NEWSLETTERS ON DISEASE PREVENTION, FREE SUPPORT GROUPS, PARTICIPATION ON

NUMEROUS COMMUNITY HEALTHCARE COLLABORATIVE COMMITTEES THAT PROMOTE AND

DEVELOP CARE COORDINATION FOR OUR RESIDENTS. A MAJORITY OF THE

ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE

ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR

INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF.

THE MEDICAL CENTER MAINTAINS AN ORGANIZED MEDICAL STAFF WHICH PROVIDES

ACCESS TO COMPETENT PROFESSIONAL SERVICES. THE ORGANIZATION PARTNERS WITH

OTHER COMMUNITY GROUPS INCLUDING BUT NOT LIMITED TO VISITING NURSES

Part VI Supplemental Information (Continuation)

ASSOCIATION, TREASURE COAST COMMUNITY HEALTH CENTER, INDIAN RIVER HEALTH

DEPARTMENT, VNA HOSPICE, WHOLE FAMILY HEALTH CENTER, INDIAN RIVER COUNTY

HOSPITAL DISTRICT, THE PARTNERS PROGRAM, HEALTHY START COALITION AND THE

MENTAL HEALTH ASSOCIATION IN INDIAN RIVER COUNTY.

PART III, LINE 2.

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF

HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE CONSIDERING

BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER

COLLECTION INDICATORS. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED TO

THE PROVISION FOR BAD DEBTS AFTER COLLECTION EFFORTS HAVE BEEN MADE IN

ACCORDANCE WITH THE HOSPITAL'S POLICIES. BAD DEBTS IS REPORTED NET OF

PAYMENTS AND HEALTH SERVICES DISCOUNTS. RECOVERIES ARE TREATED AS A

REDUCTION TO THE PROVISION FOR PATIENT BAD DEBTS.

FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH

PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLES AND COPAYMENT

BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL),

AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED ON THE BASIS OF HISTORICAL

EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO

PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE.

PART III, LINE 4.

SEE PAGE NUMBER 12 & 13 IN THE ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8.

THE ORGANIZATION REPORTS MEDICARE REVENUE AND ALLOWABLE COSTS IN PART III,

LINES 5 AND 6 USING THE MEDICARE COST REPORT INFORMATION AND HOSPITAL

FINANCIAL INFORMATION.

Part VI Supplemental Information (Continuation)

PART III, LINE 9B:

UNDER CURRENT HOSPITAL POLICY, ONCE A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, NO COLLECTION IS ATTEMPTED ON THE BALANCE RELATED TO THE SERVICES PROVIDED TO THE PATIENT.

PART VI, LINE 2.

INDIAN RIVER MEDICAL CENTER FREQUENTLY EVALUATES THE HEALTHCARE NEEDS OF THE COMMUNITY THROUGH A VARIETY OF METHODS INCLUDING PHONE SURVEYS TO RANDOMLY CHOSEN RESIDENTS, INTERVIEWS WITH COMMUNITY LEADERS AND EXECUTIVES, REVIEWING PRIMARY AND SECONDARY DATA AVAILABLE FROM MULTIPLE SOURCES, AND COMMUNITY FOCUS GROUPS. IN ADDITION, QUANTITATIVE AND QUALITATIVE DATA IS USED TO DETERMINE HISTORICAL TRENDS AND TO PREDICT FUTURE NEEDS BASED ON THOSE TRENDS. BASED ON THE FINDINGS OF THE ASSESSMENTS, INDIAN RIVER MEDICAL CENTER HAS RECENTLY OPENED A HEART FAILURE CLINIC, TWO WALK-IN CLINICS, ASSISTED COMMUNITY PHYSICIANS WITH RECRUITING PHYSICIANS TO IMPROVE ACCESS TO CARE AND A 14-BED SURGICAL INTENSIVE CARE UNIT. AS A RESULT OF HEALTH ASSESSMENT FINDINGS, THE FUTURE WILL INCLUDE EXPANDING CANCER CARE, CHRONIC DISEASE MANAGEMENT, AND DIAGNOSTIC SCREENING.

PART VI, LINE 3.

ALL UNINSURED PATIENTS RECEIVE FINANCIAL COUNSELING SERVICES AFTER THEY RECEIVE THE APPROPRIATE MEDICAL CARE. FINANCIAL COUNSELING INCLUDES EDUCATION ABOUT ALL FINANCIAL ASSISTANCE PROGRAMS INCLUDING FUNDING THROUGH INDIAN RIVER COUNTY HOSPITAL DISTRICT. INDIAN RIVER MEDICAL CENTER PROVIDES RESOURCES TO UNINSURED AND UNDERINSURED PATIENTS TO ASSIST THEM IN COMPLETING A FINANCIAL ASSISTANCE

Part VI Supplemental Information (Continuation)

APPLICATION. OUR FINANCIAL COUNSELORS ATTEMPT TO MAKE DIRECT CONTACT WITH
UNINSURED PATIENTS TO ASSIST THEM WITH THE APPLICATION PROCESS. IF DIRECT
CONTACT IS NOT POSSIBLE, A LETTER IS SENT TO THE PATIENT WITH INSTRUCTIONS
ON HOW TO APPLY FOR FINANCIAL ASSISTANCE. THE FINANCIAL ASSISTANCE
APPLICATION AND POLICY ARE AVAILABLE ON THE INTERNET AS WELL AS IN THE
ADMITTING OFFICE, EMERGENCY ROOM, AND OTHER REGISTRATION SITES. IN
ADDITION, APPLICANTS CAN VISIT OUR FINANCIAL COUNSELORS AT THE MEDICAL
CENTER TO OBTAIN AN APPLICATION OR TO RECEIVE ASSISTANCE WITH COMPLETING
THE APPLICATION. PATIENTS ARE INFORMED ABOUT OUR FINANCIAL ASSISTANCE
PROCESS IN A NUMBER OF WAYS. (1) PATIENT ACCESS SERVICES ATTEMPTS TO
CONTACT SCHEDULED PATIENTS PRIOR TO SERVICES TO EDUCATE PATIENTS REGARDING
EXPECTED CHARGES, PAYMENT/DISCOUNT OPTIONS INCLUDING ELIGIBILITY FOR
MEDICAID AND INDIAN RIVER COUNTY HOSPITAL DISTRICT FUNDING; (2) FINANCIAL
COUNSELORS AND SOCIAL WORKERS ARE AVAILABLE TO DISCUSS FINANCIAL
ASSISTANCE WITH PATIENTS DURING THEIR STAYS AS WELL AS POST DISCHARGE VIA
TELEPHONE AND HOME VISITS; (3) FINANCIAL ASSISTANCE INFORMATION IS WIDELY
DISSEMINATED THROUGHOUT INDIAN RIVER COUNTY THROUGH INDIAN RIVER MEDICAL
CENTER'S WEBSITE, COMMUNITY OUTREACH PROGRAMS INCLUDING ITS RELATIONSHIPS
WITH OTHER MULTIPLE COMMUNITY PROVIDERS AND PARTNERS (E.G. VISITING NURSES
ASSOCIATION; TREASURE COAST COMMUNITY HEALTH CENTER; INDIAN RIVER HEALTH
DEPARTMENT, VNA HOSPICE; WHOLE FAMILY HEALTH CENTER; INDIAN RIVER COUNTY
HOSPITAL DISTRICT; THE PARTNERS PROGRAM; HEALTHY START COALITION AND THE
MENTAL HEALTH ASSOCIATION IN INDIAN RIVER COUNTY).

PART VI, LINE 4.

INDIAN RIVER MEDICAL CENTER SERVES INDIAN RIVER COUNTY AND IS THE HOSPITAL
OF CHOICE WITHIN A 10 MILE RADIUS OF ITS MAIN CAMPUS. THE COUNTY IS
COMPRISED OF 145,000 PEOPLE. IT HAS SEEN STEADY GROWTH SINCE 2009. JUST

Part VI Supplemental Information (Continuation)

OVER 30% OF THE POPULATION IS 65 AND OVER AND 52% ARE BETWEEN AGES 18 TO

64. THE MEDIAN AGE IS 51 WHICH IS SIGNIFICANTLY HIGHER THAN THE NATIONAL

AVERAGE. THE LARGEST EMPLOYERS IN THE COUNTY ARE IN RETAIL, EDUCATION,

AND HEALTHCARE INDUSTRIES. SLIGHTLY MORE THAN 14% OF THE ALL FAMILIES IN

INDIAN RIVER COUNTY LIVE BELOW THE FEDERAL POVERTY LEVEL. 12% OF

RESIDENTS OF DO NOT HAVE A HIGH SCHOOL DIPLOMA.

PART VI, LINE 5.

INDIAN RIVER MEDICAL CENTER IS MISSION BASED AND PROMOTES COMMUNITY HEALTH

THROUGH A BROAD VARIETY OF APPROACHES THAT INCLUDES A COMMUNITY BASED

BOARD OF DIRECTORS WHO ENSURES ACCESS TO PATIENT CARE THROUGHOUT THE YEAR,

FREE OR LOW COST HEALTH FAIRS TO PROMOTE DISEASE PREVENTION, FREE

EDUCATIONAL SESSIONS AND NEWSLETTERS ON DISEASE PREVENTION, FREE SUPPORT

GROUPS, PARTICIPATION ON NUMEROUS COMMUNITY HEALTHCARE COLLABORATIVE

COMMITTEES THAT PROMOTE AND DEVELOP CARE COORDINATION FOR OUR RESIDENTS. A

MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF PERSONS WHO

RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER

EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY

MEMBERS THEREOF.

PART VI, LINE 6:

INDIAN RIVER MEMORIAL HOSPITAL, INC. AND ITS AFFILIATES (INDIAN RIVER

HOSPITAL FOUNDATION, INDIAN RIVER HEALTH SERVICES, HEALTH SYSTEMS OF

INDIAN RIVER, AND INDIAN RIVER HOSPITAL AUXILIARY) WORK TOGETHER TO SERVE

AS THE AREA'S LEADING PROVIDER OF COMPREHENSIVE HIGH QUALITY HEALTH AND

MEDICAL SERVICES. THE ORGANIZATION AND ITS AFFILIATES ALSO STRIVE TO

IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES THEY

SERVE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

INDIAN RIVER MEMORIAL HOSPITAL INC

Employer identification number

59-2496294

Part I Questions Regarding Compensation

- 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

Yes No

- 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.
- 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?

1b

2

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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?
- b** Any related organization?

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?
- b** Any related organization?

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.

- 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.

- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2018

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) JEFFREY L. SUSI PRESIDENT/CEO	(i) 514,999. (ii) 0.	0.	428,574.	2,092.	11,185.	956,850.	0.
(2) GEORGE EIGHMY SR. VP, CFO	(i) 294,992. (ii) 0.	30,000.	1,161.	11,000.	10,716.	347,869.	0.
(3) VALERIE LARCOMBE SR. VP, CLO	(i) 286,448. (ii) 0.	0.	290,788.	11,000.	5,675.	593,911.	0.
(4) LINDA WALTON SR. VP, CNO	(i) 251,863. (ii) 0.	30,000.	903.	10,590.	2,650.	296,006.	0.
(5) CHARLES MACKETT, M.D. SR. VP CHIEF MEDICAL OFFICER	(i) 362,022. (ii) 0.	40,000.	19,424.	28,500.	1,941.	451,887.	0.
(6) RICHARD VANLITH VP STRATEGIC PLAN AND BUS DEV	(i) 234,478. (ii) 0.	47,500.	17,579.	28,500.	8,062.	336,119.	0.
(7) TODD BIBENS VP OPERATIONS	(i) 252,535. (ii) 0.	30,000.	483.	11,000.	2,534.	296,552.	0.
(8) WARREN FULLER VP FINANCE	(i) 166,559. (ii) 0.	30,000.	17,159.	21,600.	10,877.	246,195.	0.
(9) CARY STOWE, M.D. PHYSICIAN	(i) 779,635. (ii) 0.	0.	25,714.	11,000.	2,550.	818,899.	0.
(10) EDWARD MURPHY PHYSICIAN	(i) 726,962. (ii) 0.	0.	19,647.	11,000.	13,627.	771,236.	0.
(11) GEORGE NICHOLS, M.D. PHYSICIAN	(i) 931,840. (ii) 0.	48,750.	25,714.	11,000.	5,184.	1,022,488.	0.
(12) THEODORE PERRY PHYSICIAN	(i) 856,178. (ii) 0.	0.	20,959.	11,000.	8,062.	896,199.	0.
(13) FABIO ROBERTI, M.D. PHYSICIAN	(i) 884,504. (ii) 0.	0.	19,411.	11,000.	1.	914,916.	0.
		0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2018

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

PART I, LINES 4A-B:

PART I, LINE 4A - SEVERANCE PAYMENT.

JEFFREY L. SUSI RECEIVED A SEVERANCE PAYMENT DURING THE CALENDAR YEAR. THE

PAYMENT IS INCLUDED IN PART VII, COLUMN D AND SCHEDULE J, PART II, COLUMN

B(III). THE TERMS AND CONDITIONS OF THE CONFIDENTIAL SEVERANCE AGREEMENT

ARE AVAILABLE TO THE INTERNAL REVENUE SERVICE UPON REQUEST.

PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

COMPENSATION REPORTED IN THE FORM 990, PARTICULARLY RELATING TO EXECUTIVE

RETIREMENT 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 MAY VARY WIDELY

DEPENDING ON THE TYPE OF PLAN (DEFINED BENEFIT OR CONTRIBUTION), AND THE

AGE AND TENURE OF THE EXECUTIVE.

THE ORGANIZATION MAINTAINS UNFUNDED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS

(SERP) - BOTH A DEFINED BENEFIT AND A DEFINED CONTRIBUTION PLAN. (FOR

FURTHER DESCRIPTION OF THE SERP PLANS, SEE THE AUDITED FINANCIAL

STATEMENTS). DUE TO AGE AND TENURE, THE BELOW LISTED INDIVIDUALS WHO

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

PARTICIPATE IN THE DEFINED BENEFIT SERP VESTED AND RECEIVED A LUMP SUM

TAXABLE RETIREMENT DISTRIBUTION DURING THE FISCAL YEAR. EACH LUMP SUM IS

REPORTED AS OTHER REPORTABLE INCOME ON SCHEDULE J, PART II, COLUMN

(B)(III).

VALERIE LARCOMBE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

INDIAN RIVER MEMORIAL HOSPITAL INC

Employer identification number

59-2496294

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IRMC SERVES AS THE AREA'S LEADING PROVIDER OF COMPREHENSIVE HIGH

QUALITY HEALTH AND MEDICAL SERVICES, AND IMPROVES THE HEALTH AND

WELL-BEING OF THE PEOPLE AND COMMUNITIES WE SERVE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IRMC SERVES AS THE AREA'S LEADING PROVIDER OF COMPREHENSIVE HIGH

QUALITY HEALTH AND MEDICAL SERVICES AND IMPROVES THE HEALTH AND

WELL-BEING OF THE PEOPLE AND COMMUNITIES WE SERVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES, IS RECOGNIZED AS ONE OF THE TOP 1% OF THORACIC SURGEONS IN

THE UNITED STATES. THE CANCER PROGRAM AFFILIATED WITH DUKE UNIVERSITY

HEALTH SYSTEMS OPENED IN 2012 WITH THE GOAL OF BRINGING WORLD CLASS

CANCER TREATMENT CLOSE TO THE HOME OF PATIENTS WE SERVE. THE

AFFILIATION WITH DUKE ALSO PROVIDES ACCESS TO SECOND OPINIONS FROM

RECOGNIZED EXPERTS WHEN NEEDED. DURING THE YEAR, THE CANCER CENTER

PERFORMED 5,790 PROCEDURES. THE ORTHOPEDIC PROGRAM PROVIDED MAJOR JOINT

REPLACEMENTS TO MORE THAN 170 PATIENTS FROM 10/01/2018 TO 12/31/2018.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY. THE INDIAN

RIVER COUNTY HOSPITAL DISTRICT IS ENTITLED TO DESIGNATE THREE (3) VOTING

MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

INDIAN RIVER MEMORIAL HOSPITAL INC

Employer identification number

59-2496294

DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS PURSUANT TO THE

ORGANIZATION'S BYLAWS AND ITS LEASE WITH THE INDIAN RIVER COUNTY HOSPITAL

DISTRICT, CERTAIN BYLAW PROVISIONS AS WELL AS THE ELIMINATION OF CERTAIN

SERVICES AND PROGRAMS REQUIRE APPROVAL BY THE DISTRICT AS LESSOR OF THE

PHYSICAL PLAN. IN ADDITION, THE DISTRICT-APPOINTED TRUSTEES ALSO

PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE IN THE FOLLOWING: 2

DISTRICT-APPOINTED TRUSTEES ARE ON THE NOMINATING COMMITTEE, 1

DISTRICT-APPOINTED TRUSTEE AND 1 DISTRICT-APPOINTED PERSON WHO IS NOT A

TRUSTEE ARE ON THE FINANCE COMMITTEE, AND 1 DISTRICT-APPOINTED TRUSTEE IS

ON THE INVESTMENT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B.

THE FORM 990 IS REVIEWED BY EXPERIENCED MEMBERS OF THE FINANCE DEPARTMENT

AND THE CFO. THE PAID PREPARER (5TH LARGEST ACCOUNTING FIRM) CONDUCTS AN IN

DEPTH REVIEW OF THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY: THE HOSPITAL HAS A CORPORATE COMPLIANCE

OFFICER WHO ANNUALLY COLLECTS A SIGNED ACKNOWLEDGEMENT FROM EACH PERSON AT

THE LEVEL OF MANAGER AND ABOVE, STATING THAT THE INDIVIDUAL HAS AN

UNDERSTANDING OF, AND IS FULLY IN COMPLIANCE WITH, THE HOSPITAL'S CONFLICT

OF INTEREST POLICY. IF A CONFLICT OF INTEREST IS DISCLOSED, THE COMPLIANCE

OFFICER FOLLOWS UP WITH THE INDIVIDUAL FOR ADDITIONAL INFORMATION. THIS

INFORMATION IS REVIEWED BY THE ORGANIZATION'S COMPLIANCE COMMITTEE. IF A

MEMBER OF THE GOVERNING BODY HAS A POTENTIAL OR ACTUAL CONFLICT OF

INTEREST, THE INDIVIDUAL ABSTAINS FROM VOTING ON RELATED DECISIONS.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization INDIAN RIVER MEMORIAL HOSPITAL INC	Employer identification number 59-2496294
----------------------------------------------------------------	----------------------------------------------

PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL: THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMPENSATION SUB-COMMITTEE OF THE COMPLIANCE COMMITTEE (THE "COMPENSATION COMMITTEE") AND CORPORATE COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS CONSISTENT WITH APPLICABLE REGULATORY GUIDANCE. THE COMPENSATION COMMITTEE MEETS AS NEEDED TO REVIEW THE EXECUTIVE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES TO THE CORPORATE COMPLIANCE COMMITTEE AND THE BOARD OF DIRECTORS AS APPROPRIATE. THE COMPENSATION COMMITTEE DIRECTLY, AND INDEPENDENT OF EXECUTIVE MANAGEMENT, COMMISSIONS AN ANNUAL REVIEW BY ITS INDEPENDENT CONSULTING FIRM, SULLIVAN COTTER, TO EVALUATE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET UTILIZING DATA FROM COMPARABLE LOCAL ORGANIZATIONS, INCLUDING, BUT NOT LIMITED TO FORM 990 DATA AS WELL AS REGIONAL DATA FROM SIMILAR ORGANIZATIONS. THE COMPENSATION REVIEW IS CONDUCTED NOT LESS THAN ANNUALLY AND IS INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE FAIR MARKET RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS.

FOLLOWING THIS REVIEW, THE COMPENSATION COMMITTEE REVIEWS AND RECOMMENDS FOR APPROVAL BY THE BOARD OF DIRECTORS THE GOALS, OBJECTIVES, AND SALARY OF THE CHIEF EXECUTIVE OFFICERS CONSISTENT WITH APPLICABLE REGULATORY GUIDELINES. THE COMPENSATION COMMITTEE ALSO APPROVES THE SALARIES AND BENEFITS FOR VICE-PRESIDENTS AND KEY EMPLOYEES. NOTE. COMPENSATION FOR ALL OTHER EMPLOYEES, INCLUDING DIRECTORS AND MANAGERS, IS REVIEWED AND APPROVED BY THE EXECUTIVE MANAGEMENT COMMITTEE BY UTILIZING COMPARABLE MARKET COMPENSATION DATA PROVIDED BY SULLIVAN COTTER OR OTHER INDEPENDENT COMPENSATION AND BENEFITS FIRM.

Name of the organization

INDIAN RIVER MEMORIAL HOSPITAL INC

Employer identification number

59-2496294

FORM 990, PART VI, SECTION C, LINE 19:

THE HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS.

PENSION LIABILITY ADJUSTMENT -5,991,771.

CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS -500,435.

PARTNERSHIP INCOME NOT RECORDED ON BOOKS -556,489.

TOTAL TO FORM 990, PART XI, LINE 9 -7,048,695.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

INDIAN RIVER MEMORIAL HOSPITAL INC

Employer identification number

59-2496294

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
VERO RADIOLOGY ASSOCIATES LLC - 59-2755370 3725 11TH CIRCLE VERO BEACH, FL 32960	RADIOLOGY SERVICES	FLORIDA	3,068,876.	14,016,438.	INDIAN RIVER MEMORIAL HOSPITAL

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
INDIAN RIVER HOSPITAL FOUNDATION, INC. - 59-0760215, 1000 36TH ST, VERO BEACH, FL 32960	FUND RAISING	FLORIDA	501(C)(3)	LINE 12A, I	IRMH		X
INDIAN RIVER HEALTH SERVICES, INC - 65-0029298, 1000 36TH ST, VERO BEACH, FL 32960	HEALTHCARE	FLORIDA	501(C)(3)	LINE 12A, I	IRMH		X
HEALTH SYSTEMS OF INDIAN RIVER, INC - 65-0705680, 1000 36TH ST, VERO BEACH, FL 32960	HEALTHCARE	FLORIDA	501(C)(3)	LINE 12B, II	IRMH		X
HOSPITAL AUXILIARY OF THE IRMH, INC. - 59-1003707, 1000 36TH ST, VERO BEACH, FL 32960	HEALTHCARE	FLORIDA	501(C)(3)	LINE 12C, III-FI	IRMH		X

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

Schedule R (Form 990) 2018

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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) INDIAN RIVER HOSPITAL FOUNDATION, INC.	C	649,532. FMV	
(2) HEALTH SYSTEMS OF INDIAN RIVER, INC.	D	39,726,250. FMV	
(3) HEALTH SYSTEMS OF INDIAN RIVER, INC.	K	229,949. FMV	
(4)			
(5)			
(6)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.