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DLN: 93493137049650

Form **990**

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)

OMB No 1545-0047

2008

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

A Fo	rthe 2	2008 calen	ndar year	, or tax year beginning 07-01	-2008 and ending 06-30-20	09	D Formlesses ide	
B Che	eck if ap	plicable Pl	ease	C Name of organization ST JOHN'S HOSPITAL OF THE HOS	SPITAL		D Employer Ide	ntification number
☐ Add	Iress cha	ange	se IRS bel or	SISTERS OF THE THIRD ORDER O	OF ST FRANCIS		37-066123	
┌ Nar	ne chan	nge pr	int or pe. See	Doing Business As			E Telephone nu	mber
┌ Inıt	ıal retur	n Sp	ecific	Number and street (or P O box i	f mail is not delivered to street addr	ess) Room/suite	(217) 544-6	
┌ Ter	mınatıoı		struc- ons.	800 EAST CARPENTER STREET			G Gross receipt	s \$ 417,762,085
┌ Am	ended r	eturn	ŀ	City or town, state or country, ar	nd ZIP + 4			
☐ App	lication	pending		SPRINGFIELD, IL 62769				
		·	F Nam	e and address of Principal Of	fficer	W->	4	
			Robert F	· ·	incer	n(a) Is th	ıs a group return ites?	TYes ▼No
				st Carpenter eld,IL 62769				
—————————————————————————————————————	x-exem	pt status 🔽		(3) ◄ (insert no)	1) or $\ \ \ \ \ \ \ \ $	1 ' '	l affiliates include	
					1, 01 32,	- ·	lo," attach a list ip Exemption Nui	See instructions)
J W	eb site	e: 🕨 www.st	t-johns o	rg		H(c) Grou	ip Exemption Nui	11Del F 0928
К Туре	e of org	anization 🔽	Corporati	on trust association other	>	L Year of Fo	rmation 1878 M	State of legal domicile IL
Pai	rt I	Summa	ırv					
				organization's mission or mo	ost significant activities			
e e	1	•		-	conal health care services to	the people of	central illinois in	the Catholic tradition
Ě				ice and reverence for life				
Ĕ								
Governance	1		,		ed its operations or disposed			
	1		_		y (Part VI, line 1a)		_	11
9	1				overning body (Part VI, line 1	b)	_	8
Ě	1			ployees (Part V, line 2a) .			_	3,731
Activities &	1			unteers (estimate if necessa	• •		_	950
q.					rt VIII, line 12, column (C)		_	938,935
	ь	Net unrela	ted busir	ness taxable income from For	m 990-1, line 34		7b	0
		C t t t				Pric	or Year	Current Year
ā	8			grants (Part VIII, line 1h)		•	2,379,057	5,362,950
ē	9 10			evenue (Part VIII, line 2g)		•	370,770,044	391,431,761
Reven	11			art VIII, column (A), lines 5,	es 3, 4, and 7d)		15,549,850 4,486,508	-30,111,112
	12				qual Part VIII, column (A), lii	ne ———	4,400,300	4,710,732
		12)					393,185,459	371,400,331
	13	Grants ar	nd sımıla	r amounts paıd (Part IX, colu	mn (A), lines 1–3)		4,117	4,236
	14	Benefits p	paid to oi	r for members (Part IX, colum	nn (A), line 4)		0	0
Ø	15	Salaries, 10)	other co	mpensation, employee benefi	ts (Part IX, column (A), lines		171,297,873	176,842,742
Expenses	16a	•	nal fundr	aising fees (Part IX, column	(Δ) line 11e)		0	0
<u>⊕</u>	ь			enses, Part IX, column (D), line 25				
Ω	17	•		enses, Part IX, column (D), line 25 Part IX, column (A), lines 11:	·		230,574,896	236,532,517
	18	•			Part IX, line 25, column (A))		401,876,886	413,379,495
	19			enses Subtract line 18 from			-8,691,427	-41,979,164
<u>क</u>						Beginn	ing of Year	End of Year
900 900 900	20	Totalace	ets (Pari	: X, line 16)			926,151,163	814,043,798
Ass. Ba	21		-	art X, line 26)			298,434,368	342,458,550
Net Assets or Fund Balances					irom line 30		· · · ·	· · ·
	22 1 1 1	Signat		d balances Subtract line 21 f	rom nne 20		627,716,795	471,585,248
Pai	, 11	_			d this return, including accompanyin	a schedules and	statements, and to t	ne hest of my knowledge
		and belief,	it is true, o	orrect, and complete Declaration of	f preparer (other than officer) is bas	ed on all informa	tion of which prepare	er has any knowledge
Plea		*****				2010	-05-13	
Sign Here		S Ignatur	e of office	r		Date		
11010	-		Ritz CEO	1				
		Type or	print name	e and title				
		Preparer's	KPMG L	ID	Date	Check If self-	Preparer's PTIN (See Gen Inst)
Paid		signature	ארויוט I			empolyed 🕨	·	
Prepa	- 1	Firm's name		KPMG LLP	l		EIN Þ	
Use (Only	ıf self-emplo address, and		191 West Nationwide Blvd Ste	500		LIIV F	
				Columbus, OH 432152568			Phone no 🕨 (6	14) 249-2300
	.h - TD0	- discuss t	hic retur		ove? (See instructions) .			▼Yes 「No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization	's mission			
	St John's hospital provides a m for life	ınıstry of exceptional health care service	s to the people of central illino	ois in the Catholic tradition of co	ompassion, justice and reverence
2	Did the organization unde the prior Form 990 or 99	ertake any significant program se 0-EZ?	rvices during the year w	hich were not listed on	┌─ Yes ┌─ No
	If "Yes," describe these r	new services on Schedule O			
3	Did the organization ceas	se conducting or make significant	t changes in how it condi	ucts any program	┌ Yes ┌ No
	If "Yes," describe these o	changes on Schedule O			
4	Section 501(c)(3) and (4	pose achievements for each of th) organizations and 4947 (a)(1) t s, and revenue, if any, for each p	rusts are required to rep	oort the amount of grants a	
4a	(Code SEE SCHEDULE O - PART III I) (Expenses \$ 341,882,037 PROGRAM SERVICE ACCOMPLISHMENTS	including grants of \$	4,236) (Revenue \$	391,431,761)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
71-1	Other process services	(December in Schodule O.)			
4d	(Expenses \$	(Describe in Schedule O) including grants of	f \$) (Revenue \$)
4e	Total program service e				
		311,002,00		==, -=:= (<i>=</i>);	

Part IV	Checklist of	Required	Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[6]{3}$	10		Νο
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	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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		Νο
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		Νο
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
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		N o
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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			No
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		No
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		No
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		No

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			
а	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			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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	Yes	
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		No
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	t 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 133			
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		
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		163	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 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		Νο
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).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		V	
	required?	7h	Yes	
8	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		No
	year?			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		No
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			

Section A. Governing Body and Management

No

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	. desc	cribe the circumstances	s.
	processes, or changes in Schedule O. See instructions.	•		,
1	Enter the number of voting members of the governing body	1a		1

u	Litter the number of voting members of the governing body		11			
ь	Enter the number of voting members that are independent	1b	8			
	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con	•		. 3	Yes	
•	Did the organization make any significant changes to its organizational documents s filed? $\ \ .$	ınce t	he prior Form 990 was	4		No
	Did the organization become aware during the year of a material diversion of the organization	nızatı	on's assets?	5		Νo
	Does the organization have members or stockholders?			6	Yes	
а	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholder	ers, or	other persons?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written action year by the following	ons un	dertaken during the			
_	46				\ \v	

		_	_	_	_	_	_	_	_	_	_	_	
b	each committee with authority to act on behalf of the governing body?												
9a	Does the organization have local chapters, branches, or affiliates? $\ \ .$												
ь	If "Yes," does the organization have written policies and procedures go	vern	ıng	the	act	ıvıtı	es	ofs	uch	c ha	pte	rs,	

affiliates, and branches to ensure their operations are consistent with those of the organization? .			•
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All org	anız	atio	ns
must describe in Schedule O the process, if any, the organization uses to review the Form 990 .			ı

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		No
9b		
10	Yes	
11	Yes	
	9b 10	8b Yes 9a 9b 10 Yes

Section B. Policies

10

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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	Yes	
		TOD	162	

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization LARRY RAGEL 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 (217) 544-6464

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппов	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			ļ				_			
					-+		\vdash			
					\dashv		\vdash			
1b Total			<u>. </u>	Ш.			>	1,742,988	1,432,066	354,152

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►76

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SO ILLINOIS UNIV SCHOOL OF MEDICINE PO Box 19230 SPRINGFIELD, IL 62704	PHYSICIANS	10,608,838
SANGAMON ASSOCIATED ANESTHESIOLOGIS 800 East Carpenter SPRINGFIELD, IL 62769	PHYSICIANS	4,186,392
CENTRAL ILLINOIS COMMUNITY BLOOD BA 1134 S 7th Street SPRINGFIELD, IL 62703	BLOOD PROCESSING FEE	2,204,952
PRAIRIE CARDIOVASCULAR 800 East Carpenter SPRINGFIELD, IL 62769	PHYSICIANS	1,825,534
CENTRAL ILLINOIS EMERGENCY PHYSICIA PO Box 793 TRAVERSE CITY, MI 496850793	PHYSICIANS	1,490,596
Total number of independent contractors (including those in 1) who re from the organization		- 48

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a		Kevellue		512, 515, 01 514
its its	ь	Membership dues					
떕		1					
Contributions, gifts, grants and other similar amounts	С	Fundraising events	lc				
iits ar s	d		L d 1,935,830				
s, g mili	e		3,427,120				
<u>≅</u> ,≅	f	All other contributions, gifts, grants, and			1		
至至	•	sımılar amounts not ıncluded above					
trik ot	g	Noncash contributions included	lf In				
on Find		lines 1a-1f \$	_				
0 %	h	Total (Add lines 1a-1f)	<u>.</u>	5,362,950			
			Business Code				
Ele	2a	NET PATIENT SERVICE REVENUE	900,099	382,283,119	382,283,119		
ie.	ь	DEPARTMENTAL INCOME	900,099	9,148,642	9,148,642		
22	С			, ,	, ,		
M C (d						
Program Service Revenue	e		_	+			
E	f	All other pregram commen	10				
HD0	•	All other program service revenu	16				
Ě	g	Total. Add lines 2a-2f					
	3	► \$ 391,431,761					
		Investment income (including di other similar amounts)		16,208,810	+		16,208,810
		•	▶				,
	4	Income from investment of tax-exemp	bond proceeds	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	С	Rental income					
	d	or (loss) Net rental income or (loss).					
			<u> </u>				
	7a	(1) Securities Gross amount	(II) O ther 41,832				
	/ a	from sales of assets other	11,552				
		than inventory					
	ь	Less cost or 46,180,20 other basis and	6 181,548				
		sales expenses Gain or (loss) -46,180,20	6 -139,716				
	c d	Net gain or (loss)	133,710	-46,319,922			-46,319,922
			. ▶	,			
	8a	Gross income from fundraising events (not including \$					
Other Revenue	_	of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000					
her	Ь	Less direct expenses		0			
더	С	Net income or (loss) from fundra	ising events				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a				
	b c	Less direct expenses	g activities	o			
	10a	Gross sales of inventory, less returns and allowances	a				
	b c	Less cost of goods sold Net income or (loss) from sales	· ·	0			
		Miscellaneous Revenue	Business Code	Ţ	Ţ		
	11a	DIETARY	541,900				3,346,585
	ь	MEDICAL AND DIAGNOSTIC	621,500	558,567		558,567	
	_	LAB	453,220	330,243			330,243
	С	GIFT SHOP	455,220	481,337		380,368	
	d	All other revenue	- [401,33/		300,308	100,909
	е	Total. Add lines 11a-11d	\$ 4,716,732				
	12	Total Revenue. Add lines 1h, 2g		371,400,331	391,431,761	938,935	-26,333,315
		8c, 9c,10c,and 11e	•				Form 990 (2008)

Part IX Statement of Functional Expenses

A	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 1	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	0	·		·					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,236	4,236							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	,							
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	554,046	0	554,046	0					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	138,471,934	126,461,781							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,126,350	1,941,924	184,426						
9	Other employee benefits	25,250,924	23,060,823	2,190,101						
10	Payroll taxes	10,439,488	9,534,035	905,453						
11	Fees for services (non-employees)									
а	Management	16,001,486	2,072,441	13,929,045						
ь	Legal	798,535		798,535						
c	Accounting	34,520		34,520						
d	Lobbying	130,759		130,759						
е	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	38,340,102	24,940,415	13,399,687						
12	Advertising and promotion	2,627,180	124,092	2,503,088						
13	Office expenses	84,027,923	83,944,620	83,303						
14	Information technology	8,484,748	7,067,875	1,416,873						
15	Royalties	0								
16	Occupancy	8,088,071	8,028,383	59,688						
17	Travel	361,867	350,697	11,170						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	0								
20	Interest	3,688,181	3,357,204	330,977						
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	25,381,284	21,946,537	3,434,747						
23	Insurance	5,199,086	515,704	4,683,382						
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)									
а	PROVISION FOR BAD DEBT	22,161,898	22,161,898							
b	CONTRACT LABOR	2,278,916	1,576,157	702,759						
c	Licenses and books	5,938,101	3,187,488	2,750,613						
d	MEDICAID TAXES	11,195,153	42,705	11,152,448						
e	MISCELLANEOUS	1,794,707	1,563,022	231,685						
f	All other expenses	, = 1,131	,,	-,2						
25	Total functional expenses. Add lines 1 through 24f	413,379,495	341,882,037	71,497,458	0					
26	Joint Costs. Check I 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	125,575,133	312,002,031	7.2,137,130						

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			119,085	1	487,408		
	2	Savings and temporary cash investments			172,446	2	8,521,420		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net	<u> </u>						
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L		employees or •		5			
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of		6					
	7	Notes and loans receivable, net			7				
	8	Inventories for sale or use			10,664,504	8	11,248,729		
20	9	Prepaid expenses and deferred charges			13,717,448	9	5,114,073		
Sei	10a								
Assets		Land, buildings, and equipment cost basis	10a	522,619,858					
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	301,732,983	205,963,310	10 c	220,886,875		
	11	Investments—publicly traded securities			618,459,968	11	504,468,518		
	12	Investments—other securities See Part IV, line 11 <i>Complete F Schedule D</i>	of		12				
	13	Investments—program-related See Part IV, line 11 $\it Complete B$ of $\it Schedule D$.		13					
	14	Intangible assets			14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	8,067,904	15	3,714,962				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			926,151,163	16	814,043,798		
	17	Accounts payable and accrued expenses .	36,797,020	17	39,568,057				
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities	211,503,121	20	206,169,380				
eS	21	Escrow account liability Complete Part IV of Schedule D			21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
Lia		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	50,134,227	25	96,721,113				
	26	Total liabilities. Add lines 17 through 25		298,434,368	26	342,458,550			
·^		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	plet e l	ines 27					
Ð		through 29, and lines 33 and 34.							
Balance	27	Unrestricted net assets			605,047,293	27	451,752,313		
<u>в</u>	28	Temporarily restricted net assets		20,433,158	28	17,516,763			
Ξ	29	Permanently restricted net assets		2,236,344	29	2,316,172			
or Fund		Organizations that do not follow SFAS 117, check here ► □ are lines 30 through 34.	plete						
	30	Capital stock or trust principal, or current funds		30					
šet	31	Paid-in or capital surplus, or land, building or equipment fund		31					
Assets	32	Retained earnings, endowment, accumulated income, or other for		32					
Net	33	Total net assets or fund balances			627,716,795	33	471,585,248		
<u>z</u>	34	Total liabilities and net assets/fund balances			926,151,163	34	814,043,798		
	/-	Financial Statements and Penorting							

ParitXI	Financial	Statements	and Reporting

			Yes	No	
			res	140	,
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes		
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes		
С	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	Yes		
3а	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		Νo	
b	If "Yes," did the organization undergo the required audit or audits?	3b		Νο	

DLN: 93493137049650

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number Name of the organization ST JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS 37-0661238

Pa	rt I	Reason	for Public C	harity Status (to be con	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organı	zatıon ıs not	a private found	ation because it is (Please	check onl	ly one orga	anızatıon))				
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	170(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	h Schedu	ıle E)						
3		A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Γ	A medical i	research organı	zation operated in conjunction	on with a l	hospital de	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	\sqcap	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	rnmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).										
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Part	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from c	ontributior	ıs, membe	rship fees	s, and gross	
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	stment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)	
11	Γ	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	Γ	•	foundation man	rtify that the organization is agers and other than one or						-	•	
f		If the orgar		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g		_		as the organization accepted	d any gift	or contribi	ution from	any of the	:		·	
		following pe		r indirectly controls, either a	alona or to	acther wit	th narcone	doscribo	dun (u)		Vaa Na	
				ng body of the the supported			in persons	describe	u III (II)	11g	Yes No	
			· -	erson described in (i) above	_	CIOII.				11g		
				ty of a person described in (hove?				11g(
h				nation about the organizatio			sunnorts			119(1117] 1110	
		1 TOVIGE THE	. Tollowing Illion	nation about the organizatio	ns the org	gamzation	заррогіз					
		ame of	(ii) EIN	(iii) Type of organization (described on lines 1 - 9	(iv) I			ou notify		s the	(vii) A mount of support?	
		nızatıon		above or IRC section (See Instructions))	col (i) your go	organization in col (i) listed in your governing document?		i) of your port?	col (i) o	rganized US?		
					Yes	No	Yes	No	Yes	No	1	
								1				

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% 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 **33 1/3% 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 37-0661238

Name: ST JOHN'S HOSPITAL OF THE HOSPITAL

SISTERS OF THE THIRD ORDER OF ST FRANCIS

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)				I			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Highest compensated employee Key employee Officer Institutional Trustee Individual Trustee or Director		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations				
J Michael Houston , Chairperson	5 0	Х		Х				0	0	0	
Sister Mary Kelly , Secretary	5 0	Х		Х				0	0	0	
Sister Chaminade Kelley , Director	1 0	Х						0	0	0	
Robert Ritz , CEO	40 0	Х		Х				0	514,933	68,533	
Sıster Mary Beth Culnan , Dırector	1 0	Х						0	0	0	
Donald Graham MD , Director	1 0	Х						0	0	0	
Robert Bunn , Director	1 0	Χ						0	0	0	
Richard Corkery , Director	1 0	Х						0	0	0	
Mark Puczynski , Director	1 0	Х						0	0	0	
Roger Sables , Director	1 0	Χ						0	0	0	
John Slayton , Director	1 0	Х						0	0	0	
Richard Carlson , CEO	40 0	Х		Х				0	800,810	105,704	
Ann Carr , Treasurer	1 0			Х				0	116,323	46,672	
Anna Lee Fenger , Assist Admin	40 0			Х				275,617	0	27,627	
John Steven Eavenson , CFO	40 0			Х				255,111	0	25,689	
John short , Assoc Admin	40 0			Х				192,430	0	0	
Frank Skala , Chief Financial Officer	40 0			Х				0	0	0	
Greg Weller , Chief Financial Officer	40 0			Х				0	0	0	
Craig Backs MD , Medical Director	40 0					Х		330,883	0	17,602	
Janice Burkart , Executive Director PHI	40 0					Х		179,628	0	0	
Jianxin Wang , Manager	40 0					Х		177,620	0	7,357	
Ann Derrick , Asst Admin-CNO	40 0					Х		169,970	0	45,296	
Mark Milnes , Pharmacist	40 0					Х		161,729	0	9,672	

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

OMB No 1545-0047

Open to Public Inspection

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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

lf th	, , , ,	s," to Form 990, Part IV, Line 5 (Pro	,	n)) Complete Part II-B Do n	lot complete Part II-A
N a	ime of the organization JOHN'S HOSPITAL OF THE HOSPITAL STERS OF THE THIRD ORDER OF ST FRA			Employer iden 37-0661238	tification number
Par		oy all organizations exempt ι e the instructions for Schedule C			527
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaıgn act	ıvıtıes ın Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	t I-B To be completed befor Schedule C for d	oy all organizations exempt ι etaιls.)	ınder sectior	501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization und	er section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	14955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 47	'20 for this year	?	┌ Yes
4a	Was a correction made?				┌ Yes
Ь	If "Yes," describe in Part IV				
Par		y all organizations exempt ι for Schedule C for details.)	ınder sectior	1 501(c), except sect	ion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exemp	t function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribut	ed to other orgar	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (E paid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	ıd from the filing to a separate po	organization's own interna litical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For	Danerwork Deduction Act Notice	see the instructions for Form 990	Cat No 50	10845 Schedule C (Form 990 or 990-F7) 2009

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 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- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ 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 1a through 1f of the instructions.)

	Lobbying Expendi	tures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, 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)		(b)
		Yes	No	A mount
L	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			
а	Volunteers?		Νo	
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νο	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		130,759
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1:			130,759
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νο	
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?		No	
ar	t III-A. To be completed by all organizations exempt under section $501(c)(4)$. section	501(c)(5), or

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 the instructions for Schedule C for details.)

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).		
а	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

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
Part II-B, line 1g		Lobby activities include professional fees and associated expenses of a professional lobbyist to work with federal,state and local government officials on medicare and medicaid funding issues

1 \$

Part IV Supplemental I										
Ident if ier	Return Reference	Explanation								

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

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.

Employer identification number

Name of the organization T JOHN'S HOSPITAL OF THE HOSPITAL		Employer identification number
SISTERS OF THE THIRD ORDER OF ST FRANCIS		37-0661238
Organizations Maintaining Donor A organization answered "Yes" to Form 9	90, Part IV, line 6.	·
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate Contributions to (during year)		
Aggregate Grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised Yes No
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?		may be
art III Conservation Easements. Complete	e if the organization answered "Yes" to	Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recrea Protection of natural habitat Preservation of open space	tion or pleasure) Preservation of an	historically importantly land area rtified historic structure
Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the form	of a conservation easement
		Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easemer	nts	2b
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
Number of conservation easements modified, trans	ferred, released, extinguished, or terminate	d by the organization during
the taxable year 🕨		
Number of states where property subject to conserv	vation easement is located ►	
Does the organization have a written policy regarding enforcement of the conservation easements it holds		tions, and
Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the	year ►
A mount of expenses incurred in monitoring, inspect	ting, and enforcing easements during the ye	ar ► \$
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion Yes No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financial	·
Organizations Maintaining Collecti Complete if the organization answered		or Other Similar Assets.
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or researc	h in furtherance of public service,
If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research ir	•
(i) Revenues included in Form 990, Part VIII, line	1	▶ \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, his following amounts required to be reported under SF,		. 1
Revenues included in Form 990, Part VIII, line 1		► \$
b Assets included in Form 990, Part X		▶ \$

Cat No 52283D

Part	***	Organizations Maintaining Col	llections of Art, I	list	tori	cal Treas	ures, or O	<u>the</u>	<u>r Similar</u>	Asse	ts (co	ntınued)	
3		g the organization's accession and other s (check all that apply)	records, check any o	fthe	e foll	owing that a	are a significa	nt u	se of its co	llection	ı		
а	Γ	Public exhibition		d	Γ	Loan or ex	change progra	ams					
b	Γ	Scholarly research		e	Γ	Other							
С	Preservation for future generations												
4	Prov Part	ide a description of the organization's co XIV	llections and explain	how	they	further the	organization	's ex	empt purp	ose in			
5		ng the year, did the organization solicit o ets to be sold to raise funds rather than to							nılar	Г	Yes	┌ No	
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					ganızatıon aı	ารพ	ered "Yes	" to Fo	orm 9	90,	
1a		ne organization an agent, trustee, custodi ided on Form 990, Part X?	an or other intermedia	ary 1	for c	ontributions	or other ass	ets	not	Γ	Yes	┌ No	
b	If"Y	es," explain why in Part XIV and comple	te the following table				_						
							_			A mou	nt		
С	Beg	inning balance					_	1c					
d	Add	itions during the year						1d					
e	Dist	ributions during the year						1e					
f	End	ing balance						1f					
2a	Did 1	the organization include an amount on Fo	rm 990, Part X, line 2	1?						Г	Yes	┌ No	
b	If "Y	es," explain the arrangement in Part XIV											
Pai	r t V	Endowment Funds. Complete it											
1a	Rogi	inning of year balance	(a)Current Year	(b)	Prior Y	ear (c)	wo Years Back	(a)	Three Years E	Back (e)Four Ye	ears Back	
ь		tributions											
c		estment earnings or losses											
d		nts or scholarships											
e		er expenditures for facilities											
_		programs											
f	Adm	ninistrative expenses											
g	End	of year balance											
2	Prov	ide the estimated percentage of the year	end balance held as										
а	Boar	d designated or quasi-endowment 🕨											
b	Pern	nanent endowment 🕨											
c	Tern	n endowment 🕨											
3a		there endowment funds not in the posses	sion of the organization	on t	hat a	re held and	admınıstered	lfor	the				
		nization by nrelated organizations								3a(i)	Yes	No	
		related organizations		•	•			•		3a(ii)			
ь	` '	es" to 3a(II), are the related organization				ule R? .		٠.		3b	<u> </u>		
4		cribe in Part XIV the intended uses of the	•										
Par	t VI	Investments—Land, Buildings	, and Equipment	. Se	ee F	orm 990,	Part X, line	10.					
		Description of investment				Cost or other (investment)	(b)Cost or oth basis (other)		(c) Deprecia	ation	(d) Boo	ok value	
1 a L	and			\dashv			12,133,	 281			1.	2,133,281	
b E	Buildii	ngs		ļ			158,857,	451	79,76	0,032	7:	9,097,419	
c L	ease	hold improvements		ļ			305,	004	28	4,867		20,137	
d E	quipi	ment		Ī			191,675,	842	136,14	4,970	5.	5,530,872	
e (ther			ļ			159,648,	280	85,54	3,114	7-	4,105,166	

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
Financial derivatives and other financial products			Harket Value
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990 Dart X line	13	
		(c) Method of va	luation
(a) Description of investment type	(b) Book value	Cost or end-of-year r	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip	otion	(b) Book value
DEFERRED DEBT ACQUISTION COSTS			3,275,841
DEFERRED ASSETS			439,121
Total. (Column (b) should equal Form 990, Part X, col.(B) line is	15)		
Part X Other Liabilities. See Form 990, Part >			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ASSET RETIREMENT OBLIGATION	47,889,202		
THIRD PARTY REIMBURSEMENT PROGRAMS	9,420,422		
ESTIMATED SELF-INSURANCE COSTS	30,672,404		
SWAP PROGRAM	8,739,085		
	, ==,===		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	96,721,113		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าtร	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	371,400,331
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	413,379,495
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-41,979,164
4	Net unrealized gains (losses) on investments	4	-25,761,437
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-88,390,946
9	Total adjustments (net) Add lines 4 - 8	9	-114,152,383
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-156,131,547
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		345,518,472
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С.	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d	2e	-23,946,029
3	Subtract line 2e from line 1	3	369,464,501
4	A mounts 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		
Ь	Other (Describe in Part XIV)	4 -	1 025 020
c -	Add lines 4a and 4b	4c 5	1,935,830
5 Date	EXIII Reconciliation of Expenses per Audited Financial Statements With Expenses		371,400,331
1	Total expenses and losses per audited financial statements	1	498,813,452
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		,
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 85,433,957		
e	Add lines 2a through 2d	2e	85,433,957
3	Subtract line 2e from line 1	3	413,379,495
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
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	413,379,495

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 XIV, 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

Ident if ier	Return Reference	Explanation
EXPLANATION FOR ADOPTION OF		ON JULY 1, 2007, THE OBLIGATED GROUP ADOPTED FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES-AN INTERPRETATION OF FASB STATEMENT NO 109 THE INTERPRETATION ADDRESSES THE DETERMINATION OF HOW TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER FIN 48, THE OBLIGATED GROUP MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS AND REQUIRES INCREASED DISCLOSURES AT THE DATE OF ADOPTION, AND AS OF JUNE 30,2009, THE OBLIGATED GROUP DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS THE ADOPTION OF FIN 48 HAD NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF THE OBLIGATED GROUP
other changes in net assets	form 990 schedule d, part ıx	change in temporarily restricted net assets (2,476,428), transfer to affiliates (41,120,000), change in pension funded status (44,174,241), temporarily restricted foundation gen & admin exp (620,277), total (88,390,946)
other revenue per books not on the return	form 990 schedule d, part xII line 2d	Net Assets released from restriction 1,675,692, Gain/loss on sale of assets 139,716, total 1,815,408
other revenue per the return not on the books	form 990 schedule d, part x11 line 4b	Foundation contribution 1,935,830
other expenses per books not on the return	form 990 schedule d, part xIII line 2d	transfer to affiliates 41,120,000, change in pension funded status 44,174,241, gain/loss on sale of assets 139,716, total 85,433,957

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization ST JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS

Employer identification number

37-0661238

Pä	art I Charity Care an	d Certain O	ther Com	munity Benefits at	Cost (Optional for	2008)				
								Yes	No	
1a	Does the organization have	a charity care	policy? If "N	lo," skip to question 6a			1a	Yes		
b	If "Yes," is it a written polic	y?					1b	Yes		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals									
	A pplied uniformly to all Generally tailored to ind	•	ls	Applied uniformly	to most hospitals					
3	Answer the following based organization's patients	on the charity	care eligibili	ty criteria that applies t	o the largest number o	fthe				
а	Does the organization use F income individuals? If "Yes	•		` '			3a	Yes		
	Γ _{100%} Γ ₁₅₀	, " Г ₂	.00%	Other	250 %		Ja	163		
h	Does the organization use F					dividuale2 If				
D	"Yes," indicate which of the					ividuais? II	l <u>.</u> .			
	•	=	•				3b	Yes		
	T 200%	300	% !	350%	% I ✓ Other	<u>600 %</u> %				
c	 If the organization does not determining eligibility for fre test or other threshold, rega 	ee or discounte	d care Inclu	ide in the description wh	ether the organization					
4	Does the organization's pol	ıcy provide free	or discount	ed care to the "medicall	y indigent"?		4	Yes		
5a							5a	Yes		
b	If "Yes," did the organization	n's charity car	e expenses	exceed the budgeted am	iount?		5b	1	Νο	
c	: If "Yes" to line 5b, as a res care to a patient who was e						5c			
6a	Does the organization prepa	are an annual c	ommunity be	enefit report?			6a	Yes		
6b	If "Yes," does the organizat	ion make it ava	allable to the	public?			6b	Yes		
	Complete the following table worksheets with the Schedu		ksheets prov	vided in the Schedule H	instructions Do not s	ubmit these				
7	Charity Care and Certain	Other Commu	nity Benefits	at Cost						
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero		
а	Charity care at cost (from worksheets 1 and 2)			9,714,623		9,714	.623	2	35 %	
b	Unreimbursed Medicaid (from				75 222 452					
c	worksheet 3, column a) Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)			88,059,449	75,328,470	12,730	, 9 / 9	3	08 %	
d	Total Charity Care and Means-Tested Programs .			97,774,072	75,328,470	22,445	,602	5	43 %	
e	Other Benefits Community health improvement services and community benefit operations (from				200			-	100	
f	(worksheet 4)	62 8		621,755 12,043,820	4,168,497	7,875	,111,		13 % 1 9 %	
g	(from worksheet 5) Subsidized health services (from worksheet 6)			12,043,020	4,100,497	7,075	,,,,,		. <i>3 7</i> 0	
h	Research (from worksheet 7)									
	Cash and in-kind contributions to community groups (from worksheet 8)	27		417,657	1,691		,966		0 1 %	
-	Total Other Benefits Total (line 7d and 71)	97		13,083,232	4,256,832	8,826			13 %	
ĸ		. ^7!	1	1 110057 2011	70 505 202	21 777	וכחח		L & 0/	

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008) (a) Number of (b) Persons (c) Total community (e) Net community activities or (d) Direct offsetting (f) Percent of served programs building expense revenue building expense total expense (optional) (optional) 1 Physical improvements and housing Economic development 2 1,361 1,361 4 800 Community support 287 11,516 10,716 Environmental improvements Leadership development and training for community members 6 Coalition building 2 302,994 302,994 1 % Community health improvement advocacy 8 Workforce development 2 2,566 2,566 9 Other 10 Total 10 501 318,437 800 317,637 1 % Bad Debt, Medicare, & Collection Practices (Optional for 2008) Part III Section A. Bad Debt Expense Yes No Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Yes Enter the amount of the organization's bad debt expense (at cost) . 2 22,161,898 Enter the estimated amount of the organization's bad debt expense (at cost) 3 attributable to patients eligible under the organization's charity care policy Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit Section B. Medicare Enter total revenue received from Mecicare (including DSH and IME) . . . 139,770,418 Enter Medicare allowable costs of care relating to payments on line 5 . 196,831,038 Enter line 5 less line 6—surplus or (shortfall) -57,060,620 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used Cost to charge ratio ▼ Other Cost accounting system Section C. Collection Practices 9a Yes If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for Yes patients who are known to qualify for charity care or financial assistance? Describe in Part VI 9h Part IV Management Companies and Joint Ventures (Optional for 2008) (d) Officers, directors (c) Organization's (e) Physicians' trustees, or key (b) Description of primary (a) Name of entity profit % or stock employees' profit profit % or stock activity of entity ownership % % ownership % orstock ownership% 1 PRARIE HEART INST HEALTHCARE 50 % 3 4 5 6 7 8 9 10 11 12 13 14

Schedule H (Form 990) 2008									Page 3
Part V Facility Information (Required for 20	08)								
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)
St John's Hospital		.,		.,					
800 east carpenter springfield, IL 62679	X	Х		Х			Х		
Carol Jo Vechie Women & Children's Cntr 800 east carpenter springfield, IL 62679			x						
Home Health									
801 east carpenter springfield, IL 62679	X								

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

constituents it serves

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

DUE TO A SOFTWARE LIMITATION, THE AMOUNTS FOR COLUMN (B), PERSONS SERVED, CANNOT BE INCLUDED ON PART I, LINES 7A THROUGH 7K THE CORRECT NUMBER OF PERSONS SERVED ARE AS FOLLOWS OTHER BENEFITS 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS 28,443,7G SUBSIDIZED HEALTH SERVICES 168,7I CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS 3,975,7J TOTAL OTHER BENEFITS 32,586,7K TOTAL 32,586

The hospital strongly believes that its charity care, and the related community benefit obtained from such care, is understated because of those patients that potentially qualify for charity care but do not wish to apply for it. In addition, some care is not classified as charity due to missing documentation on patient resources. Thus, the hospital's bad debt includes a portion that could be classified as charity care if application for such care was sought and/or completed. Currently, the hospital is implementing processes, procedures and systems to more effectively determine charity care that will reduce a patient's documentation requirements and ease the patient's emotional burden in applying for charity care. This will provide a more accurate reporting of charity care services provided by the hospital. The bad debt expense is arrived at by pulling patient billing amounts that are written off to bad debt charge codes. This number as well matches what is reported on our fiscal year ending Financial Statements. Any bad debt recoveries are subtracted out of the total bad debt expense. This total bad debt amount is then brought back down to an "at cost" amount by multiplying bad debt by the Ratio to Patient Care Cost to Charges calculated in Worksheet 2

The hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital management continually advocates for improved Medicare payment so that the cost of quality care to those patients that are not able to afford it is not compromised and is fairly subsidized by all payers. While this shortfall in Medicare payments is not classified as community benefit by the IRS, we nonetheless believe it is an important contribution made by the hospital to the health and well being of the community. Our mission calls us to serve all patients with the highest possible quality and efficiency, even if we are not paid fully for doing so

Any patient accounts that are sent to a collection agency have an opportunity to complete a financial application for Charity/Christian Care

If an account meets the qualifications for financial assistance, St. John's notifies the collection agency to make it a Christian Care adjustment. At the end of every month, the collection agency provides a list of patients, accounts, and amounts that should be reclassified as charity care. As a result, an adjustment is made to reclass the dollars from the bad debt account to charity. For the Charity Care calculations, we are using the total amounts from patient billing that is written off to Charity Care charge codes. This number matches with what is reported on our fiscal year ending Financial Statements. The total charity care amount is then brought down to an "at cost" amount by using a Patient Care Cost to Charges. Ratio. This ratio is arrived at by following the IRS Schedule H-WORKSHEET 2 FORMAT.

2. Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves.

Our healing ministry calls us "to serve suffering humanity for His sake." Our commitment to care for the sick, the less fortunate, the elderly

and the isolated is at the heart of who we are at St John's Hospital Participation in our community and studying information previously provided by the Department of Public Health is what we used to determine our community needs for fiscal year 2009. In 2008 the Department of Public Health provided a Sangamon County Needs Assessment called the iPlan. The IDPH iPlan information indicated that cancer, heart disease, respiratory diseases, diabetes, obesity and maternal/fetal risk are among the leading health threats to the residents of Sangamon County. Currently, St. John's Hospital provides ongoing education and health outreach programs that address six of these top 10 Sangamon County identified needs. St. John's Hospital involvement with the community has brought together Homeless United for Change (HUC) and the Mayor's Task Force. This group has joined together to help address the problems associated with Springfield's growing public

- awareness of homeless citizens In FY 2009, St John's Hospital community benefit efforts focused on supporting the current programs already in place, and directed special efforts on addressing the prevention of childhood obesity and homeless
 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- Brochures, describing the program and how to apply, are located at all access points of the hospital 2) All patient billing statements contain information on how a patient may inquire about receiving help paying their bills, i.e. Business Office telephone number 3) St. John's employs an outside vendor to assist in assessing Self-Pay patients ability to qualify for various Government programs and/or Charity assistance, including helping the patient apply for state Medicaid, or completing the hospital's Charity application 4) All Business Office Customer Service staff are trained to assist patients in completing the Public Aid and Charity applications 5) St. John's website lists available financial assistance and directs patients on how to inquire or apply. Our Charity guidelines are also listed on the website.

 4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic

St John's utilizes various means to inform and educate our patients of financial assistance available to them 1) Christian Care (Charity)

Nearly 50% of the inpatients treated at St John's Hospital reside in the Primary Service Area of Sangamon County Almost 27% of the inpatients live in St John's Secondary Service Area of consisting of Cass, Christian, Logan, Macon, Macoupin, Menard, Montgomery, and

Morgan Counties Fifteen percent of the inpatients treated at St John's live in the Secondary Service Area consisting of Bond, Brown, Clay, Coles, De Witt, Effingham, Fayette, Greene, Marion, Mason, Moultrie, Piatt, Pike, Schuyler, Scott, and Shelby Counties. The combined population of St John's Service Areas is 828,668 and this population is projected to decline to 822,041 by 2014. St John's Service Area population is aging with growth primarily in the 65+ cohort. The current unemployment rate in Sangamon County is 8.2%. The median household income for the entire Service Area is \$45,446.

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

- St John's Hospital is involved in a wide variety of community building activities. Examples include active staff participation during business hours with the following organizations. United Way of Central Illinois, Springfield Park District, District 186 school mentoring program,
- Central Illinois Community Blood Center, Hospital Sisters Mission Outreach, Homeless United for Change, Greater Springfield Chamber of Commerce, Downtown Springfield Inc , Pregnancy Care Center, Elizabeth Ann Seton Program, Mid Illinois Medical District, Lincoln Land Community College Workforce Investment Board, Sangamon County Public Health Department WIC program, and various State of Illinois advisory boards for Public Health, Information Technology and Emergency Management. Through our staff's involvement with these and many other groups, we are providing expertise on policy and decisions related to improving the health of the populations we serve As an example, staff involvement with Downtown Springfield Inc. has lead to the development of a vibrant Farmers' Market. The Farmer's Market helps to promote healthy food choices and it is a way local farmers can create business relationships with their surrounding community members Each year the market continues to grow This past year, St John's identified an opportunity at the Farmer's Market to help serve low income families and provide small steps toward helping reduce childhood obesity St John's Hospital partnered with Sangamon County Public Health and the recipients of the WIC program St John's provided participating vendors at the Farmer's Market with reusable shopping bags. Each week the participating farmers would fill the bags full of fresh produce worth \$10 00 St John's would purchase these bags from the vendors and then the bags were picked up by WIC recipients during scheduled times throughout the day. Providing fresh produce to low income families help these people to choose healthier foods for themselves and for their children. The Extension Office provides cooking demonstrations on how to prepare these fresh fruits and vegetables at the market. This not only helps to teach our communities how to use the foods they receive, it also encourages families to choose healthy, fresh foods. At the same time we are helping to support our local farmers Another example of how St John's Hospital is helping to build a stronger community that emphasizes health and wellness of our children is through a partnership with Kidzeum of Health and Science (KHS). The hospital committed \$1.25 million to help establish and construct a children's museum at the Edwin Watts Southwind Park in Springfield During FY 2009, St John's contributed staff and physician's expertise to help plan and develop exhibits at Kidzeum. The idea is to make a kid-friendly and fun learning environment that also provides enjoyment for children with physical limitations. In FY 2009, St. John's contributed \$300,000 to Kidzeum as the first payment on this multiyear commitment. The 20,000 square foot Kidzeum is projected to cost \$6 million. The facility will offer hands-on exhibits and programs that will allow visitors to learn about the inter-workings of the body, the value of renewable energy resources and how our community plays an important role in our health and well-being. St. John's staff members and physicians understand that sharing our knowledge with others helps make our community stronger It is gratifying to share our experience, talents and resources with students ranging from pre-school to resident physicians at the SIU School of Medicine Some staff members share an hour over their lunch to serve as mentors to children at local "at risk" schools. Others take the time to talk to students about their lives and the challenges they face as healthcare providers Programs through Southeast High School, such as the Health Science Academy, help students learn more about the healthcare profession Everyday life experiences and sharing of our expertise help us invest in our community and our most valuable resources - our children Employment education and job skill development are very important for the personal growth of any individual St John's Hospital has recognized that not all people are able to jump into life with all of the personal growth skills needed in order to have a successful future. Staff at St John's Hospital takes the time to help teach job skills to underserved youth and students with special needs. The "Youth with a Purpose" and "Primed for Life" students are assigned to specific areas of the hospital in which they are given job duties. These tasks help the students to enhance their social and employment skills. Many students leave with the satisfaction knowing that they were able to learn a new skill or complete a given task. This self accomplishment is priceless for all of those who are involved. The Samaritan Guild Line is a service to our community for the elderly, infirm, or those who live alone. We have committed to calling a list of 6 individuals 365 days a year between 900 9 30 a m to ensure they are all right Many are delighted just to hear a friendly voice. If we are unable to reach the individual, then a pre designed procedure is followed. The Samaritan Guild Line devoted 94 volunteer hours and 52 staff hours in fiscal year 2009 to check on these individuals and just let them know that someone cares 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.) St John's Hospital is a tertiary care center with a designated Children's Hospital including Neonatal Intensive Care Unit and comprehensive Pediatric Services St John's shares designation as a Level I Trauma Center with Memorial Medical Center and SIU School of Medicine St
- University School of Medicine in the medical education of 200 residents. Programs include Family Practice, Surgery, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Radiology. St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis provides

John's offers extensive cardiac, oncology, medical, surgical and obstetrical services. St. John's Hospital is affiliated with the Southern Illinois

- quality medical healthcare to all who need care regardless of race, creed, sex, national origin, handicap, age, religion or ability to pay Although reimbursement for services rendered is critical to the operation and stability of St John's Hospital, it is recognized that not all individuals possess the ability to purchase essential medical services. Thus, our Mission to serve the community with respect to providing healthcare services and healthcare education is intrinsic. Inherent to our Mission, we provide care to the poor, the elderly and the needy of the community through various programs and services. These activities include wellness programs, community education programs, and special programs for the elderly, handicapped, medically underserved, and a variety of broad community support activities. Because of the hospital's purpose and tradition, it is organized to promote the health of Springfield and surrounding areas. The hospital is governed by a Board of Directors, the majority of which is comprised of persons who reside in the organization's primary service area. The Board ensures that St John's is responding to community need in accordance with the process described under #2 above. Also consistent with its exempt purpose, St John's has an open medical staff with privileges available to all qualified physicians in the area As a not-for-profit hospital, St John's reinvests surplus funds into the mission of the organization and health of the community rather than distributing them as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, support medical education, improve patient care, and support initiatives designed to promote health for all In fiscal year 2009, St John's Hospital serviced 20,293 inpatients or 105,170 days of care and provided 248,089 outpatient services. St. John's Hospital provides quality medical care to the poor through a free care program, the Medicaid program and other health activities and programs at reduced price or free Fulfilling our mission to the community, services were provided to 5,029 Medicaid inpatients or 23,922 days of care and provided 47,493 outpatient services. In FY 2009, St. John's Hospital provided charity care to patients at a cost of \$9,714,623. The total un-reimbursed value of providing care to the poor is \$22,812,427 Through affiliation with Southern Illinois University School of Medicine, St John's Hospital invests approximately \$12,043,820 for the training of residents and support for clinical programs. Total community benefit net of third party funding provided to the broader community in FY2009 was \$7,875,323 Responding to our community includes helping take care of those who are most vulnerable. The Pregnancy Care Center of Springfield, Inc. provides prenatal care for pregnant women, with an emphasis on serving young women with limited financial means or challenging family dynamics. St. John's supports the Care Center with an annual stipend, free office space, various office needs, speaker engagements and other health professions as needed. Through this collaboration, the Care Center was able to serve 401 new clients in FY 2009 from Sangamon and the five surrounding counties Services provided include physician referrals, prenatal care, free classes and counseling. The Center also helps client's access services provided by State agencies, such as All Kids. The Care Center networks with other agencies in the area to avoid duplication of services. The Elizabeth Ann Seton Program is a non-profit volunteer based organization. The program serves low-income pregnant and parenting women and their children. The program provides mentoring, education and practical assistance. St. John's Hospital has helped to support this program by providing them with free office space, speakers, and various operating needs, such as printing of materials. St John's Hospital also partners with Capital Community Health Center whereby low income and/or uninsured patients can be referred to the hospital for healthcare. The hospital assists the patient in applying for whatever means of health care reimbursement they may be eligible. If the patient is not able to pay their portion of the bill, the amount is frequently written off. During fiscal year 2009, \$3,424,993 in charges were written off for over 2,600 CCHC participants St John's Hospital has always understood the importance of helping those who are less fortunate. Our ministry of helping to feed the homeless and the hungry date back to the days when the Sisters provided sandwiches at the back door of the hospital. Today, St John's is proud to continue this tradition by supporting St John's Breadline From July 2008 to June 2009, the Breadline served 209,882 meals Food items from St John's cafeteria are packaged and sent to the Breadline, along with one-half pint milk cartons specifically purchased for this use St John's also provides maintenance and repair work, pan washing and clean-up services. What seems like such a small donation has a large return for the people who need it the most In FY 2009, St John's Hospital donated over \$26,000 in services to the Breadline. Over the last few years, the City of Springfield has experienced a growth in our homeless population. Through involvement with our community and staff members who have a personal interest in the homeless, St John's Hospital has taken on possible ways of helping Collecting personal hygiene items to be distributed out at the local homeless shelter was just a beginning of our efforts. St. John's now has staff members involved and provide food on a rotating basis to the homeless shelter. St. John's is in the beginning stages of working through the homeless issues and we look forward to what is to come. Group talks and literature help our efforts to get the word out about early detection of breast cancer As part of Breast Cancer Awareness Month in October 2008, St. John's joined a group of area health agencies and local hospitals by offering free mammograms to women without insurance. This effort was organized by the Regional Cancer Partnership of Illinois (RCP) During the month of October, St. John's also collaborated with the American Cancer Society to promote the Real Men Wear Pink campaign Real Men Wear Pink enlists men from the Springfield community to pose for pictures wearing pink attire. The pictures are used in a multi-media public awareness campaign that encourages men to remind the women in their lives to get an annual mammogram. This effort has been very successful Color Me Healthy is an interactive, hands-on program designed to promote physical activity and healthy eating for children pre-school through first grade. The program, funded through a grant from Kohl's, is designed to stimulate the five senses so children learn that eating healthy food and physical activity can be fun Since May 2009, 40 educators from Sangamon County and District 186 have been trained by St John's educators to teach Color Me Healthy curriculum. Huff and Puff uses hands-on learning materials and an animated DVD to help children learn about healthy breathing, asthma awareness and symptom control Eighty-five families directly benefited from this educational service this past year. Along with these families, almost 2,000 students from 36 schools in Jacksonville, Lincoln, Murrayville, Buffalo and Springfield were educated on asthma awareness. Each student received a free educational handout and bookmark on the symptoms and triggers of asthma and how to manage the symptoms. The Stroke Team at St. John's Hospital set out to educate the public on the signs of a stroke, what to do and who to call if stroke symptoms appear. Starting with the idea of Community Stroke Education, an open invitation for the public for "Lunch with the Stroke Team" was created. Around 145 people attended the luncheon in May, 2008 at our Dove
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Conference Center which included a variety of speakers from various areas that treat cardiovascular health issues. Some of the areas included ER, Neurology, Vascular surgery, Physical therapy, Internal medicine and Psychology. There were free blood pressure and

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

cholesterol screenings

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As Filed Data -

DLN: 93493137049650

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization ST 10HN'S HOSPITAL OF THE HOSPITAL

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.

Open to Public Inspection

SISTERS OF THE THIRD ORDER OF ST FRANCIS 37-0661238 **Questions Regarding Compensation** Νo Yes 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 idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes 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 Yes 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 During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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 Νo 5Ь Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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 o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Ann Carr	(1) (11)		· · · · · · · · · · · · · · · · · · ·	0 22,750	0 34,815	0 12,086	0 163,224	
Robert Ritz	(1) (11)		0 100,000	0 41,122	0 60,684	0 8,721	0 584,338	
Anna Lee Fenger	(1) (11)		0	0	27,627 0	12,394 0	315,638 0	
John Steven Eavenson	(ı) (ıı)		0	0	25,689 0	13,281 0	294,081 0	
John short	(1) (11)		0	0	0	7,151 0	199,581 0	
Richard Carlson	(1) (11)		1 01	0 537,592	0	0 10,664	0 811,474	
Craig Backs MD	(1) (11)		0	0	17,602 0	13,281 0	361,766 0	
Janice Burkart	(ı) (ıı)		-	0	0	0	179,628 0	
Jianxin Wang	(ı) (ıı)		0	0	7,357 0	13,281 0	198,258 0	
Ann Derrick	(ı) (ıı)		0	0	4 5,296 0	7,960 0	223,226 0	
Mark Milnes	(ı) (ıı)		0	0	9,672 0	273 0	171,674 0	
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Part I line 4a		The following severence payments were made to John s Eavenson \$86,920 and Janice L Burkart \$103,700
Interim CFO	Schedule J Part II	St John's Hospital employed the management company of Insight Health Partners from July 17, 2008 to January 27, 2009 Insight Health Partners was contracted to provide interim Chief Financial Officers of Greg Weller and Frank Skala
Other Compensation	Schedule J, Part II	Richard Carlson's Other compensation includes \$417,051 of supplemental Retirment benefits, which have vested and been funded

Software ID: Software Version:

EIN: 37-0661238

Name: ST JOHN'S HOSPITAL OF THE HOSPITAL

SISTERS OF THE THIRD ORDER OF ST FRANCIS

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

(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
I		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Ann Carr	(ı) (ıı)		0 0	0 22,750	0 34,815	0 12,086	0 163,224	0
Robert Ritz	(ı) (ıı)		0 100,000	0 41,122	0 60,684	0 8,721	0 584,338	0
Anna Lee Fenger	(ı) (ıı)	•	0 0	0 0	27,627 0	12,394 0	315,638 0	0
John Steven Eavenson	(ı) (ıı)		0 0	0 0	25,689 0	13,281	294,081	0
John short	(ı) (ıı)	·	0	0	0 0	7,151 0	199,581 0	0
Richard Carlson	(ı) (ıı)		0 0	0 537,592	0	0 10,664	0 811,474	0
Craig Backs MD	(ı) (ıı)		0 0	0 0	17,602 0	13,281	361,766 0	0
Janice Burkart	(I) (II)	•	0	0	0	0	179,628 0	0
Jianxin Wang	(I) (II)	· •	0	0	7,357 0	13,281	198,258 0	0
Ann Derrick	(ı) (ıı)		0	0	45,296 0	7,960 0	223,226 0	0
Mark Milnes	(I) (II)		0	0 0	9,672 0	273 0	171,674 0	0
	1,,	1	1	١	٠	,	١	1

DLN: 93493137049650

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

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

Supplemental Information on Tax Exempt Bonds

Open to Public Inspect ion

Name of the organization **Employer identification number** ST JOHN'S HOSPITAL OF THE HOSPITAL 37-0661238 SISTERS OF THE THIRD ORDER OF ST FRANCIS Part Bond Issues (Required for 2008) (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes Nο No Illinois Finance Authority 86-1091967 45200P2X8 06-17-2008 65,550,000 | See Schedule O Χ Χ Illinois Finance Authority 86-1091967 45200BX94 06-17-2008 227,835,000 | See Schedule O Χ Χ Illinois Finance Authority 86-1091967 45200BX37 03-06-2007 75,635,104 | See Schedule O Х Χ Illinois Finance Authority 86-1091967 45200PZX8 12-18-2003 77,700,000 | See Schedule O Х Χ Proceeds (Optional for 2008) В С D Ε Α Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds 5 Issuance Costs from Proceeds Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion Yes No Yes No Yes No Yes No Yes Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds? **Private Business Use** (Optional for 2008) Part III C D F Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 which may result in private business use?

Schedule K (Form 990) 2008						
Part III	Private I	Business	Use	(Continued)		

			A	В		C		D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	ted trade or business activity carried on by your									
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)									_	
		ı	<u> </u>	E	3	(<u> </u>	ı	<u> </u>		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?		1	1		1		1	1	1	1

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

(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.

Name of the organization ST JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS Employer identification number

37-0661238

ldentifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	2008 llinos Department of Public Health iFlan Addressing Sangamon County Needs Sources http://app.idph state il us/.http://app.idph state il us/.http://apc.ide/.http://app.idph state il us/.http.//apc.ide/.http://apc.ide/.

ldentifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	FORM 990 PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	When head nurse Jane Sims, RN, checked the heart rate of a Vietnam vet named James at a special health fair for veterans, she discovered it was only 40. After re checking it, the result was the same "I encouraged James to go to the ED to be evaluated since he said he had been feeling more tired lately," Jane explains "He told me he didn't want to go to the ED and wait, so I called the triage RN to let her know he was coming I also told James I would be calling the department to see how he was doing." About 90 mnutes later, James returned to tell Jane the outcome of his evaluation. "His med, Toprol, was the culprit," he said. "He would follow up with his own doctor to adjust the dosage." Many times people do not recognize underlying health issues or symptoms. A simple blood pressure check can alert an individual to seek additional medical attention. A small service, but a big community benefit. Stress Busters. Programs and resources provided for stress management for healthy hearts. These customized programs teach participants how to manage their stress response through nutrition, exercise and cognitive techniques. During the program a demonstration on how to elicit the relaxation response, identify individual stressors, identify a four step plan for managing stressful situations, and identifying stress symptoms are covered. Approximately 287 individuals participated in the Stress Busters presentation. Weight Loss Program. St. John's Hospital in partnership with Pana Community Hospital offers a 10 week comprehensive weight loss program to Christian County residents. This program begins with an overview of the participant health which is obtained through a series of screenings. Throughout the 10 week program, participants are invited to attend health promotion programs to include action planning/goal setting, nutrition, exercise, stress management and planning for a health life. This event will be concluded with a post screening to determine the participants overall health life. This event will be concluded with

ldentifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	FORM 990 PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Cerebrovascular Deease - Communty Stroke Education - What is the best way to increase community awareness about cardiovascular health disease and risk factors? Increase public education on these related health issues. The Stroke Team at St. John's Hospital set out to educate the public on the signs of a stroke, what to do and who to call if stroke symptoms appear. This idea of educating the community on cerebrovacular disease lead to the Stroke Retreat event and a community educational program on Stroke. A Night of Awareness in October 2008, St. John's hosted nearly 30 Stroke survivors, their caregivers and family members for a "Stroke Retreat" at the Chiara Center on the Motherhouse grounds. The weekend retreat provided an opportunity for stroke survivors to get together and share their life experiences. Activities included diabetes education, relaxation, speech and physical therapy education, touch drawing. Will games, insistages, pedicures, manicures and a golf cart four of the grounds. A rock and roll party with "Elvis Himselvis," diancing, outdoor games and crafts rounded out the weekend in May 2009. Stroke A Night of Awareness was presented to approximately 50 individuals from the community. Quest speaker, John Kawe, presented a light-hearted look into his own life-altering stroke experience that he faced at age 47. Diabetes - Nutritional Presentations and workshops were provided in Pr. 2009 to persons of all ages Nutritional topics and nutritional education help to promote better living choices. These programs were Nutrition and Diabetes program - for seniors and their families given in partnership with St. Francis Hospital in Litchfield, IL. Healthy Kids in the Kitchen - Promoting healthy leating in children, Fit by the Footstep Walk for kids - to teach kids about choosing healthy lifestyles, Eating to Reduce the Risk of Diabetes - Laught class for 16 County! Prome Extension agents on how to teach healthy and consulting a place where people can come and purchase locally grown, fresh produce Dessity - Le

ldentifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	FORM 990 PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	In both or of the Feast of St. France on October 4. St. Johns staff immbers were assed to bring in form used in the assembly of "Poppine lear". St. Obtains collected thank one 4, was in chosen fragerisal cippers, both see aars of soan toothrushes, tubes of foothpasts, bores of Band-Ads, gallon sex 2pbc beage and cash domations. 380 bills of supples were collected and \$135.00 in cash domation was all given to the Hospital Sister's Massian Outreach. These simple supples that corprise a hygenes had not access thoration via Be desthated by the Hospital Sister's Massian Outreach to our local homeless individuals. hurricane ravaged Half (where our Sisters have a mission) college, and other areas of the word in by recent thurricanes. St. Johns's hospital has taken on the assues of homeessness individuals. However, the proper that of the sums heping at the Springfeld Ozera (who where they have been dear around 50 homessness individuals. Who make up the group buy and prepare that or win datas to bring to the sharter, but 5. Johns's hospital is the connection that brings these groups begether Caring ineviduals who are needed and wring to help the mest vulnerable. Advantant-Local Memoral Half Marshon-From the title year in a rew. St. Johns's sports of the connection that brings these groups begether Caring ineviduals who are needed and wring to help the mest vulnerable. Advantant-Local Memoral Half Marshon-From the title year in a rew. St. Johns's sports of the Lincon Memoral Half Marshon-From the title year in a rew. St. Johns's sports of the Lincon Memoral Half Marshon-From the title year in a rew. St. Johns's beget the mest vulnerable with the sport of the Marshon of the sport of the sport

ldentifier	Return Reference	Explanation
STA TEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED	FORM 990 PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	katzeum Children's Museum - The idea of developing a new children's museum budded right here own has a staff member from St. John's Hospata Nu Dappen to also be an active morntor of the community Kidzeum of Health and Science is the beginning of a partnership with St. John's Hospata Nu Davidson of Medicine, District 188 and various other community businesses. The new children's museum will provide family focused health exidence that will foster an environment to provide family foreign and control sealth will be a second to the second of the s

ldentifier	Return Reference	Explanation
CONSOLIDATED AUDIT REPORT	FORM 990 PART IV, QUESTION 12 AND PART XI, QUESTION 2B	THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS AND ST JOHN'S HOSPITAL ALSO FILES A SEPARATE COMPANY AUDIT REPORT

ldentifier	Return Reference	Explanation
FORM 8899 FILING	FORM 990 PART V, LINE 7G	NO CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY WERE MADE, THEREFORE NO FORM 8899 WAS FILED

ldentifier	Return Reference	Explanation
FORM 1098-C FILING	FORM 990 PART V, LINE 7H	NO CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR OTHER VEHICLES WERE MADE, THEREFORE FORM 1098-C WAS NOT FILED

ldentifier	Return Reference	Explanation
DELEGATION OF MANAGEMENT DUTIES	FORM 990 PART VI, LINE 3	St John's Hospital employed the management company of Insight Health Partners from July 17, 2008 to January 27, 2009 Insight Health Partners was contracted to provide interim Chief Financial Officers of Greg Weller and Frank Skala

ldentifier	Return Reference	Explanation
RIGHTS OF MEMBERS TO ELECT GOVERNING BODY	FORM 990 PART VI, LINES 6 & 7A	THE SENIOR GOVERNING BODY OF ST JOHN'S HOSPITAL (THE "CORPORATION") IS THE MEMBER OF THE CORPORATION, WHICH IS HOSPITAL SISTERS HEALTH SERVICES, INC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE PURSUANT TO SECTION 2 3 OF THE CORPORATION'S BY LAWS, HSSI HAS THE RIGHT TO APPOINT AND REMOVE THE CORPORATION'S BOARD OF DIRECTORS, CHAIRPERSON OF THE BOARD AND PRESIDENT

ldentifier	Return Reference	Explanation
MEMBER RESERV ED POWERS	FORM 990 PART VI, LINE 7B	Responsibility for the policy and operations of St John's Hospital (the "Corporation") is vested in its Board of Directors, except with respect to specific powers reserved in the Corporation's Bylaw's to the Corporation's Member, Hospital Sisters Health Services, Inc ("HSSI"), an Illinois not for profit corporation exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code. The member of HSSI is Hospital Sisters Health System ("HSHS"), an Illinois not for profit corporation exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code. The members of HSHS are the individual sisters who from time to time are the duly elected Provincial Superior and Provincial Councilors, respectively of the American Province of the Hospital Sisters of St Francis ("American Province"). The American Province is the United States organization of the Congregation of the Hospital Sisters of the Third Order Regular of St. Francis, a religious institute of the Roman Catholic Church. The governance and operations of the Corporation are subject to HSSIs right to exercise these reserved powers with respect to the Corporation and organizations of which the Corporation is either, directly or indirectly, a controlling member or a controlling shareholder ("Affiliates"). HSSIs right to exercise certain of these reserved powers is, in turn, subject to the approval of HSHS and HSHS' members. The reserved powers include all rights granted to HSSI by law and the right to (a) Adopt, approve amendments to, or amend the Articles of Incorporation of the Corporation or of any Affiliate, (b) Adopt, approve amendments to, or amend the Articles of Incorporation or of any Affiliate, (b) Adopt, approve amendments to, or amend the Bylaws of the Corporation or of any Affiliate, (b) Adopt, approve amendments to, or amend the Bylaws of the Corporation or of any Affiliate, (b) Adopt, approve amendments to, or amend the Bylaws of the Corporation or of any Affiliate, or the Chairperson and President of the Corporation or

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990 PART VI, LINE 10	The hospital employs KPMG to assist in the overall review and electronic submission of its Form 990 KPMG provides guidance in identifying critical errors in the return submission and feedback on quantitative and qualitative responses. Additionally, the hospital CFO performs a thorough review of the return and reviews it with the hospital CEO and/or senior leaders before presenting it in its entirety to the hospital Board for questioning and review prior to the return's signing and submission to the IRS

ldentifier	Return Reference	Explanation
ADDRESS OF BOARD MEMBERS	FORM 990 PART VI, LINE 11	Addresses for those who cannot be reached at the organization's address. Steve Eavenson PO BOX 836 ST CHARLES, MO 63302-0836 FRANK SKALA INSIGHT PARTNERS 695 CENTRAL AVENUE SUITE 15010 ST PETERSBURG, FL 33701 GREG WELLER INSIGHT PARTNERS 695 CENTRAL AVENUE SUITE 15010 ST PETERSBURG, FL 33701

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990 PART VI, LINE 12C	A revised Corporate Compliance Program and Conflict of Interest Policy has been used since January, 2009 to establish the practice of managing conflicts of interest using a system-wide protocol for disclosure statements in accordance with our Conflict of Interest Policy all Covered Persons have a duty to comply with the Conflict of Interest Policy for any contract, transaction, relationship or activity contemplated, entered into or conducted at HSHS he policy defines covered persons as Board members, Board committee members, Officers, Board degrees, senior management, members of any committee that oversees the approval of pharmaceuticals and medical devices, any other individual with holds a position of trust. On a annual basis HSHS discloses a copy of the Conflict of Interest Policy (and all corresponding procedures, guidelines, forms and tools), to all Covered Persons and advises all Covered Persons in wirting of any substantive changes to this Policy and such related materials. The Covered Persons in wirting of any substantive changes to this Policy and such related materials. The Covered Persons are required to review and complete the corresponding Conflict of Interest Statement. The System Office Vice President, System Responsibility, Vice President, Risk & Compliance or members of the Audit and Integrity Committee (Committee) are available to answers any questions a Covered Person becomes aware of an Interest that he or she would have had to disclose at the annual interval, the Covered Person becomes aware of an Interest that the or she would have had to disclose at the annual interval, the Covered Person shall promptly disclose the Interest to the Committee using the HSHS Conflict of Interest Statement, a Covered Person shall promptly disclose the Interest to the Committee using the HSHS Conflict of Interest Statement, and the proposed contract, transaction, relationship, arrangement or activity unless the Committee of HSHS which is responsible for identifying, assessing, and managing Conflicts of Intere

ldentifier	Return Reference	Explanation
WHISTLEBLOWER POLICY	FORM 990 PART VI, LINE 13	Provisions within the Corporate Compliance Program and Conflict of Interest Policy provide protections for whistleblower type activities

ldentifier	Return Reference	Explanation
RECORD RETENTION AND DESTRUCTION POLICY	1 1/1 1 11/11 124	The hospital is currently following a separate record retention and destruction policy, however, a new system-wide Record Retention and Destruction Policy has been developed and an early 2010 adoption date is expected

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS	FORM 990 PART VI, LINE 15	The Compensation Committee (Committee) is comprised of independent members of the Board of Directors. The Committee develops a compensation philosophy for the System and all affiliates. The Committee selects and hires the independent compensation consultant to develop comparability data and advise the Committee during its deliberations regarding all elements of total compensation for all disqualified individuals. Integrated Healthcare Strategies (IHS), the consultants utilized by the Committee, use data from multiple tax-exempt peer group sources to determine salary ranges, incentive opportunity ranges and benefits for the disqualified individuals. IHS then assists the Committee in preparing contemporaneous documentation of all actions. Each Committee meeting is conducted with the intent to create a rebuttable presumption of reasonableness for all elements of executive total compensation for the disqualified individuals. The Chairman makes this declaration and also inquires if there are any conflicts of interest by any attendees. Any conflicts are disclosed and the Committee then acts in a manner to avoid any conflicted individual participating in any manner where a conflict might exist. At the end of the meeting, the Committee prepares contemporaneous minutes that record all actions taken during the meeting.

ldentifier	Return Reference	Explanation
DISCLOSURE DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990 PART VI, LINE 19	Board-approved financial statements are made available to the public upon request. The governing documents and conflict of interest policy are not made available to the general public at this time.

ldentifier	Return Reference	Explanation
GRANTS, SCHOLARSHIPS, FELLOWSHIPS, STUDENT LOAN	FORM 990 PART IX, LINE 2	St John's Hospital participates in various Federal loan and grant programs. These programs are administered in accordance with guidelines established by the U.S. Department of Education and the U.S. Department of Health and Human Services. These programs are audited annually in accordance with OMB Circular A-133 "Audits of Institutions of Higher Education and Other Nonprofit Institutions."

ldentifier	Return Reference	Explanation
POOLED INVESTMENT ACCOUNT	FORM 990 PART X, LINE 11	ST JOHN'S HOSPITAL'S CASH RESERVES ARE INVESTED IN A POOLED INVESTMENT ACCOUNT PARTICIPATION IN THE POOLED FUND IS LIMITED TO THE 501(C)(3) HOSPITALS AND RELATED HEALTH SERVICES ORGANIZATIONS SPONSORED BY HOSPITAL SISTERS HEALTH SYSTEM THE POOLED ACCOUNT CONSISTS OF CASH, EQUITY AND DEBT SECURITIES THAT ARE PUBLICLY TRADED IN ACCORDANCE WITH THE PROVISIONS OF SFAS NO 124 "ACCOUNTING FOR CERTAIN INVESTMENTS HELD BY NOT-FOR-PROFIT ORGANIZATIONS", INVESTMENTS IN EQUITY SECURITIES WITH READILY DETERMINABLE VALUES AND ALL INVESTMENTS IN DEBT SECURITIES ARE REPORTED AT FAIR VALUE ON THE BALANCE SHEET INCOME, REALIZED AND UNREALIZED GAINS AND LOSSES ARE POOLED AND ALLOCATED TO THE PARTICIPANTS INDIVIDUAL COMPONENTS OF ASSETS AND REVENUE ARE NOT IDENTIFIED TO THE INDIVIDUAL HOSPITAL PARTICIPANTS

ldentifier	Return Reference	Explanation			
DESCRIPTION OF PURPOSE OF TAX EXEMPT BONDS	FORM 990 SCHEDULE K, PART I	Inspiral Sisters Services, Inc. (HSS) and its 13 Hospital affalters are included in the HSSI-Obligated Group baset Trust indentine, seek member of the Obligated Group is jointly and severally liable for all obligations issued thereunder. The tax evernt bonds are issued to HSSI and then allocated to the 13 Hospitals for reporting on the balance sheet. The bonds reported on Schedule Kar on light be bonds that have been allocated to the Hospital and reported on Part X line 20. The following detail describes the purpose of each tax exempt bond as used for the entire obligated group lillinois Finance Authory L.CSIPP 44 ESO0072X8. 45200FLQ8. 45200			

ldentifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ENTITIES	l '	The Transactions reported in Question 1 are between related 501(c)(3) public charities and are not reported in this section

ldentifier	Return Reference	Explanation
AFFILIATED HEALTH SYSTEM	FORM 990 SCHEDULE H, PART VI, LINE 7	Students Recipied an antifute of hospital Students Health System (HSHS). Sponsored by the hospital Students of and services of St. Johns flow is propried and the hospital sind multiple Physician groups in Woccosis and lines. The mission of services of St. Johns flow is from the larger purpose and broader reach of HSHS Because of this relationship. HSHS supports the local work of St. Johns by ensuring a focus or mission, reproduce placed efforts to propried community health, and facilisting the exchange of "best practices" among all HSHS hospitals and physician groups community health, and facilisting the exchange of "best practices" among all HSHS hospitals and physician groups community health, and facilisting the exchange of the propried community health. Bit St Johns, HSHS is founded in a set of mission principles including a commitment to Carbotic dentity. Franciscen healing missibly, commitment to local and regional communities, and careful fiscal stew arising the health of a single candid in HSHS. HSHS students of the society of the propried of HSHS in 1978, these principles heave made possible a highly thought on the missible of derives so for many people and the second providing more than \$124 million in Community Benefit (including) Charty. Care at cost and the uppad cost of Mecical and other public program) in the Flocal Year ending, June 30, 2009. These program benefits were as unique and diverse as the rural urban, and missible and the propried of the propried program benefits were as unique and diverse as the rural urban, and missible and the propried program benefits were as unique and diverse as the rural urban, and missible and the propried program benefits were as unique and diverse as the rural urban, and missible and the propried program benefits were as unique and diverse as the rural urban, and missible and the propried program benefits were as unique and diverse as the rural urban, and the propried program and the propried propried program and the propried program and the propried program

ldentifier	Return Reference	Explanation
AFFILIATED HEALTH SYSTEM CONTINUED	FORM 990 SCHEDULE H, PART VI, LINE 7	Care for the Poor Free Clincs. In an economy where many companes are seeing a decline in customers, business is booming at Wisconsins free clinics. Petient rolls styrocyte as more low income and uninsured people seek care as a result of the dow furtur and poli byoffs. St Francis described his mission as a jurnary. "Start by doing what's necessary, then do what's possible, and suddenly you are doing the impossible." The impossible is a daily imracible in several free clinics in Wisconsin, thanks to four Local Systems In Green Bay, Wisconsin, more than 6,000 patents each year pass through the doors of the NEW Community Clinic, a 38-year-old free clinic with major support provided by St Vincent's Hapstal in chrost to keep the doors open five days each week. St Vincent's covers coats for nurses in addition, St Vincent's and St Mary's Hospitals both provide laboratory services to free clinic patents at an ocest and discounted radiology services. More than 70% of patents as yet beclinic's covers coats for nurses in addition, St Vincent's and St Mary's Hospitals both provide laboratory services to the local free clinic, the Copen Door Clinic. Support of the Chippewa valley Free Clinic (A Ytal Resource for uninsured and underinsured patents) with Sacred Heart volunteers on the Board, nursing and social works staff, assistance with great writing, and 325 Coll on liaboratory and radiology services, free clinic patent voluntees torcke records each ment this syear due to the economic downturn and growing unemployment. Thanks to be hospitals and other local support, the free clinics exame, medication and lab betas are provided at not cost to patents. "Sometimes, as in the case of diabetes, a maniferance during or treatment is critical to help prevent an even red delation growth of the control of the prevention of the services." Sometimes, as in the case of diabetes, and the patent services are controlled to the prevention of the patent services and the services and the services of the patent services. The patent services

ldentifier	Return Reference	Explanation
AFFILIATED HEALTH SYSTEM CONTINUED	FORM 990 SCHEDULE H, PART VI, LINE 7	Mentoring Disadvantaged Students Schools that serve inner city students struggle with overcoming barriers to graduation Disadvantaged students often live in single parent homes, face poverty, a lack of opportunities in higher education and jobs, and other life challenges - St Elizabeth's Hospital in Belleville, Illinos, confronted these life limiting obstacles by initiating a local after-school tutoring and mentoring program. The entry-nine manager and administrator volunteers spent an hour each month assisting students with math homew ork and reading skills (a total of more than 260 hours). Students and mentors developed long-term relationships and by the end of the school year the students were invited for a tour of St. Elizabeth's and received a certificate of recognition for their achievements - St. Elizabeth's also participates in the Assisted Learning, job coaches and work experience for special education students. The initiative helps students learn life skills to be self-sufficient and self-supporting in many cases, employers hire participants after they graduate. This past year, St. Elizabeth's Hospital hired David, a former student in the program David was born prematurely and was later was diagnosed with autism. This disability does not prevent him from being a star employee in the hospital's laundry department, operating igent ironing machines to fold and iron sheets, gowns, towels and other linens. In his 32-hour-a-week job, David also helps with quality control, sorting out torn or stained linens. He proudly commented for a new spaper interview, "When I saw a bath blanket was stuck, I stopped (the machine) and a co-worker got it out." His grandmother, Lorrane, added, "There's never a time when he doesn't want to go to work. He's always on time." Teaching Sexual Abstinence to Teens in Clinton County, Illinos, annual Department of Health statistical data recorded more than 10% of births to teens and increasing rates of sexually transmitted disease. To help reverse these trends, colleagues at St. Jos

Part I Identification of Disregarded Entities

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

DLN: 93493137049650

2008

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

Related Organizations and Unrelated Partnerships

Name of the organization ST JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS **Employer identification number**

37-0661238

(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 Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	on Public charity stat (if section 501(c)(us Direct controlling entity
See Additional Data Table					

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom inv	(E) Iominant ne(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	I) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene	(J) eral o laging tner?
										Yes	No		Yes	No
See Additional Data Table														
see Hantonal Bata Table														
														H
														\vdash
														H
														\vdash
														_
Part IV Identification of Ro	elated	Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organiz		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of i-of-yea assets	(H) Percentage r ownership		
See Additional Data Table														

Part V Tran	sactions with	Related	Organizations
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Part	t V Transactions with Related Organizations			
No	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Ye	s No
1 Durn	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b G	Gift, grant, or capital contribution to other organization(s)	1b	Ye	s
c G	Gift, grant, or capital contribution from other organization(s)	1 c	Ye	s
d L	Loans or loan guarantees to or for other organization(s)	1d		No
e Lo	Loans or loan guarantees by other organization(s)	1e		No
f Sa	Sale of assets to other organization(s)	1f		No
	Purchase of assets from other organization(s)	1 g		No
_	Exchange of assets	1h		No
	Lease of facilities, equipment, or other assets to other organization(s)	1i	Ye	s
j Le	Lease of facilities, equipment, or other assets from other organization(s)	1 j	Ye	s
k P	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Ye	s
I Pe	Performance of services or membership or fundraising solicitations by other organization(s)	11	Ye	s
m S	Sharing of facilities, equipment, mailing lists, or other assets	1m	1	No
n S	Sharing of paid employees	1n	Ye	s
o R	Reimbursement paid to other organization for expenses	10	Ye	s
	Reimbursement paid by other organization for expenses	1p	Ye	s
q 0	O ther transfer of cash or property to other organization(s)	1q		_
r O	O ther transfer of cash or property from other organization(s)	1r	Ye	s

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Prairie Cardiovascular Services	I	707,785
(2)	Prairie Cardiovascular Services	P	106,625
(3)	Prairie Cardiovascular Services	L	1,825,534
(4)	LaSante Inc	L	164,447
(5)	LaSante Inc	P	3,237,302
(6)	LaSante Inc	К	1,000

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?		(E) Share of end-of-year assets (F) Disproprtionate allocations?			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: **Software Version:**

EIN: 37-0661238

Name: ST JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
HOSPITAL SISTERS HEALTH SYSTEM 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1058692	HEALTHCARE	IL	501(C)(3)	11A	N A
SPRINGFIELD, IL62707 37-1163402	HEALTHCARE	IL	501(C)(3)	11A	N A
HOSPITAL SISTERS OF ST FRANCIS FDTN 4936 LAVERNA ROAD SPRINGFIELD, IL62707 37-1186514 HSHS SELF INSURANCE TRUST FUND	HEALTHCARE	IL	501(C)(3)	11A	NA
	INSURANCE	IL	501(C)(3)	11A	N A
	HEALTHCARE	IL	501(C)(9)		N A
2661 COUNTY HIGHWAY I CHIPPEWA FALLS, WI54729 51-0157933 SACRED HEART HOSPITAL	HEALTHCARE	WI	501(C)(3)	11A	NA
900 WEST CLAIREMONT AVENUE EAU CLAIRE, WI54701 39-0807060 ST ANTHONY'S HOSPITAL	HEALTHCARE	WI	501(C)(3)	13	N A
503 N MAPLE STREET EFFINGHAM, IL624012099 37-0661233 ST ELIZABETH'S HOSPITAL	HEALTHCARE	IL	501(C)(3)	13	N A
211 SOUTH THIRD STREET BELLEVILLE, IL622201998 37-0663567 ST FRANCIS HOSPITAL	HEALTHCARE	IL	501(C)(3)	13	NA
1215 FRANCISCAN DRIVE LITCHFIELD, IL62056 37-0661236 ST JOSEPH'S HOSPITAL	HEALTHCARE	IL	501(C)(3)	3	NA
9515 HOLY CROSS LANE BREESE, IL62230 37-1208459 ST JOSEPH'S HOSPITAL	HEALTHCARE	IL	501(C)(3)	3	N A
HIGHLAND, IL622491646 37-0663568 ST JOSEPH'S HOSPITAL	HEALTHCARE		501(C)(3)	3	N A
CHIPPEWA FALLS, WI54729 39-0810545 ST MARY'S HOSPITAL	HEALTHCARE	WI	501(C)(3)	3	N A
DECATUR, IL62521 37-0661244 ST MARY'S HOSPITAL	HEALTHCARE		501(C)(3)	13	N A
STREATOR, IL613643332 36-2169181 ST MARY'S HOSPITAL MEDICAL CENTER	HEALTHCARE		501(C)(3)	3	N A
GREEN BAY, WI54303 39-0818682 ST NICHOLAS HOSPITAL	HEALTHCARE			13	N A
3100 SUPERIOR AVENUE SHEBOYGAN, WI530811948 39-0808480 ST VINCENT HOSPITAL 835 S VAN BUREN	HEALTHCARE HEALTHCARE		501(C)(3) 501(C)(3)	3	N A
GREEN BAY, WI543013256 39-0817529 HSHS MEDICAL GROUP INC	HEALTHCARE				N A
SPRINGFIELD, IL62707 26-3956318 HSHS WISCONSIN MEDICAL GROUP INC	HEALTHCARE				N A
MADISON, WI53717 26-4515959 ORANGE CROSS AMBULANCE INC	HEALTHCARE		501(c)(3)		ST NICHOLAS
SHEBOYGAN, WI53081 39-1860942 WISCONSIN UPPER PENINSULA ONCOLOGY MGMT	HEALTHCARE		501(c)(3)		ST VINCENTS
GREEN BAY, WI543013256 39-1677100 UNITY LIMITED PARTNERSHIP	HEALTHCARE		501(c)(3)		HSSI
2366 OAK RIDGE CIRCLE DE PERE, WI54115 39-1750729	HEALI HUAKE	AAT	301(0)(3)	ا ا	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership											
(A) Name, address, and EIN of related organization	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) Disproprtionate allocations?		s? on		(J) eral or naging tner?
							Yes	No		Yes	No
Memorial and St Elizabeth's Healthcare 4000 North Illinois Street Swansea, IL62226 37-1312961	HealthCare	IL	St Elizabeth's	Related	0	0		No	0		Νο
Health Ventures Of So Illinois LLC 2810 Frank Scott PKWY W STE 700 Belleville, IL62223	HealthCare	IL	St Elizabeth's	Related	0	0		No	0		No
37-1334060 Prairie Heart Insutute - Carbondale LLC 800 East Carpenter Street Springfield, IL62769 37-1321197	HealthCare	IL	N/A	Related	6,144	162,908		No	0	Yes	
Northeast Wisconsin Radiation Therapy Se 1821 S Webster Avenue Suite 300 Green Bay, WI543079047 26-3749065	HealthCare	WI	St Vincent's	Related	0	0		No	0		No
Pain Center of Wisconsin 4131 W Loomis Road Suite 300 Greenfield, WI53221 26-3155343	HealthCare	WI	St V Incent's	Related	0	0		No	0		No
Surgery Center of Sheboygan LLC 3141 Saemann AveNUE Sheboygan, WI53081 26-0822209	HealthCare	WI	St Nicholas	Related	0	0		No	0		No
Green Bay, WI54304 20-3775127	HealthCare	WI	HSSI	Related	0	0		No	0		No
Clinical Integration Network LLC 4936 Laverna ROAd Springfield, IL62707 26-1417684	HealthCare	IL	Kıara Inc	Related	0	0		Νο	0		No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
Kıara Inc 4936 Laverna ROAd Sprıngfield, IL62707 37-1163401	HealthCare	IL	HSHS	C Corp	0	0	
LaSante Wisconsin Inc 4936 Laverna ROAd Springfield, IL62707 39-1572196	H e a l t h C a r e	IL	Kıara Inc	C Corp	0	0	
LaSante Inc 4936 Laverna ROAd Springfield, IL62707 37-1163400	HealthCare	IL	Kıara Inc	C Corp	0	0	
Prairie Cardiovascular 619 East Mason Suite 4P57 Springfield, IL62701 37-1071858	HealthCare	IL	Kıara Inc	C Corp	0	0	
Prevea Health Services 2710 EXECUTIVE DRIVE Green Bay, WI54304 39-1839351	HealthCare	WI	HSSI	C Corp	0	0	
Prevea Clinic Inc 2710 EXECUTIVE DRIVE Green Bay, WI54304 39-1839349	HealthCare	WI	HSSI	C Corp	0	0	
Prevea Health Network 2710 EXECUTIVE DRIVE Green Bay, WI54304 39-2000537	HealthCare	WI	HSSI	C Corp	0	0	
Prevea Regional Services 2710 EXECUTIVE DRIVE Green Bay, WI54304 39-1909993	HealthCare	WI	HSSI	C Corp	0	0	

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Prairie Cardiovascular Services	I	707,785
(2)	Prairie Cardiovascular Services	Р	106,625
(3)	Prairie Cardiovascular Services	L	1,825,534
(4)	LaSante Inc	L	164,447
(5)	LaSante Inc	Р	3,237,302
(6)	LaSante Inc	К	1,000