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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A</b> For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK		<b>D</b> Employer identification number 55-0809159
		Doing Business As		<b>E</b> Telephone number (815) 875-2999
		Number and street (or P.O. box if mail is not delivered to street address) 245 BACKBONE ROAD EAST	Room/suite	<b>G</b> Gross receipts \$ 2,513,459
		City or town, state or country, and ZIP + 4 PRINCETON, IL 61356		
	<b>F</b> Name and address of principal officer PATRICIA SCHOU 245 BACKBONE ROAD EAST PRINCETON, IL 61356		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: WWW ICAHN ORG				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 2002	<b>M</b> State of legal domicile IL	

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <u>THE MISSION OF ICAHN IS TO STRENGTHEN ILLINOIS CRITICAL ACCESS HOSPITALS THROUGH COLLABORATION</u>    		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> _____		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> _____		
	<b>5</b> Total number of employees (Part V, line 2a) . . . . . <b>5</b> _____		
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> _____		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> _____		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> _____		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	4,040,008	2,111,009
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	241,975	248,917
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,187	17,250
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	108,964	136,283
		4,437,134	2,513,459
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	3,322,727	1,298,410
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	459,914	589,620
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0 _____		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	609,082	535,107
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,391,723	2,423,137
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	45,411	90,322
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	2,188,340	687,208
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	1,853,962	262,508
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	334,378	424,700

<b>Part II Signature Block</b>	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-10-12</div> <div>Date</div> </div>
	<div>PATRICIA SCHOU EXECUTIVE DIRECTOR</div> <div>Type or print name and title</div>
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div>JOHN J ROMANO</div> </div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>RSM MCGLADREY INC</div> <div>201 N HARRISON STREET SUITE 300</div> <div>DAVENPORT, IA 528011999</div> </div> <div>EIN</div>
	<div>Phone no (563) 888-4000</div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE MISSION OF ICAHN IS TO STRENGTHEN ILLINOIS CRITICAL ACCESS HOSPITALS THROUGH COLLABORATION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 1,852,259 including grants of \$ 1,298,410 ) (Revenue \$ 104,313 )

PROVIDES TECHNICAL ASSISTANCE TO SMALL RURAL HOSPITALS TO HELP THEM WITH ADMINISTRATIVE PROCESSES FOR CRITICAL ACCESS HOSPITALS, SHARE RESOURCES WITH MEMBERS AND IMPLEMENTS PROGRAMS TO IMPROVE QUALITY AND EFFICIENCIES OF MEDICAL SERVICES PROVIDED BY RURAL HEALTH CARE FACILITIES SERVES APPROXIMATELY 50 HOSPITALS

4b

(Code ) (Expenses \$ 173,327 including grants of \$ ) (Revenue \$ 82,812 )

ICAHN PROVIDES QUALITY EDUCATIONAL OPPORTUNITIES TO MEMBER HOSPITALS FOCUSING ON RURAL HEALTH ISSUES AND STRATEGIES FOR SUCCESS THROUGH ONSITE MEETINGS, VIDEOCONFERENCES, AND WEB-BASED TRAINING

4c

(Code ) (Expenses \$ 44,852 including grants of \$ ) (Revenue \$ 61,792 )

PROVIDES INFORMATION TECHNOLOGY ASSISTANCE TO SMALL RURAL HOSPITALS ACROSS THE STATE SERVES APPROXIMATELY 50 HOSPITALS

4d

Other program services (Describe in Schedule O )









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

4e

Total program service expenses

\$ 2,070,438

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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a18		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a6		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		4a	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	9	
b	Enter the number of voting members that are independent . . . . .	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	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		No
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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," 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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IL
18	Section 6104 requires an organization to make its 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 ▶ MATT COMERFORD 245 BACKBONE ROAD EAST PRINCETON, IL 61356 (815) 875-2999

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE TENHOUSE PRESIDENT	50	X		X				0	0	0
RANDY DAUBY PAST PRESIDENT	50	X		X				0	0	0
ADA BAIR PRESIDENT-ELECT	50	X		X				0	0	0
HERVEY DAVIS SECRETARY/TREASURER	50	X		X				0	0	0
SUSIE CAMPBELL DIRECTOR	50	X						0	0	0
LYNN KLEIN DIRECTOR	50	X						0	0	0
NANCY NEWBY DIRECTOR	50	X						0	0	0
ROB SCHMITT DIRECTOR	50	X						0	0	0
HARRY WOLIN DIRECTOR	50	X						0	0	0
PATRICIA SCHOU EXECUTIVE DIRECTOR	40 00			X				113,064	0	9,305



1b	Total . . . . .	113,064	0	9,305
----	-----------------	---------	---	-------

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b	250,000			
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	1,475,347			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	385,662			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .		2,111,009			
Program Service Revenue	2a	WORKSHOP/MEETING FEES	Business Code	900,099	82,812	82,812	
	b	CONSULTING REVENUE		541,610	65,580	65,580	
	c	IT SERVICES		541,519	58,106	58,106	
	d	OTHER SERVICES		900,099	38,733	38,733	
	e	EMAIL/WEB HOSTING		518,210	3,686	3,686	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		248,917			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		17,250		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . . . .	b				
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a	CARS Revenue		561,300	74,963		74,963	
b	purchasing group reven		900,099	40,861		40,861	
c	MISCELLANEOUSE REVENUE		900,099	9,259		9,259	
d	All other revenue . . . . .			11,200		11,200	
e	Total. Add lines 11a-11d . . . . .			136,283			
12	Total revenue. See Instructions . . . . .			2,513,459	248,917	0	153,533

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,282,110	1,282,110		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	16,300	16,300		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	122,369	85,658	36,711	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	402,114	281,480	120,634	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	16,030	11,211	4,819	
9	Other employee benefits . . . . .	23,485	16,440	7,045	
10	Payroll taxes . . . . .	25,622	17,935	7,687	
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	10,124		10,124	
c	Accounting . . . . .	27,277		27,277	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	152,101	151,941	160	
12	Advertising and promotion . . . . .	3,914	2,348	1,566	
13	Office expenses . . . . .	23,201	13,921	9,280	
14	Information technology . . . . .	44,852	26,911	17,941	
15	Royalties . . . . .				
16	Occupancy . . . . .	31,826	19,096	12,730	
17	Travel . . . . .	29,619	17,771	11,848	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	173,327	103,996	69,331	
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	3,339	2,003	1,336	
23	Insurance . . . . .				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	MEMBERSHIP DUES EXPENSE	10,149	6,090	4,059	
b	JOB POSTING & FAIR EXPE	9,666	5,800	3,866	
c	MISCELLANOUSE EXPENSE	7,955	4,773	3,182	
d	USER GROUP EXPENSE	4,395	2,637	1,758	
e	FACILITIES EXPENSE	2,250	1,350	900	
f	All other expenses	1,112	667	445	
25	Total functional expenses. Add lines 1 through 24f	2,423,137	2,070,438	352,699	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			2,092,288	2	448,644
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			69,487	4	11,397
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			17,146	9	15,894
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	21,445			
	b	Less accumulated depreciation . . . . .	10b	11,961	7,822	10c	9,484
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			1,597	15	201,789
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,188,340	16	687,208
Liabilities	17	Accounts payable and accrued expenses . . . . .			67,312	17	62,767
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			1,786,650	19	199,741
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			1,853,962	26	262,508
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .				27	
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			334,378	32	424,700
	33	Total net assets or fund balances . . . . .			334,378	33	424,700
	34	Total liabilities and net assets/fund balances . . . . .			2,188,340	34	687,208

**Part XI Financial Statements and Reporting**

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK	Employer identification number 55-0809159
---	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,515,615	1,427,245	3,245,683	4,040,008	2,111,009	12,339,560
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,515,615	1,427,245	3,245,683	4,040,008	2,111,009	12,339,560
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						12,339,560

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,515,615	38,134	3,245,683	4,040,008	2,111,009	12,339,560
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,356	38,134	71,852	46,187	17,250	175,779
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	43,091	2,759	102,155	108,964	136,283	393,252
11 Total support (Add lines 7 through 10)						12,908,591
12 Gross receipts from related activities, etc (See instructions )					12	814,439

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	95 590 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	95 650 %

- 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- ☒
- b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- ☒
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions
- ☒

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Schedule A , Part II, Line 10, Explanation of Other Income   HIPPA TRAINING REVENUE MISCELLANEOUS REVENUE PURCHASING GROUP REVENUE CARS REVENUE PEER REVIEWS FACILITIES INCOME RECRUITED PHYSICIAN

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

**Employer identification number**  
55-0809159

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land . . . . .			
b	Buildings . . . . .			
c	Leasehold improvements . . . . .			
d	Equipment . . . . .	21,445	11,961	9,484
e	Other . . . . .			
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .			9,484



Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,513,459
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,423,137
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	90,322
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	90,322

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	2,511,213
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	2,511,213
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	2,246
c	Add lines 4a and 4b . . . . .	4c	2,246
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	2,513,459

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	2,420,891
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	2,420,891
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	2,246
c	Add lines 4a and 4b . . . . .	4c	2,246
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	2,423,137

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part XII, Line 4b - Other Adjustments		FACILITIES EXPENSE RECORDED AS REVENUE
Part XIII, Line 4b - Other Adjustments		FACILITIES EXPENSE RECORDED AS REVENUE

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
55-0809159

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							



Software ID:

Software Version:

EIN: 55-0809159

Name: THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIBSON AREA HOSPITAL & HEALTH SERVICES1120 N MELVIN ST GIBSON CITY,IL 60936	37-0647938	501(C)(3)	14,282				SHIP GRANT, MEN'S HEALTH AWARENESS GRANT, IT GRANT
RED BUD REGIONAL HOSPITAL325 SPRING ST RED BUD,IL 62278	36-4443919	501(C)(3)	18,982				SHIP GRANT, SIU TELEHEALTH GRANT
SHELBY MEMORIAL HOSPITAL ASSOCIATION INC200 SOUTH CEDAR SHELBYVILLE,IL 62565	37-0512290	501(C)(3)	8,282				SHIP GRANT
MASON DISTRICT HOSPITAL615 N PROMENADE PO BOX 530 HAVANA,IL 62644	37-6017857	MASON COUNTY	13,282				SHIP GRANT, IT GRANT
HAMILTON MEMORIAL HOSPITAL DISTRICT611 S MARSHALL AVE BOX 429 MCLEANSBORO,IL 62859	37-6019589	HAMILTON COUNTY	28,782				SHIP GRANT, RECRUITMENT & RETENTION GRANT, HOSPITAL BOARD EDUCATION GRANT, SPECIAL PROJECTS GRANT
PERRY MEMORIAL HOSPITAL530 PARK AVENUE EAST PRINCETON,IL 61356	36-6006057	CITY OF PRINCETON	12,282				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT, MEN'S HEALTH AWARENESS GRANT
SALEM TOWNSHIP HOSPITAL1201 RICKER DR SALEM,IL 62881	37-0925318	SALEM TOWNSHIP	16,282				SHIP GRANT, RECRUITMENT & RETENTION GRANT, HOSPITAL BOARD EDUCATION GRANT
JOHN AND MARY E KIRBY HOSPITAL1111 N STATE ST PO BOX 20 MONTICELLO,IL 61856	37-0661215	501(C)(3)	11,482				SHIP GRANT & EMS GRANT
THOMAS H BOYD MEMORIAL HOSPITAL800 SCHOOL ST CARROLLTON,IL 62016	37-0673461	501(C)(3)	17,181				SHIP GRANT, EMS GRANT, IT GRANT
ILLINI COMMUNITY HOSPITAL640 W WASHINGTON ST PITTSFIELD,IL 62363	37-1396010	501(C)(3)	14,082				SHIP GRANT, IT GRANT, HOSPITAL BOARD EDUCATION GRANT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EUREKA COMMUNITY HOSPITAL101 S MAJOR ST EUREKA,IL 61530	37-0662542	501(C)(3)	8,282				SHIP GRANT
HARDIN COUNTY GENERAL HOSPITALBOX 2467 6 FERRELL RD ROSICLARE,IL 62982	37-0702309	501(C)(3)	11,282				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT
PARIS COMMUNITY HOSPITAL721 E COURT ST PARIS,IL 61944	37-0860281	501(C)(3)	18,282				SHIP GRANT, RECRUITMENT AND RETENTION GRANT, COMMUNITY DEVELOPMENT GRANT
ABRAHAM LINCOLN MEMORIAL HOSPITAL315 8TH ST LINCOLN,IL 62656	37-0723793	501(C)(3)	10,782				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT
LAWRENCE COUNTY MEMORIAL HOSPITAL2220 W STATE ST LAWRENCEVILLE,IL 62439	37-1080256	LAWRENCE COUNTY	22,982				SHIP GRANT, EMS GRANT, SIU TELEHEALTH GRANT
MENDOTA COMMUNITY HOSPITAL1315 MEMORIAL DR MENDOTA,IL 61342	36-2167785	501(C)(3)	12,352				SHIP GRANT, COMMUNITY DEVELOPMENT GRANT
CRAWFORD MEMORIAL HOSPITAL1000 N ALLEN ST ROBINSON,IL 62454	37-0793762	CRAWFORD COUNTY	6,000				MEN'S HEALTH AWARENESS GRANT, IT GRANT
WABASH GENERAL HOSPITAL1418 COLLEGE DR MT CARMEL,IL 62863	37-6013625	WABASH COUNTY	13,282				SHIP GRANT, IT GRANT
WASHINGTON COUNTY HOSPITAL705 S GRAND NASHVILLE,IL 62263	37-6020408	WASHINGTON COUNTY	16,282				SHIP GRANT, RECRUITMENT AND RETENTION GRANT, HOSPITAL BOARD EDUCATION GRANT
SPARTA COMMUNITY HOSPITAL DISTRICT818 E BROADWAY PO BOX 297 SPARTA,IL 62286	37-6014817	RANDOLPH COUNTY	13,282				SHIP GRANT, IT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH MEMORIAL HOSPITAL2 S HOSPITAL DR MURPHYSBORO,IL 62966	37-0618939	501(C)(3)	13,282				SHIP GRANT, COMMUNITY DEVELOPMENT GRANT
MORRISON COMMUNITY HOSPITAL303 N JACKSON ST MORRISON,IL 61270	36-6008167	WHITESIDE COUNTY	24,782				SHIP GRANT, EMS GRANT, SPECIAL PROJECTS GRANT
ROCHELLE COMMUNITY HOSPITAL900 N SECOND ST ROCHELLE,IL 61068	37-2548549	501(C)(3)	25,782				SHIP GRANT, IT GRANT, SPECIAL PROJECTS GRANT
DR JOHN WARNER HOSPITAL422 W WHITE ST CLINTON,IL 61727	36-6000695	CITY OF CLINTON	14,282				SHIP GRANT, MEN'S HEALTH AWARENESS GRANT, HOSPITAL BOARD EDUCATION GRANT, EMS GRANT
CLAY COUNTY HOSPITAL 911 STACY BURK DR PO BOX 280 FLORA,IL 62839	37-1352599	CLAY COUNTY	12,282				SHIP GRANT, EMS GRANT
FERRELL HOSPITAL1201 PINE ST ELDORADO,IL 62930	20-1244058	501(C)(3)	18,282				SHIP GRANT, RECRUITMENT & RETENTION GRANT, COMMUNITY DEVELOPMENT GRANT
MEMORIAL HOSPITAL-CARTHAGE1454 COUNTY ROAD 2050 CARTHAGE,IL 62321	37-0662570	501(C)(3)	31,282				SHIP GRANT, RECRUITMENT & RETENTION GRANT, HOSPITAL BOARD EDUCATION GRANT, SPECIAL PROJECTS GRANT
FRANKLIN HOSPITAL DISTRICT201 BAILEY LANE BENTON,IL 62812	37-6006885	FRANKLIN COUNTY	18,282				SHIP GRANT, RECRUITMENT & RETENTION GRANT, COMMUNITY DEVELOPMENT GRANT
PINCKNEYVILLE COMMUNITY HOSPITAL DISTRICT101 N WALNUT PINCKNEYVILLE,IL 62274	37-6006955	PERRY COUNTY	14,282				SHIP GRANT, MEN'S HEALTH AWARENESS GRANT, IT GRANT
OSF SAINT JAMES-JOHN W ALBRECHT MEDICAL CENTER2500 W REYNOLDS ST PONTIAC,IL 61764	37-0662570	501(C)(3)	12,282				SHIP GRANT, EMS GRANT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY MEMORIAL HOSPITAL400 CALDWELL ST STAUNTON,IL 62088	37-0624255	501(C)(3)	16,282				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT, COMMUNITY DEVELOPMENT GRANT
ST FRANCIS HOSPITAL 1215 FRANCISCAN DR PO BOX 1215 LITCHFIELD,IL 62056	37-0661236	501(C)(3)	9,282				SHIP GRANT, MEN'S HEALTH AWARENESS GRANT
MERCY HARVARD HOSPITAL901 GRANT ST PO BOX 850 HARVARD,IL 60033	31-1551871	501(C)(3)	12,282				SHIP GRANT, EMS GRANT
CARLINVILLE AREA HOSPITAL1001 E MORGAN ST CARLINVILLE,IL 62626	37-0645239	501(C)(3)	17,726				SHIP GRANT, RECRUITMENT & RETENTION GRANT, IT GRANT
FAYETTE COUNTY HOSPITAL AND LONG TERM CARE650 WTAYLOR STREET VANDALIA,IL 62471	43-1279063	FAYETTE COUNTY	12,478				SHIP GRANT, COMMUNITY DEVELOPMENT GRANT
HILLSBORO AREA HOSPITAL1200 E TREMONT ST HILLSBORO,IL 62049	37-0661208	501(C)(3)	17,282				SHIP GRANT, RECRUITMENT & RETENTION GRANT, EMS GRANT
MERCER COUNTY HOSPITAL409 NW 9TH AVE ALED0,IL 61231	36-6007544	MERCER COUNTY	16,282				SHIP GRANT, IT GRANT, HOSPITAL BOARD EDUCATION GRANT
MEMORIAL HOSPITAL-CHESTER1900 STATE ST BOX 609 CHESTER,IL 62233	37-6020801	RANDOLPH COUNTY	9,141				SHIP GRANT, COMMUNITY DEVELOPMENT GRANT
MARSHALL BROWNING HOSPITAL900 N WASHINGTON ST PO BOX 192 DUQUOIN,IL 62832	37-0661218	501(C)(3)	13,282				SHIP GRANT, IT GRANT
SARAH D CULBERTSON MEMORIAL HOSPITAL238 S CONGRESS ST RUSHVILLE,IL 62681	37-6006672	SCHUYLER COUNTY	17,282				SHIP GRANT, RECRUITMENT & RETENTION GRANT, EMS GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRFIELD MEMORIAL HOSPITAL303 NW 11TH ST FAIRFIELD,IL 62837	37-0661202	WAYNE COUNTY	16,282				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT, COMMUNITY DEVELOPMENT GRANT
KEWANEE HOSPITAL1051 W SOUTH STREET KEWANEE,IL 61443	36-2167767	501(C)(3)	13,282				SHIP GRANT, RECRUITMENT & RETENTION GRANT
PANA COMMUNITY HOSPITAL101 E NINTH ST PANA,IL 62557	37-6062362	501(C)(3)	16,282				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT, COMMUNITY DEVELOPMENT GRANT
GREENVILLE REGIONAL HOSPITAL200 HEALTHCARE DR GREENVILLE,IL 62246	37-0792770	501(C)(3)	8,282				SHIP GRANT
MASSAC MEMORIAL HOSPITAL28 CHICK ST PO BOX 850 METROPOLIS,IL 62960	37-0857853	MASSAC COUNTY	17,282				SHIP GRANT, IT GRANT, EMS GRANT
RICHLAND MEMORIAL HOSPITAL800 E LOCUST OLNEY,IL 62450	37-1363001	501(C)(3)	12,282				SHIP GRANT, EMS GRANTSHIP GRANT, EMS EDUCATION & EQUIPMENT GRANT
ST JOSEPH'S HOSPITAL 1515 MAIN ST HIGHLAND,IL 62249	37-0663568	501(C)(3)	9,282				SHIP GRANT, MEN'S HEALTH AWARENESS GRANT
HOPEDALE MEDICAL COMPLEX107 SECOND ST HOPEDALE,IL 61747	37-0808925	501(C)(3)	21,809				SHIP GRANT, EMS GRANT, SIU TELEHEALTH GRANT
JERSEY COMMUNITY HOSPITAL400 MAPLE SUMMIT JERSEYVILLE,IL 62052	37-6013958	501(C)(3)	12,282				SHIP GRANT, EMS GRANT
CROSSROADS COMMUNITY HOSPITAL8 DOCTORS PARK ROAD MT VERNON,IL 62864	58-1622971		8,282				SHIP GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMMOND-HENRY HOSPITAL600 NORTH COLLEGE AVENUE GENESEO,IL 61254	36-6008003	HENRY COUNTY	16,182				SHIP GRANT IT GRANT, HOSPITAL BOARD EDUCATION GRANT
ILLINOIS HOSPITAL ASSOCIATION1151 EAST WARRENVILLE ROAD NAPERVILLE,IL 60556	36-2352486	501(c)(6)	40,000				FLEX GRANT, BOARD GOVERNANCE GRANT
ILLINOIS INSTITUTE FOR RURAL AFFAIRS (WESTERN ILLINOIS UNIVERSITY)518 STIPES HALL WIU MACOMB,IL 61455	37-0910458		20,000				COMMUNITY EDUCATION GRANT
MIDWEST MEDICAL CENTER11650 US ROUTE 20 WEST GALENA,IL 61036	20-4560540	501(C)(3)	13,282				SHIP GRANT, IT GRANT
OSF HOLY FAMILY MEDICAL CENTER1000 WEST HARLEM AVENUE MONMOUTH,IL 61462	37-0813229	501(C)(3)	17,282				SHIP GRANT, IT GRANT, EMS GRANT
UNION COUNTY HOSPITAL 517 NORTH MAIN STREET ANNA,IL 62906	36-4431843	UNION COUNTY	8,282				SHIP GRANT
IMPACT COMMUNICATIONS303 N SECOND STREET SUITE 28 ST CHARLES,IL 60174	36-3935326		15,000				CAH VIDEO GRANT
NORTHERN ILLINOIS UNIVERSITY - OFFICE OF SPONSORED PROJECTS 1245 W LINCOLN HIGHWAY DEKALB,IL 60115	36-6008480		9,500				EMS GRANT
WESTERN IL AHEC BROADWAY AT 14TH STREET QUINCY,IL 62301	26-2145452	501(C)(3)	12,000				EDUCATION GRANT
HOOPESTON REGIONAL HEALTH CENTER701 E ORANGE STREET HOOPESTON,IL 60942	36-3637465	501(C)(3)	12,282				SHIP GRANT, EMS GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IROQUIS MEMORIAL HOSPITAL & RESIDENT HOME200 FAIRMAN AVENUE WATSEKA,IL 60970	37-0673512	501(C)(3)	12,282				SHIP GRANT ,EMS GRANT

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization

THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

Employer identification number

55-0809159

Identifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	ICAHN PROVIDES QUALITY EDUCATIONAL OPPORTUNITIES TO MEMBER HOSPITALS FOCUSING ON RURAL HEALTH ISSUES AND STRATEGIES FOR SUCCESS THROUGH ONSITE MEETINGS, VIDEOCONFERENCES, AND WEB-BASED TRAINING
Form 990, Part VI, Section A, line 6		THE MEMBERS OF THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK ARE CRITICAL ACCESS HOSPITALS AND NECESSARY PROVIDER HOSPITALS RESIDING IN THE STATE OF ILLINOIS WHO HAVE PAID AN INITIAL MEMBERSHIP FEE OF FIVE THOUSAND DOLLARS (\$5,000) EACH HOSPITAL MEMBER HAS ONE VOTE AND IS REPRESENTED BY ITS CHIEF EXECUTIVE OFFICER MEMBERS HAVE THE RIGHT TO VOTE FOR THE BOARD OF DIRECTORS
Form 990, Part VI, Section A, line 7a		EACH HOSPITAL MEMBER HAS ONE VOTE AND IS REPRESENTED BY ITS CHIEF EXECUTIVE OFFICER MEMBERS HAVE THE RIGHT TO VOTE FOR THE BOARD OF DIRECTORS
Form 990, Part VI, Section B, line 11		FORM 990 IS PROVIDED TO BOTH THE FINANCE COMMITTEE AND BOARD OF DIRECTORS VIA E-MAIL FOR REVIEW THE GOAL IS TO PROVIDE THE REPORT TO BOTH PRIOR TO FILING, SO IF DISCREPANCIES ARE DISCOVERED, THERE IS TIME FOR CORRECTIONS IF DEEMED NECESSARY AFTER REVIEW, A MEETING WILL BE SCHEDULED FOR DISCUSSION AND FURTHER REVIEW OF THE 990
Form 990, Part VI, Section B, line 12c		THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK REQUIRES THEIR BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST ACTIVITY QUESTIONNAIRE ANNUALLY ANY QUESTION OF WHETHER A CONFLICT OF INTEREST EXISTS SHALL BE DECIDED UPON BY A MAJORITY VOTE OF THE DIRECTORS OR COMMITTEE MEMBERS, EXCLUDING THE DIRECTOR OR COMMITTEE MEMBER WITH A POSSIBLE CONFLICT IN THE CASE AN ACTUAL CONFLICT EXISTS, THE DIRECTOR OR MEMBER WITH THE CONFLICT MUST ABSTAIN FROM VOTING ON SUCH MATTER
Form 990, Part VI, Section B, line 15a		THE FINANCE COMMITTEE OF THE ORGANIZATION RECOMMENDS TO THE BOARD THE APPROVAL OF THE FISCAL YEAR BUDGET WHICH INCLUDES SALARY INCREASES INCREASES ARE THEN MADE BY THE EXECUTIVE DIRECTOR PRIOR TO THE START OF THE NEXT FISCAL YEAR THE EXECUTIVE DIRECTOR'S CONTRACT ALLOWS FOR A YEARLY INCREASE PER BUDGET THE EXECUTIVE DIRECTOR'S CONTRACT IS NEGOTIATED EVERY THREE YEARS AND SALARY IS SET AT THAT TIME THIS COMPENSATION IS SET BASED ON A COMPARISON REVIEW OF OTHER NETWORK DIRECTORS' SALARIES AND COMPENSATION OTHER ICAHN POSITIONS ARE BASED ON SIMILAR POSITIONS IN OTHER ORGANIZATIONS INCLUDED IN THE BUDGET PRESENTATION ARE BUDGET ASSUMPTIONS WHICH IDENTIFIES THE SALARY INCREASES THIS PROCESS WAS LAST COMPLETED FEBRUARY , 2010
Form 990, Part VI, Section C, line 19		DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC
FORM 990, PART XI, LINE 2C		THE BOARD OF DIRECTORS FOR THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK ENGAGES THE INDEPENDENT ACOCUNTANTS TO PERFORM THE AUDIT IN ADDITION, THEY MEET WITH THE AUDITORS TO GO OVER THE AUDIT REPORT AND MANAGEMENT LETTER

SCHEDULE R (Form 990)  <small>Department of the Treasury Internal Revenue Service</small>	<div>Related Organizations and Unrelated Partnerships</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK	Employer identification number 55-0809159
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Part I

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

(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
CRITICAL ACCESS RECRUITMENT SERVICES LLC 245 BACKBONE ROAD EAST PRINCETON, IL 61356 20-8045884	PHYSICIAN RECRUITING	IL	89,115	75,017	N/A

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity



Part III

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

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

Part IV

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

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

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

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

1

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

a

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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

2

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:  
Software Version:  
EIN: 55-0809159  
Name: THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
WORKSHOP/MEETING FEES	900,099	82,812	82,812		
CONSULTING REVENUE	541,610	65,580	65,580		
IT SERVICES	541,519	58,106	58,106		
OTHER SERVICES	900,099	38,733	38,733		
EMAIL/WEB HOSTING	518,210	3,686	3,686		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEMBERSHIP DUES EXPENSE	10,149	6,090	4,059	
JOB POSTING & FAIR EXPE	9,666	5,800	3,866	
MISCELLANOUSE EXPENSE	7,955	4,773	3,182	
USER GROUP EXPENSE	4,395	2,637	1,758	
FACILITIES EXPENSE	2,250	1,350	900	