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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning MAY 1, 2008 and ending APR 30, 2009

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1100 EAST NORRIS DRIVE

City or town, state or country, and ZIP + 4
OTTAWA, IL 61350

D Employer identification number
36-2604009

E Telephone number
815-431-5479

G Gross receipts $ 166,144,360.

F Name and address of principal officer: ROBERT CHAFFIN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶

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

J Website: ▶ CHOTTAWA.ORG

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

L Year of formation: 1964 M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER IS TO MAINTAIN A LEADERSHIP POSITION IN

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	827
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,108,721.	232,259.
9	Program service revenue (Part VIII, line 2g)	151,809,822.	157,855,846.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,964,200.	2,098,701.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<46,395.>	<875,247.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	156,836,348.	159,311,559.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,479,044.	41,119,698.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	113,683,926.	118,412,973.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	150,162,970.	159,532,671.
19	Revenue less expenses. Subtract line 18 from line 12	6,673,378.	<221,112.>

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	117,607,567.	106,309,770.
21	Total liabilities (Part X, line 26)	24,835,004.	24,691,783.
22	Net assets or fund balances. Subtract line 21 from line 20	92,772,563.	81,617,987.

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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: 3-15-10

Steve Gonzalo
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date: 3/12/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00227323

Firm's name (or yours if self-employed), address, and ZIP + 4:
RSM MCGLADREY, INC.
201 N. HARRISON STREET, SUITE 300
DAVENPORT, IA 52801-1999

EIN ▶

Phone no. ▶ 563-888-4000

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED APR 28 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER IS TO MAINTAIN A LEADERSHIP POSITION IN THE PROVISION OF EFFICIENT AND QUALITY HEALTHCARE SERVICES CONSISTENT WITH THE NEEDS OF THE COMMUNITY AND THE RESOURCES OF THE HOSPITAL. OUR HEALTHCARE ORGANIZATION WILL

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 138658073. including grants of $) (Revenue $ 157855846.)
NON-PROFIT 118-BED, ACUTE CARE COMMUNITY HOSPITAL, INCLUDING A 28-BED PSYCHIATRIC CARE UNIT. $4,710,809 CHARITY CARE PROVIDED.

4b (Code:) (Expenses $ including grants of $) (Revenue $)
V

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** ▶ $ 138,658,073. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
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 questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	96		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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	827		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	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 provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter: N/A				
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: N/A				
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 N/A.	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 10		
b	Enter the number of voting members that are independent	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

MICHELE KONIEWICZ - 815-725-4928
1100 E NORRIS DRIVE, OTTAWA, IL 61350

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINA CANTLIN CHAIRMAN	1.00	X		X				0.	0.	0.
MARY MORGAN SECRETARY	1.00	X		X				0.	0.	0.
STEVEN M. GONZALO TREASURER	1.00	X		X				0.	0.	0.
JOHN CARUSO TRUSTEE	1.00	X						0.	0.	0.
JULIE POLANCIC TRUSTEE	1.00	X						0.	0.	0.
GEORGE SHANLEY TRUSTEE	1.00	X						0.	0.	0.
WILLIAM KUMMER TRUSTEE	1.00	X						0.	0.	0.
ERIC ORTINAU, M.D. TRUSTEE	1.00	X						0.	0.	0.
MARK PALMER TRUSTEE	1.00	X						0.	0.	0.
STEVE CHUNG, M.D. TRUSTEE	1.00	X						0.	0.	0.
ROBERT CHAFFIN PRESIDENT/CEO	40.00			X				253,058.	0.	36,585.
JUDY A. CHRISTIANSEN CHIEF OPERATING OFFICER	40.00			X				191,332.	0.	46,748.
DAVID BAYLEY, M.D. PHYSICIAN	40.00					X		383,216.	0.	33,408.
CHEN WANG, M.D. PHYSICIAN	40.00					X		359,985.	0.	61,610.
RAUL GUERRERO, M.D. PHYSICIAN	40.00					X		217,695.	0.	38,012.
CYNTHIA CABALFIN, M.D. PHYSICIAN	40.00					X		211,127.	0.	45,974.
CHIN SWONG, M.D. PHYSICIAN	40.00					X		416,915.	0.	61,711.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,033,328.	0.	324,048.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 18

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

(A) Name and business address	(B) Description of services	(C) Compensation
VISSERING CONTRUCTION COMPANY, 175 BENCHMARK INDUSTRIAL DRIVE, STREATOR, IL	CONSTRUCTION SERVICES	4,217,679.
FARNSWORTH GROUP, INC., 200 WEST COLLEGE AVENUE, STE. 301, NORMAL, IL 61761	ARCHITECTURAL SERVICES	1,222,408.
MIDWEST EMERGENCY DEPT SERVICES 320 EAST HIGHWAY 50, O'FALLON, IL 62269	ER PHYSICIAN COVERAGE SERVICES	632,967.
SHAISTA MALIK, MD 713 LIGHTHOUSE DRIVE, OTTAWA, IL 61350	ANESTHESIA SERVICES	460,430.
ST. MARY'S ANESTHESIOLOGY 1005 4TH STREET, LACON, IL 61540	ANESTHESIA SERVICES	460,430.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 17

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,033,328.	0.	324,048.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 18

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

(A) Name and business address	(B) Description of services	(C) Compensation
VISSERING CONTRUCTION COMPANY, 175 BENCHMARK INDUSTRIAL DRIVE, STREATOR, IL	CONSTRUCTION SERVICES	4,217,679.
FARNSWORTH GROUP, INC., 200 WEST COLLEGE AVENUE, STE. 301, NORMAL, IL 61761	ARCHITECTURAL SERVICES	1,222,408.
MIDWEST EMERGENCY DEPT SERVICES 320 EAST HIGHWAY 50, O'FALLON, IL 62269	ER PHYSICIAN COVERAGE SERVICES	632,967.
SHAISTA MALIK, MD 713 LIGHTHOUSE DRIVE, OTTAWA, IL 61350	ANESTHESIA SERVICES	460,430.
ST. MARY'S ANESTHESIOLOGY 1005 4TH STREET, LACON, IL 61540	ANESTHESIA SERVICES	460,430.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 17

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	59,145.			
	d Related organizations	1d	115,009.			
	e Government grants (contributions)	1e	33,104.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,001.			
	g Noncash contributions included in lines 1a-1f $ 65,141.					
	h Total. Add lines 1a-1f		232,259.			
Program Service Revenue		Business Code				
	2a NURSING SERVICES	623000	48533089.	48533089.		
	b RADIOLOGY	900099	35271535.	35271535.		
	c ROUTINE CARE	621110	24141032.	24141032.		
	d LABORATORY	621500	20179724.	20179724.		
	e ANESTHESIOLOGY	900099	9,646,888.	9,646,888.		
	f All other program service revenue	900099	20083578.	20083578.		
	g Total. Add lines 2a-2f		157855846.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,802,921.			1802921.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents	385,735.				
	b Less: rental expenses	893,218.				
	c Rental income or (loss)	<507483.>				
	d Net rental income or (loss)		<507,483.>			<507,483.>
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	5835828.	342,068.			
	b Less: cost or other basis and sales expenses	5555059.	327,057.			
	c Gain or (loss)	280,769.	15,011.			
	d Net gain or (loss)		295,780.			295,780.
	8a Gross income from fundraising events (not including $ 59,145. of contributions reported on line 1c). See Part IV, line 18	a 34,416.				
	b Less: direct expenses	b 57,467.				
	c Net income or (loss) from fundraising events		<23,051.>			<23,051.>
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA	722210	382,294.			382,294.
	b MISCELLANEOUS	900099	38,946.			38,946.
	c MEDICAL RECORDS	900099	3,088.			3,088.
	d All other revenue	900099	<769,041.>			<769,041.>
	e Total. Add lines 11a-11d		<344,713.>			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		159311559.	157855846.	0.	1223454.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	528,759.	528,759.		
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	28,709,361.	21,214,032.	7,495,329.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,284,285.	825,620.	458,665.	
9 Other employee benefits	8,575,851.	5,072,117.	3,503,734.	
10 Payroll taxes	2,021,442.	1,425,655.	595,787.	
11 Fees for services (non-employees):				
a Management				
b Legal	402,371.		402,371.	
c Accounting	99,515.		99,515.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	328,879.	9,378.	319,501.	
13 Office expenses	8,591,876.	7,340,247.	1,251,629.	
14 Information technology				
15 Royalties				
16 Occupancy	1,896,879.	640,405.	1,256,474.	
17 Travel	243,504.	111,795.	131,709.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,041.	1,041.		
20 Interest	529,950.		529,950.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,846,551.	4,358,326.	488,225.	
23 Insurance	2,262,129.	194,681.	2,067,448.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACTUAL ADJUSTMENTS	81,283,410.	81,283,410.		
b BAD DEBTS	5,304,612.	5,304,612.		
c CHARITY CARE	4,710,809.	4,710,809.		
d PURCHASED SERVICES	4,432,012.	3,414,880.	1,017,132.	
e MEDICAID ASSESSMENT EXP	1,610,008.	1,610,008.		
f All other expenses	1,869,427.	612,298.	1,257,129.	
25 Total functional expenses. Add lines 1 through 24f	159,532,671.	138,658,073.	20,874,598.	0.
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	55,037.	1	56,387.
	2	Savings and temporary cash investments	7,285,767.	2	3,359,310.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,155,051.	4	9,613,045.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,124,404.	8	1,291,425.
	9	Prepaid expenses and deferred charges	827,300.	9	779,558.
	10a	Land, buildings, and equipment: cost basis 10a 87,763,312.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 45,205,376.	37,327,885.	10c	42,557,936.
	11	Investments - publicly traded securities	49,015,044.	11	37,243,385.
	12	Investments - other securities. See Part IV, line 11	155,471.	12	108,016.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,661,608.	15	11,300,708.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	117,607,567.	16	106,309,770.
Liabilities	17	Accounts payable and accrued expenses	9,761,781.	17	9,938,813.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	14,841,316.	20	14,242,445.
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	231,907.	25	510,525.
	26	**Total liabilities.** Add lines 17 through 25	24,835,004.	26	24,691,783.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	91,772,563.	27	81,211,779.
	28	Temporarily restricted net assets	1,000,000.	28	406,208.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	92,772,563.	33	81,617,987.
	34	Total liabilities and net assets/fund balances	117,607,567.	34	106,309,770.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA	36-2604009

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

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

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA	36-2604009

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
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. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		

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 instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		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 other means?		X	
i	Other activities? If "Yes," describe in Part IV	X		29,481.
j	Total lines 1c through 1i			29,481.
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 **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

37% OF MEMBERSHIP DUES TO THE ILLINOIS HOSPITAL ASSOCIATION IS ATTRIBUTABLE TO LOBBYING ACTIVITIES, OR $24,743. 26.13% OF MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION IS ATTRIBUTABLE TO LOBBYING ACTIVITIES, OR $4,738.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number: 36-2604009

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	4,725.				
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,725.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Term endowment ▶ _____ %

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,974,408.		2,974,408.
b Buildings		48,891,670.	25,455,525.	23,436,145.
c Leasehold improvements				
d Equipment		26,934,823.	16,591,976.	10,342,847.
e Other		8,962,411.	3,157,875.	5,804,536.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				42,557,936.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
SELF INSURANCE TRUST	4,169,776.
LOAN ORIGINATION COST	530,721.
DEBT SERVICE RESERVE FUND	1,295,721.
BOND SINKING FUND	18,974.
BOND INTEREST FUND	36.
457B FUNDS	150,417.
CHOICES BLDG FUNDS	519,755.
RADIATION ONCOLOGY JOINT VENTURE	1,782,381.
FOX RIVER CANCER CTR	1,682,950.
AR DR G - LONG TERM	967,033.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	11,300,708.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
THIRD-PARTY PAYOR SETTLEMENTS	510,525.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	510,525.

In Part XIV, 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. SEE PART XIV FOR CONTINUATIONS

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE ENDOWMENT FUND IS HELD BY THE OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FOUNDATION, A RELATED ORGANIZATION. THE EARNINGS FROM THE FUND ARE USED FOR GENERAL SUPPORT PURPOSES.

PART X: THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ON MAY 1, 2007. THE HOSPITAL, AUXILIARY AND FOUNDATION FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY. WHEN THIS

Part XIV Supplemental Information *(continued)*

RETURN IS FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE TAX POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED. EXAMPLES OF TAX POSITIONS COMMON TO HOSPITALS INCLUDE SUCH MATTERS AS THE FOLLOWING: THE TAX EXEMPT STATUS OF THE ENTITY, THE CONTINUED TAX EXEMPT STATUS OF BONDS ISSUED, THE NATURE, THE CHARACTERIZATION AND TAXABILITY OF JOINT VENTURE INCOME AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). UBIT IS REPORTED ON FORM 990T, AS APPROPRIATE. THE BENEFIT OF TAX POSITION IS RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE "MORE LIKELY THAN NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY TO BE REALIZED ON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING COMBINED BALANCE SHEET ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. UPON THE ADOPTION OF FIN 48 AT MAY 1, 2007 AND AS OF APRIL 30, 2009 AND 2008, THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY.

Part XIV **Supplemental Information** *(continued)*

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
NET GOODWILL	46,944.
INTEREST IN FOUNDATION NET ASSETS	136,000.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number: 36-2604009

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 AUTUMN LEAVES GALA (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	93,561.			93,561.
	2 Less: Charitable contributions	56,800.			56,800.
	3 Gross revenue (line 1 minus line 2)	36,761.			36,761.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	57,467.			57,467.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(57,467.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				<20,706.>

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain.			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number 36-2604009

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
b	If "Yes," does the organization make it available to the public?	6b		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from *Worksheets 1 and 2*)						
b Unreimbursed Medicaid (from *Worksheet 3, column a*)						
c Unreimbursed costs - other means-tested government programs (from *Worksheet 3, column b*)						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part V | **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
OTTAWA REGIONAL HOSP & HEALTHCARE CENTER 1100 EAST NORRIS DRIVE OTTAWA, IL 61350	X	X					X		

SCHEDULE J (Form.990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number: 36-2604009

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT CHAFFIN	(i)	250,940.	0.	2,118.	0.	36,585.	289,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JUDY A. CHRISTIANSEN	(i)	188,510.	0.	2,822.	0.	46,748.	238,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID BAYLEY, M.D.	(i)	382,838.	0.	378.	0.	33,408.	416,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHEN WANG, M.D.	(i)	359,019.	0.	966.	0.	61,610.	421,595.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RAUL GUERRERO, M.D.	(i)	214,281.	2,500.	914.	0.	38,012.	255,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CYNTHIA CABALFIN, M.D.	(i)	200,213.	10,000.	914.	0.	45,974.	257,101.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHIN SWONG, M.D.	(i)	405,109.	10,000.	1,806.	0.	61,711.	478,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number: 36-2604009

Part I Bond Issues (Required for 2008)

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	CITY OF OTTAWA	36-6006037	689419AA7	08/15/04	195,000.	CAPITAL PROJECTS		X		X
B	CITY OF OTTAWA	36-6006037	689419AB5	08/15/04	545,000.	CAPITAL PROJECTS		X		X
C	CITY OF OTTAWA	36-6006037	689419AC3	08/15/04	560,000.	CAPITAL PROJECTS		X		X
D	CITY OF OTTAWA	36-6006037	689419AD1	08/15/04	580,000.	CAPITAL PROJECTS		X		X
E	CITY OF OTTAWA	36-6006037	689419AE9	08/15/04	595,000.	CAPITAL PROJECTS		X		X

Part II Proceeds (Optional for 2008)

		A	B	C	D	E
1	Total proceeds of issue					
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

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

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number: 36-2604009

Part I Bond Issues (Required for 2008)

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	CITY OF OTTAWA	36-6006037	689419AF6	08/15/04	615,000.	CAPITAL PROJECTS		X		X
B	CITY OF OTTAWA	36-6006037	689419AG4	08/15/04	635,000.	CAPITAL PROJECTS		X		X
C	CITY OF OTTAWA	36-6006037	689419AH2	08/15/04	660,000.	CAPITAL PROJECTS		X		X
D	CITY OF OTTAWA	36-6006037	689419AJ8	08/15/04	690,000.	CAPITAL PROJECTS		X		X
E	CITY OF OTTAWA	36-6006037	689419AK5	08/15/04	720,000.	CAPITAL PROJECTS		X		X

Part II Proceeds (Optional for 2008)

		A	B	C	D	E
1	Total proceeds of issue					
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

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

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number: 36-2604009

Part I Bond Issues (Required for 2008)

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	CITY OF OTTAWA	36-6006037	689419AM1	08/15/04	1,545,000.	CAPITAL PROJECTS		X		X
B	CITY OF OTTAWA	36-6006037	689419AP4	08/15/04	1,715,000.	CAPITAL PROJECTS		X		X
C	CITY OF OTTAWA	36-6006037	689419AR0	08/15/04	1,900,000.	CAPITAL PROJECTS		X		X
D	CITY OF OTTAWA	36-6006037	689419AT6	08/15/04	2,100,000.	CAPITAL PROJECTS		X		X
E	CITY OF OTTAWA	36-6006037	689419AW9	08/15/04	3,575,000.	CAPITAL PROJECTS		X		X

Part II Proceeds (Optional for 2008)

		A	B	C	D	E
1	Total proceeds of issue					
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number: 36-2604009

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art	X	1	175.	FAIR MARKET VALUE
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		2,023.	FAIR MARKET VALUE
6	Cars and other vehicles	X	1	33,104.	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	2	315.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (TRIPS & EVENT)	X	16	21,935.	FAIR MARKET VALUE
26	Other ▶ (PURCHASED SER)	X	3	5,262.	FAIR MARKET VALUE
27	Other ▶ (MEMBERSHIPS)	X	4	1,227.	FAIR MARKET VALUE
28	Other ▶ (GIFT CERTIFIC)	X	18	1,100.	FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE ORGANIZATION HIRED AN AUCTIONEER TO AUCTION ITEMS AT THE AUTUMN LEAVES GALA EVENT.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number: 36-2604009

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

THE PROVISION OF EFFICIENT AND QUALITY HEALTHCARE SERVICES CONSISTENT WITH THE NEEDS OF THE COMMUNITY AND THE RESOURCES OF THE HOSPITAL. OUR HEALTHCARE ORGANIZATION WILL PROVIDE SERVICES FOR ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF ABILITY TO PAY.

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

PROVIDE SERVICES FOR ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF ABILITY TO PAY.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS NAME FROM COMMUNITY HOSPITAL OF OTTAWA TO OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER.

FORM 990, PART VI, SECTION A, LINE 6: OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER HAS LIFE MEMBERS WHICH ARE PERSONS WHO HAVE PAID THE HOSPITAL FIVE HUNDRED DOLLARS ($500) FOR SUCH MEMBERSHIP. THE ORGANIZATION ALSO HAS ORGANIZATIONAL MEMBERS WHICH ARE CORPORATIONS, INSTITUTIONS, ORGANIZATION, ASSOCIATIONS, ETC. WHICH HAVE MET THE REQUIREMENTS OF LIFE OR ANNUAL MEMBERSHIP AND HAVE SPECIFIED THAT THE SUMS DONATED BE RECOGNIZED IN THE ORGANIZATIONAL NAME. EACH MEMBER OF THE HOSPITAL SHALL HAVE ONE VOTE ON ALL PROPOSITIONS PRESENTED AND ACTED UPON AT ANY MEETING OF THE MEMBERS AT WHICH THE MEMBERS IS PERSONALLY PRESENT OR REPRESENTED BY PROXY.

FORM 990, PART VI, SECTION A, LINE 7A: THE OFFICERS OF THE CORPORATION ARE ELECTED BY THE CORPORATE MEMBERSHIP. THESE POSITIONS INCLUDE THE CHAIRMAN

OF THE BOARD, TWO VICE-CHAIRMEN, DESIGNATED FIRST VICE-CHAIRMAN AND SECOND VICE-CHAIRMAN, THE SECRETARY, AND THE TREASURER.

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE COMMITTEE WILL MEET TO REVIEW THE FINAL FORM 990 PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: IT SHALL BE THE POLICY OF THE GOVERNING BOARD OF REGIONAL HOSPITAL AND HEALTHCARE CENTER TO REQUIRE THAT EACH BOARD MEMBER, PRIOR TO TAKING HIS/HER POSITION ON THE BOARD, AND ALL PRESENT BOARD MEMBERS AS SOON AS PRACTICABLE AFTER THE ADOPTION OF THIS POLICY, BUT NO LATER THAN FORTY-FIVE DAYS, SUBMIT IN WRITING TO THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL A LIST OF ALL BUSINESS OR OTHER ORGANIZATIONS OF WHICH HE/SHE IS AN OFFICER, MEMBER, OWNER OR EMPLOYEE OR FOR WHICH HE/SHE ACTS AS AN AGENT, WITH WHICH THE HOSPITAL HAS, OR MIGHT REASONABLY IN THE FUTURE ENTER INTO, A RELATIONSHIP OR A TRANSACTION IN WHICH THE BOARD MEMBER WOULD HAVE CONFLICTING INTERESTS. EACH WRITTEN STATEMENT WILL BE RESUBMITTED WITH ANY NECESSARY CHANGES, EACH YEAR. AT SUCH TIME AS ANY MATTER COMES BEFORE THE BOARD IN SUCH A WAY AS TO GIVE RISE TO A CONFLICT OF INTEREST, THE AFFECTED BOARD MEMBER SHALL MAKE KNOWN THE POTENTIAL CONFLICT, WHETHER DISCLOSED BY HIS/HER WRITTEN STATEMENT OR NOT, AND AFTER ANSWERING ANY QUESTIONS THAT MIGHT BE ASKED HIM/HER, EITHER AS TO THE CONFLICT OR AS TO ANY SPECIAL EXPERTISE POSSESSED BY THAT BOARD MEMBER, SHALL WITHDRAW FROM THE MEETING FOR SO LONG AS THE MATTER SHALL CONTINUE UNDER DISCUSSION. SHOULD THE MATTER BE BROUGHT TO A VOTE, THE AFFECTED BOARD MEMBER SHALL NOT VOTE ON IT. IN THE EVENT THAT HE FAILS TO WITHDRAW VOLUNTARILY, THE CHAIRMAN OF THE BOARD IS EMPOWERED AND SHALL

REQUIRE THAT HE/SHE REMOVE HIMSELF/HERSELF FROM THE ROOM DURING BOTH THE DISCUSSION AND VOTE ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR AT THEIR MARCH PERSONNEL COMMITTEE MEETING, MEMBERS OF THE HOSPITAL BOARD PERSONNEL COMMITTEE REVIEW SALARIES FOR SENIOR ADMINISTRATION AND KEY MANAGEMENT. RESOURCE DATA FOR THIS MEETING COMES FROM TWO SOURCES. THE FIRST IS A SULLIVAN COTTER ANNUAL SURVEY OF MANAGEMENT AND EXECUTIVE COMPENSATION FOR HOSPITALS AND HEALTH SYSTEMS. WE ARE ONE OF A NUMBER OF HOSPITALS WHO PARTICIPATE IN THE SURVEY EACH YEAR. FROM THE SURVEY, WE REVIEW THOSE INDIVIDUALS WHO ARE IN KEY POSITIONS TO DETERMINE IF THE COMPENSATION IS APPROPRIATE BASED ON THE MARKET. ADDITIONALLY, WE PARTICIPATE IN AN ANNUAL SURVEY WITH THE CENTRAL ILLINOIS SOCIETY FOR HEALTHCARE HUMAN RESOURCE ADMINISTRATION. WE USE THE SURVEY TO DETERMINE BENCHMARKING DATA FOR KEY MANAGEMENT PERSONNEL. HISTORICALLY, OUR GOAL HAS BEEN TO BE IN THE 75TH PERCENTILE. ON MARCH 12 OF THIS PAST YEAR, THE PERSONNEL COMMITTEE MET TO BEGIN THE REVIEW PROCESS OF SALARY DATA. HOWEVER, BASED ON CURRENT ECONOMIC CONDITIONS AND THE RECOMMENDATION OF THE HOSPITAL PRESIDENT, IT WAS DETERMINED THAT FOR FISCAL YEAR 2010 COMPENSATION WOULD BE FROZEN FOR SENIOR MANAGEMENT AND ALL SALARIED STAFF. AS PART OF THE COMPENSATION REVIEW PROCESS, THE HOSPITAL PRESIDENT DOES MAKE A RECOMMENDATION TO THE PERSONNEL COMMITTEE REGARDING COMPENSATION FOR THE CHIEF OPERATING OFFICER AND THE RECENTLY APPOINTED VP FINANCE. IN MARCH OF 2009, IT WAS RECOMMENDED AND APPROVED TO PROVIDE A 2% ACROSS-THE-BOARD INCREASE FOR ALL NON-SALARIED PERSONNEL AND TO PROVIDE THEM WITH THEIR APPROPRIATE STEP INCREASE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number: 36-2604009

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2A

OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT AUDITOR AND ARE PART OF A CONSOLIDATED AUDIT REPORT.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA

Employer identification number 36-2604009

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FOUNDATION - 36-4007569, 1100 EAST NORRIS DRIVE, OTTAWA, IL 61350	SUPPORTS OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER	ILLINOIS	501(C)(3)	11/TYPE I	OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER
OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER AUXILIARY - 36-3854788, 1100 EAST NORRIS DRIVE, OTTAWA, IL 61350	SUPPORTS OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER	ILLINOIS	501(C)(3)	11/TYPE III - F.I.	N/A
OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER LOSS LIABILITY FUND - 36-361265, 1100 EAST NORRIS DRIVE, OTTAWA, IL 61350	LIABILITY TRUST FUND	ILLINOIS	501(C)(3)	11/TYPE I	OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
RADIATION ONCOLOGY OF NORTHER ILLINOIS, LLC - 75-3247165, 1200 STARFIRE DRIVE, OTTAWA, IL 61350	RADIATION ONCOLOGY	IL	OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER		0.	8,985.		X	N/A		X

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
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 (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER AUXILIARY	C	103,327.
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

CORPORATE BYLAWS

OF

OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER

Adopted October 16, 2003
Name change effective May 15, 2008
Revised October 16, 2008

CORPORATE BYLAWS

OF

OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER

(A Not-For-Profit Corporation)

ARTICLE I

NAME

The name of the Corporation shall be **OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER** (A Not-For-Profit Corporation organized under the Laws of Illinois).

ARTICLE II

OBJECTS

The objects of the Corporation are:

1. To establish, operate, and maintain a general hospital in or near the City of Ottawa for the care of persons residing in said City and surrounding communities.

    a. There shall be no distinction as to race, color, creed, or national ancestry in the admission of patients.

    b. The Governing Board may prohibit the admission of patients to whom the hospital and its other related health care agencies are not qualified to give proper care or who may be a source of danger to other patients.

2. To provide quality allopathic, osteopathic and other health care/medical services as from time to time may be determined appropriate by the Governing Board.

3. To carry out all additional purposes enumerated in the original Articles of Incorporation as amended (File #4484-569-5).

4. To these ends, the Governing Board will make every effort to provide ongoing support for and perpetuation of the allopathic and

osteopathic medical staff of Ottawa Regional Hospital & Healthcare Center.

ARTICLE III

MEMBERSHIP

Membership in the Corporation shall be as follows:

1. LIFE MEMBERS -- being those persons who have paid the sum of $500 or more to the Hospital Corporation for such membership. Accumulated payment of $500 is due 60 days in advance of the Annual Meeting to be eligible to vote at any Special or Annual Meeting of the Corporate Members.

    a. In the event that the member is a natural person, then he or she shall be entitled to membership for life. If the member is married at the time of his/her death, then the member's spouse shall be entitled to membership for the rest of the spouse's life. Life Membership held in a family name (Ex: Mr. and Mrs.) shall have (1) vote, either in person or by proxy, per family as designated by the family.

    b. At the time of becoming a member, the Life Member shall meet the residency requirements of this Article but will carry his life membership with him if he establishes new residency outside of the defined geographic area.

2. ORGANIZATIONAL MEMBERS -- being those corporations, institutions, organizations, associations, etc., which have met the requirements of Life membership and have specified that the sums donated be recognized in the organizational name.

    a. Each organization member shall have one vote either in person or by proxy at any meeting of the members. Such vote shall be exercised only by the person designated in accordance with the provisions of this Article.

    b. Before the expiration of ten months following the last annual meeting of the Hospital Corporation, the Secretary of the Hospital Corporation shall notify in writing each organizational member at its last known address of the need to designate its voting representative for the ensuing

year. Before the expiration of eleven months from the last Annual Meeting of the Hospital Corporation, the organizational member shall advise the Secretary of the Hospital Corporation in writing of its designated representative for the ensuing year. In the event a designation is not received by the Secretary within the time specified by this Article the organizational member shall be deemed to be represented by the person last previously designated.

c. An organizational life membership of a corporation or business entity shall terminate:

   i. When the organization notifies the Hospital of termination.

   ii. When the organization goes out of business or ceases to function in the Hospital's geographic area, as determined by the Hospital.

d. An organizational life membership shall pass to a successor owner or corporation:

   i. When the successor maintains a place of business in the Hospital's geographic area, and

   ii. When either the original organization or the successor notifies the Hospital of the succession, or

   iii. When the Hospital by its own efforts verifies the succession.

3. Each member of the hospital corporation shall have one (1) vote on all propositions presented and acted upon at any meeting of the members at which the member is personally present or represented by proxy, subject to the eligibility for voting requirements set forth in this article. A properly executed proxy must be on file with the Secretary of the Corporation no later than five (5) days prior to a meeting of the members. A proxy shall be superseded by a later filed proxy so long as it is validly executed and also filed timely. A proxy is deemed revoked by the member being personally present at the meeting.

4. No person or persons will be denied corporate membership, Board membership, Medical Staff appointment, employment, or

volunteer association with the Hospital because of sex, race, creed, color or national ancestry.

5. RESIDENCY REQUIREMENTS -- Members of the Corporation shall be residents of the following townships in LaSalle County, Illinois: Brookfield, Dayton, Deer Park, Fall River, Farm Ridge, Freedom, Grand Rapids, Manlius, Miller, Mission, Ophir, Ottawa, Rutland, Serena, South Ottawa, Utica, Vermillion, Wallace and Waltham.

   a. Current Life members, as of 1989, who do not meet these requirements will maintain their memberships as stipulated in previous bylaws.

   b. Persons employed by or on the Medical Staff of Community Hospital need not meet residency requirements for membership.

   c. Organizational members shall have a business, office or plant in at least one of these townships.

   d. A non-business organization shall have a mailing address in one of these townships.

   e. For purposes of this paragraph, "residency" shall be the establishment of legal residency within one of the aforesaid townships for a minimum period of one year prior to application for life membership.

6. Pursuant to Illinois Statutes, the Corporation may be dissolved according to the laws relating to not-for-profit corporations.

ARTICLE IV

GOVERNING BOARD

1. A Governing Board consisting of a minimum of nine (9) and a maximum of eleven (11) members shall be elected from the membership of the Corporation. For the year commencing October, 1989, the number of Governing Board members elected shall bring the Board to eleven (11). The Board shall at all times include within its membership at least one member of the Medical Staff. All members of the Governing Board shall be

members in good standing of the Corporation and be at least twenty-one (21) years of age.

2. TERM AND SUCCESSION

Terms of elected Board members shall be three (3) years. No member shall be elected for more than three consecutive terms. Elected members who have served three consecutive terms may fill a vacancy of an unexpired term. A member may be elected to additional terms after a lapse of one (1) year upon completing a third consecutive term. Four (4) members shall be elected in 1989, four (4) members shall be elected in 1990, three (3) members shall be elected in 1991; and, thereafter, in successive years, members shall be elected in the rotation of four (4), four (4), three (3).

The Governing Board has the authority to make such appointments as are necessary to fill vacancies that may be created from time to time. A Board member filling an unexpired term by appointment shall serve until the end of that unexpired term. At the end of that term he shall be eligible to be nominated and elected to a term in his own name, then eligible for additional terms in accordance with these bylaws.

If an elected member shall be absent from three consecutive regularly scheduled meetings of the Governing Board or shall be absent from greater than three of the regularly scheduled meetings of the Governing Board in one year, then that person shall thereupon be eligible to be removed from the Governing Board by a majority vote of the members of the Governing Board, within the discretion of the Board.

3. POWERS

The governing powers of the Corporation shall be vested in the Governing Board, which shall have ultimate charge, control, and management of the property, affairs, and funds of the Corporation by the setting of policy to be acted upon by the President and other administrative personnel. The Governing Board shall evaluate the activities and performance of the President and other officers, and shall annually self-evaluate its own performance. The Governing Board shall fill vacancies for unexpired terms and shall have the power and authority to do and perform all acts and functions not inconsistent with these bylaws or with the laws of the State of Illinois.

4. CORPORATE FUNDS

The Hospital Corporation funds are intended for the sole purpose of operating the not-for-profit hospital facilities and programs. To be consistent with the Corporate purposes, there will be no funds donated by the Hospital Corporation for any other not-for-profit organization nor unrelated business.

5. MEETINGS

The Governing Board shall meet no less than six (6) times per year. A quorum of members present in person shall be a majority of the total number of members of the Governing Board at that time. Once a quorum is obtained, the affirmation of those present at the meeting shall be sufficient for any action taken at the meeting so long as the actions to be taken have the affirmation of at least a majority of the total number of members of the Governing Board.

An agenda shall be prepared and distributed in advance to include but not limited to at least the following: Reports from the President, Committee Chair, Medical Staff Representative, and any new or unfinished business.

6. SPECIAL MEETINGS

Special meetings may be called by the Board Chairman. Special meetings may also be convened by written request of one-half of the members of the Governing Board. In either instance, written notice shall be provided to each member of the Board as soon as is practical prior to the time of such special meeting. This notice shall state the business for which the special meeting has been called, and no business other than that stated in the notice shall be transacted at such special meeting.

7. DUTIES

At the first regularly scheduled meeting after the Annual Meeting of the Hospital Corporation, the Board shall appoint and designate, for the succeeding twelve-month period, persons to the following positions:

a. Legal Counsel;
b. Depositories;
c. Recording Secretary of the Board

d. President; and
e. Such Vice Presidents as may have been decided upon by the Board.

These appointments shall not constitute employment or service contracts.

At said time, the Board shall designate the time and place of Board meetings for the succeeding twelve months and the Chairman of the Board shall announce the appointed Chairman and membership of the Standing Committees for said twelve-month period.

It is the responsibility of the Board to conduct the affairs of the Hospital in accordance with its Articles of Incorporation. The Board has the duty to maintain the continuity of the Hospital in providing health care and healing services to the residents in its region and to others as the need arises. It is responsible for quality assurance in patient care, for patient and employee safety, for protecting all assets of the Corporation, for sound fiscal management, and for determining policies in all hospital matters.

ARTICLE V

OFFICERS

1. COMPOSITION AND TERMS

The officers of the Corporation shall be Chairman of the Board, two Vice-Chairman, designated First Vice-Chairman and Second Vice-Chairman, a Secretary, and a Treasurer, to be elected by the Corporate membership at the annual meeting from its Governing Board and shall hold office until the next annual meeting, or until their successors are elected and have qualified. Such officers may be elected to the same office for an additional term, but not for more than two (2) successive terms. The Treasurer is exempted from the limitation of serving for two successive terms. The Governing Board may appoint members to fill vacancies for Second Vice-Chairman, Secretary, and Treasurer to serve until the next annual meeting. The Treasurer shall hold office until a successor is elected, subject to the Treasurer's term as a Board member. In addition to said officers, the Governing Board shall appoint a President, and may

appoint one or more Vice-Presidents to administer the business of the Corporation. These officers may be appointed to successive annual terms without limitation, subject to resignation or removal by action of the Governing Board.

2. DUTIES

a. The duties of the officers shall be those usually carried out and performed by like officers of a corporation.

b. The Chairman shall preside at all meetings of the Governing Board and meetings of the corporate membership and shall be, ex officio, a member of all Governing Board committees.

c. The Vice-Chairmen shall assist the Chairman as requested. The First Vice-Chairman, or in his absence, the Second Vice-Chairman, shall act as Chairman in the absence of the Chairman and, when so acting, shall have the power and authority of the Chairman.

d. The Secretary shall act as secretary to the Corporation and the Governing Board; shall send appropriate notices; shall act as custodian of all records and reports; and shall be responsible for the keeping and reporting of adequate records of all minutes of the Corporation and the Governing Board.

e. The Treasurer shall see that a true and accurate accounting of all financial transactions of the Hospital is made and that reports of such are presented to the Governing Board.

f. The President shall be the chief executive officer and as such shall manage and administer the business of the Hospital and have such other duties as set forth in Article IX of these Bylaws.

g. The Vice-President or Vice-Presidents shall assist the President in his duties and shall act in his stead, as may be designated in his absence.

3. BONDS

All officers, employees, members, or agents of the Corporation handling money or funds of the Corporation shall be required to have surety bonds at the expense of the Corporation for the faithful discharge of their several duties and a proper accounting of all such money or funds.

ARTICLE VI

CORPORATE MEETINGS

1. The annual meeting of the members of the Corporation shall be held in October of each year at a time and place as designated by the Board, within LaSalle County, Illinois.

2. Special meetings may be called by the Chairman of the Board or on the written request of ten percent (10%) of the members of the Corporation filed with the Secretary.

3. A thirty (30) day notice of all meetings of the members, whether annual or special, shall be given by mail addressed to the last known address of each member. Notice of the annual meeting shall include a financial report for the most recent fiscal year as well as a listing of those candidates nominated for officers and board members to be voted upon at the meeting.

4. A quorum for the transaction of business at any annual or special meeting of the members shall consist of not less than twenty-five percent (25%) of the members of the Corporation present in person or by proxy at such meeting.

5. The Personnel Committee, also known as the Nominating Committee, composed of at least three (3) members of the Governing Board, shall have the duty of nominating at the annual meeting, and at other meetings, when vacancies are to be filled, candidates to be voted upon in electing officers, members of the Governing Board, and members of the Honorary Board. The Personnel/Nominating Committee shall submit its (Personnel/ Nominating Committee's) nominations to the Governing Board for the Governing Board's recommendation to the Corporate Members. It shall also report its nominations to the Corporate Secretary within (45) days prior to the annual meeting. Members of the Corporation may also nominate

officers and board members to be voted upon at the annual meeting by filing the name and qualifications of each candidate with the Corporate Secretary within forty-five (45) days prior to the annual meeting. Additional nominations may be made at the meeting.

6. The affirmative vote of a majority of those present in person or by proxy shall be sufficient for passage of all matters properly noticed and within the power of the corporate members to vote upon at said meeting, except that the following shall require a two-thirds (66 2/3%) affirmative vote:

   a. Changes in the Articles of Incorporation
   b. Changes in the purposes of the corporation
   c. Voluntary dissolution of the corporation
   d. Any merger of the corporation with any other entity
   e. The sale, lease or exchange of assets other than in the usual and regular conduct of the corporation's business
   f. Amendments to these bylaws, as further set forth in Article XIII hereunder.

ARTICLE VII

HONORARY BOARD

1. COMPOSITION OF THE BOARD

   a. An Honorary Board shall be formed to honor those members of the Corporation who have contributed their support to the Hospital in a recognizable manner.

   b. The members honored might no longer be active in the Hospital organization, are honored by emeritus positions, and are of outstanding reputation, not necessarily residing in the community.

2. TERMS AND SELECTION

   All members shall be elected by the Corporate membership at its annual meeting. The term shall be an unlimited period.

ARTICLE VIII

COMMITTEES

1. Committees of the Governing Board shall be standing or special.

   a. The members and Chairmen of each committee shall be appointed by the Chairman of the Governing Board. The Chairman of the Governing Board shall be an ex officio member of all committees.

   b. Standing Committees shall be Joint Conference, Finance/Audit/Insurance, Personnel, Building, Community Relations, Quality, and Strategic Growth.

   c. Other committees may be appointed by the Chairman as needed, but must include medical staff members on committees which deliberate issues affecting the discharge of medical staff responsibilities.

   d. A quorum shall be one-half of the number of members of a committee at a given committee meeting.

2. The Joint Conference Committee will be composed of the President of the Hospital and equal representation from the Medical Staff and Governing Board. This committee shall act as a liaison between the Hospital President, the Governing Board and Medical Staff and shall further undertake such duties regarding privileges, appointments, and discipline of the Medical Staff that may be assigned to it under these Bylaws or by specific delegation of the Governing Board. This committee will meet only at request of the Governing Board, Medical Staff or Administration.

3. The Finance/Audit/Insurance Committee shall be composed of at least three (3) members, one of whom shall be designated as Chairman of the Committee. The Committee shall review with the administrative staff financial matters and recommend policy or action for Governing Board consideration.

4. The Personnel Committee shall be composed of at least three (3) members, one of whom shall be designated as Chairman of the Committee. The Committee shall review personnel matters with the administrative staff and recommend policy or action for

Governing Board consideration. Also, see Nomination Duties, Article VI, Item 5 of these Bylaws.

5. The Building Committee shall be composed of at least three (3) members, one of whom shall be designated as Chairman of the Committee. The Committee, with the administrative staff, shall review matters relating to the Corporation's plant and equipment and recommend improvements and changes for Governing Board consideration.

6. The Community Relations Committee shall be composed of at least three (3) members, one of whom shall be designated as Chairman of the Committee. In addition, representatives from Administration and the Community Relations Department shall serve as ex officio members. The Committee shall provide guidance on advertising, image campaigns, publications and media relations, community projects and surveys and other issues as they pertain to public relations or the image of the Hospital.

7. The Quality Committee shall be composed of at least three (3) members, one of whom shall be designated as Chair of the Committee. In addition, representatives from Administration, Quality Management, and the Quality Enhancement Committee Chair shall serve as ex officio members. The Committee shall provide guidance on quality issues relating to patient care.

8. The Strategic Growth Committee shall be composed of at least three (3) members, one of whom shall be designated as Chairman of the Committee. In addition, representatives from Administration, Finance, Patient Services and Medical Staff shall serve as ex officio members. The Committee shall meet regularly and be responsible for the development and annual review of the Hospital's Strategic Growth Plan. The Plan should address the Hospital short and long-term goals which are to be submitted for adoption by the Governing Board.

ARTICLE IX

ADMINISTRATION

1. The administrative function of the Hospital shall be vested in its President, as chief executive officer, and in one or more Vice-Presidents *or* Chief Operating Officer, and other administrative staff, to assist in such administration as may be so delegated.

2. The President shall be the Chief Executive Officer of the Hospital with the authority of such a position in a business corporation and in accordance with instructions and advice issued by the Governing Board. The President shall have all authority and responsibility necessary to operate the Hospital in all its activities and departments subject to the action of the Board and its policies. He shall act as the duly authorized representative of the Board and the Hospital in all matters in which the Board has not formally designated some other person to act. He shall report as directed to the Chairman between Board meetings and to the Board at each meeting. He shall sign, with the Secretary or any other proper officer of the Corporation authorized to do so by the Board, any deeds, mortgages, bonds, contracts or other instruments which the Board has authority to execute except in cases where the execution shall have been expressly delegated by the Board or these Bylaws, or by statute, to some other officer or agent of the Corporation.

ARTICLE X

MEDICAL STAFF

1. ORGANIZATION, APPOINTMENTS, AND HEARINGS

   a. The Governing Board shall organize the physicians, dentists, and podiatrists who have been granted practice privileges in the Hospital into a Medical Staff under bylaws approved by the Governing Board. The Governing Board shall consider recommendations of the Medical Staff and shall appoint to the appropriate staff licensed physicians, dentists, and podiatrists who meet the qualifications for membership as set forth in the bylaws of the Medical Staff. Each member of the Medical Staff shall have appropriate authority and responsibility for the care of his patients, subject to such limitations as are contained in these Bylaws and in the bylaws, rules and regulations for the Medical Staff and subject further to any limitations attached to his appointment.

      1. The Governing Board will permit only licensed physicians, podiatrists, and dentists who have clinical privileges at the hospital to be responsible

for the admission and care of patients in this hospital.

2. Each individual member of the Medical Staff shall abide by the ethical principles of the American Medical Association, the American Osteopathic Association, the American Dental Association, and the American Podiatry Association in addition to the respective subsidiary specialty colleges, whichever is deemed appropriate for that particular specialty and license. In addition, staff members agree to abide by current, appropriate and applicable principles of the American Hospital Association, The American Osteopathic Hospital Association, the Joint Commission on the Accreditation of Healthcare Organizations and the American Osteopathic Association Acute Care Hospital Accreditation Standards.

b. All applications for appointment to the Medical Staff shall be in writing and addressed to the President of the Hospital. They shall contain full information concerning the applicant's education, licensure, practice, previous hospital experience, appropriate insurance coverage, and any other information deemed appropriate. The President will verify the information to the extent necessary. He will send all the applications and his findings to the President of the Medical Staff and at the same time give a list to the Governing Board. The Medical Staff shall make recommendations to the Governing Board for action by the Board.

c. All appointments to the Medical Staff shall be made by the Governing Board and shall be for two years only, renewable by the Governing Board without formal reapplication. When an appointment is not to be renewed, or when privileges have been or are proposed to be reduced, suspended, or terminated, the staff member shall be afforded the opportunity of a hearing according to the Appeal Procedure outlined in the bylaws of the Medical Staff. The resulting recommendation shall be considered by the Governing Board prior to taking final action on the matter. Such hearings shall be conducted informally under procedures adopted by the Governing Board so as to assure due process and afford full opportunity for the presentation of all pertinent information.

d. When the Governing Board does not concur with the Medical Staff's recommendation concerning appointment, or lack of appointment, to the Medical Staff or the granting of clinical privileges, before the Governing Board makes a final decision, this matter will be reviewed at a special meeting of the Joint Conference Committee, ensuring that due process is being provided the practitioner involved. Within forty-five (45) days of receipt of the information, the Joint Conference Committee will develop a recommendation that will be referred to the Governing Board for their final decision.

e. Physicians, Dentists, or Podiatrists in Medico-Administrative Positions:

1. Any physicians, dentists, or podiatrists employed by the Hospital in an administrative capacity with no clinical privileges are subject to the personnel policies of the hospital and need not be members of the Medical Staff.

2. Physicians, dentists, or podiatrists employed by the hospital either full or part time whose duties are medico-administrative in nature and include clinical responsibilities or functions must be members of the Medical Staff. Their staff appointment and clinical privileges will be delineated in terms of their education, training, competence, and character according to the procedures established in the Medical Staff Bylaws, Rules and Regulations.

3. The termination of physicians, dentists, or podiatrists in a medico-administrative position whose clinical privileges are involved will follow the due process procedure set forth in the Medical Staff Bylaws, Rules and Regulations.

4. Physicians, dentists, or podiatrists in a medico-administrative position may be terminated for reasons that are administrative in nature by action of the President with approval of the Governing Board.

2. MEDICAL CARE AND ITS EVALUATION

a. The Governing Board shall, in the exercise of its discretion, delegate to the Medical Staff the responsibility for providing appropriate professional care to the hospital's patients.

b. The Medical Staff shall conduct a continuing review and appraisal of the quality of professional care rendered in the hospital and shall report such activities and their results to the Governing Board.

c. The Medical Staff shall make recommendations to the Governing Board concerning:

1. Appointments, reappointments, and alterations of staff status;

2. Granting of clinical privileges;

3. Disciplinary action;

4. All matters relating to professional competency; and

5. Such specific matters as may be referred to it by the Governing Board.

3. MEDICAL STAFF BYLAWS

a. There shall be bylaws, rules and regulations for the Medical Staff setting forth its organization and government. Proposed bylaws, rules and regulations may be recommended by the Medical Staff, but only those adopted by the Governing Board shall become effective.

b. The Medical Staff Bylaws must contain provisions for all standing committees that are required by the Illinois Revised Statutes or by regulatory requirements issued by appropriate governmental agencies.

4. There shall be liaison between the Governing Board and the Medical Staff of Ottawa Regional Hospital & Healthcare Center to provide input on issues that are of mutual interests to include but not limited to Medical Staff structure and organization, Medical Staff appointment, credentialing and delineation of privileges, performance improvement, termination of staff

membership, and fair hearing process and procedures. This liaison is accomplished by having Board representation at the regular Medical Staff meeting and a member of the Governing Board shall be appointed by the Governing Board Chairman to serve as an ex-officio member of the Medical Executive Committee with a right of voice. Additionally, the President of the Medical Staff or his designee shall attend the regular meeting of the Governing Board as an ex-officio member with a right of voice.

ARTICLE XI

INDEMNIFICATION

To the extent permitted by law, the Corporation shall indemnify each current and former Board Member and Officer, and may indemnify any current or former employee, agent, or volunteer who is serving, or who has served in behalf of the Corporation, in the event any of such persons shall be made, or be threatened to be made, a party to any action; suit, or proceeding whether criminal, civil, administrative, or investigative, subject, however, to the following:

A. Such indemnification is secondary and excess over

1. Any insurance policies held by the Corporation or,

2. Business or professional liability insurance policies held by any person or entity

B. No indemnification of ongoing litigation expenses and reasonable attorney fees shall occur, unless a written request for the same has been made and approved by the Board and further, shall be subject to the repayment provisions of the Illinois not for Profit Corporation Act.

ARTICLE XII

HOSPITAL AUXILIARY

1. The Governing Board will concur with the establishment and functioning of an auxiliary organization within the institution. When such situation occurs, that group will prepare bylaws

subject to Governing Board approval which delineate the purposes and functions of the auxiliary organization.

2. The bylaws will set forth the organization and government of an auxiliary.

3. The auxiliary will be an organization that will do volunteer work, fund raising, and any other approved-type functions that the auxiliary and Governing Board deem appropriate.

ARTICLE XIII

AMENDMENTS

These bylaws shall be reviewed annually, and may be amended at the annual or any special meeting of the members of the Corporation by a two-thirds (66 2/3%) affirmative vote of those members present, in person, or by proxy, and eligible to vote. A copy of any amendments and notice of any special meeting shall be provided to those eligible to vote no less than thirty (30) days prior to the annual or special meeting.

Adopted at the Corporate Meeting on October 16, 2008.

Julie Polancic, Secretary
Board of Governors

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA	36-2604009
	Number, street, and room or suite no. If a P.O. box, see instructions. 1100 EAST NORRIS DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OTTAWA, IL 61350	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ MICHELE KONIEWICZ 1100 E NORRIS DRIVE - OTTAWA, IL 61350
  Telephone No. ▶ 815-725-4928 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until DECEMBER 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning MAY 1, 2008, and ending APR 30, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ..... ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions	OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FKA COMMUNITY HOSPITAL OF OTTAWA	36-2604009
	Number, street, and room or suite no. If a P.O. box, see instructions. 1100 EAST NORRIS DRIVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OTTAWA, IL 61350	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ MICHELE KONIEWICZ 1100 E NORRIS DRIVE - OTTAWA, IL 61350
  Telephone No. ▶ 815-725-4928 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MARCH 15, 2010.

5 For calendar year _____, or other tax year beginning MAY 1, 2008, and ending APR 30, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ CPA Date ▶ 12/10/09