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Form 990

## Return of Organization Exempt From Income Tax

2010

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

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

Open to Public Inspection

## A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable	C Name of organization THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK		D Employer identification number 55-0809159
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (815) 875-2999
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 245 BACKBONE ROAD EAST		Room/suite
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 PRINCETON, IL 61356		G Gross receipts \$ 2,244,862
<input type="checkbox"/> Terminated	F Name and address of principal officer PATRICIA SCHOU 245 BACKBONE ROAD EAST PRINCETON, IL 61356		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<input type="checkbox"/> Application pending			H(c) Group exemption number ►

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

J Website: ► WWW ICAHN.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 2002 M State of legal domicile IL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities THE MISSION OF ICAHN IS TO STRENGTHEN ILLINOIS CRITICAL ACCESS HOSPITALS THROUGH COLLABORATION		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	9
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	5	6
6 Total number of volunteers (estimate if necessary) . . . . .	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	2,111,009	1,316,892
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	248,917	914,645
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,250	13,325
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	136,283	0
	2,513,459	2,244,862

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	1,298,410	1,159,916
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	589,620	443,471
b Total fundraising expenses (Part IX, column (D), line 25) ► 0	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	535,107	626,935
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,423,137	2,230,322
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	90,322	14,540

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	687,208	516,737
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	262,508	77,497
	424,700	439,240

## Part II Signature Block

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

Sign Here	***** Signature of officer PATRICIA SCHOU EXECUTIVE DIRECTOR Type or print name and title	2011-06-30 Date
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Paid Preparer Use Only	Print/Type preparer's name TODD M ETHERIDGE	Preparer's signature TODD M ETHERIDGE	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► CLIFTON GUNDERSON LLP			Firm's EIN ►	
	Firm's address ► 114 E EVERETT DIXON, IL 61021			Phone no ► (815) 284-2285	

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **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 \$ 1,849,205 including grants of \$ 1,159,916 ) (Revenue \$ 640,605 )ICAHN PROVIDES TECHNICAL ASSISTANCE TO SMALL RURAL HOSPITALS<sup>1</sup>) TO HELP THEM WITH ADMINISTRATIVE PROCESSES FOR CRITICAL ACCESS HOSPITALS<sup>2</sup>) SHARE RESOURCES WITH MEMBERS AND<sup>3</sup>) IMPLEMENT PROGRAMS TO IMPROVE QUALITY AND EFFICIENCIES OF MEDICAL SERVICES PROVIDED BY RURAL HEALTH CARE FACILITIES SERVES APPROXIMATELY 50 HOSPITALS**4b** (Code ) (Expenses \$ 77,262 including grants of \$ ) (Revenue \$ 93,743 )

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 \$ 5,820 including grants of \$ ) (Revenue \$ 180,297 )

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

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

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

**4e** **Total program service expenses** \$ 1,932,287

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts 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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV

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, Parts II and IV

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, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

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

**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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	No	
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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25		24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
24d	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? If "Yes," complete Schedule L, Part I		25a	No	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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)		28a	No	
28b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
28c	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c	No	
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? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	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? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	33	Yes	
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	<input checked="" type="checkbox"/>	34	No	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35	No	
35a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35a	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	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**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	17
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	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	<b>2a</b>	6
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No
<b>a</b>	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?	<b>7b</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>	
<b>a</b>	Gross income from members or shareholders	<b>11b</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12b</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . . **1a** 9

b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed? . . . . . **4** No

5 Did the organization become aware during the year of a significant 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** Yes

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

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**

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11a** No

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . **12a** Yes

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12b** Yes

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12c** 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 . . . . . **13** No

13 Does the organization have a written whistleblower policy? . . . . . **14** Yes

14 Does the organization have a written document retention and destruction policy? . . . . . **15**

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 15a or 15b, describe the process in Schedule O (See instructions )

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . **16a** 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

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

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**

	<b>Yes</b>	<b>No</b>
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4</b> 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> . . . . .	<b>4</b>	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
HART LLC 3001 MARKWOOD LANE SPRINGFIELD, IL 62712	CONSULTING SERVICES	117,253
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.	1

**Part VIII Statement of Revenue**

			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections	
						512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,243,350				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	73,542				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .			1,316,892			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> MEMBERSHIP DUES		900099	350,000	350,000		
	<b>b</b> IT SERVICES		541519	180,297	180,297		
	<b>c</b> CARS REVENUE		900099	109,965	109,965		
	<b>d</b> WORKSHOP/MEETING FEES		900099	93,743	93,743		
	<b>e</b> CONSULTING REVENUE		541610	70,546	70,546		
	<b>f</b> All other program service revenue			110,094	110,094		
	<b>g Total.</b> Add lines 2a-2f . . . . .			914,645			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .						
				13,325		13,325	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross Rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
<b>b</b> Less cost or other basis and sales expenses							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss) . . . . .							
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
<b>a</b>							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See Instructions . . . . .			2,244,862	914,645	0	13,325	

**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	1,159,916	1,159,916		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	120,000	84,000	36,000	
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	260,469	182,328	78,141	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,682	5,377	2,305	
9 Other employee benefits . . . . .	26,123	18,286	7,837	
10 Payroll taxes . . . . .	29,197	20,438	8,759	
a Fees for services (non-employees) Management . . . . .	3,720	2,232	1,488	
b Legal . . . . .	14,196		14,196	
c Accounting . . . . .	27,353		27,353	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .	277,469	277,192	277	
12 Advertising and promotion . . . . .	28,171	16,902	11,269	
13 Office expenses . . . . .	15,548	9,329	6,219	
14 Information technology . . . . .	9,700	5,820	3,880	
15 Royalties . . . . .				
16 Occupancy . . . . .	36,512	21,907	14,605	
17 Travel . . . . .	40,647	24,388	16,259	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	128,770	77,262	51,508	
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	3,400	2,040	1,360	
23 Insurance . . . . .	14,275	8,565	5,710	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a MEMBERSHIP DUES EXPENSE	13,085	7,851	5,234	
b JOB POSTING EXPENSE	12,378	7,427	4,951	
c MISCELLANEOUS EXPENSE	1,711	1,027	684	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,230,322	1,932,287	298,035	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	1	15,523
	2 Savings and temporary cash investments . . . . .	448,644	415,475
	3 Pledges and grants receivable, net . . . . .	3	
	4 Accounts receivable, net . . . . .	11,397	57,731
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .	6	
	7 Notes and loans receivable, net . . . . .	7	
	8 Inventories for sale or use . . . . .	8	
	9 Prepaid expenses and deferred charges . . . . .	15,894	15,489
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	27,880	
	10a Less accumulated depreciation . . . . .	10b	15,361
		9,484	10c
		12,519	
	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 . . . . .	201,789	15
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	687,208	16
		516,737	
Liabilities	17 Accounts payable and accrued expenses . . . . .	62,767	17
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	199,741	19
	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 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	262,508	26
		77,497	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	27	
	28 Temporarily restricted net assets . . . . .	28	
	29 Permanently restricted net assets . . . . .	29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds . . . . .	0	30
	31 Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	31
	32 Retained earnings, endowment, accumulated income, or other funds	424,700	32
	33 Total net assets or fund balances . . . . .	424,700	33
	34 Total liabilities and net assets/fund balances . . . . .	687,208	34
		516,737	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,244,862
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,230,322
3	Revenue less expenses Subtract line 2 from line 1	3	14,540
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	424,700
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	439,240

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c 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 <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/>	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	Yes

2010

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORKEmployer 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 described in **section 170(b)(1)(A)(i)**.

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

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

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

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

f  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)

g  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

h  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 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?

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

i Provide the following information about the supported organization(s)

(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	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,427,245	3,245,683	4,040,008	2,111,009	1,316,892	12,140,837
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 <b>Total.</b> Add lines 1 through 3	1,427,245	3,245,683	4,040,008	2,111,009	1,316,892	12,140,837
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 <b>Public Support.</b> Subtract line 5 from line 4						12,140,837

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,427,245	3,245,683	4,040,008	2,111,009	1,316,892	12,140,837
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,134	71,852	46,187	17,250	13,325	186,748
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	2,759	102,155	108,964	136,283		350,161
11 <b>Total support</b> (Add lines 7 through 10)						12,677,746
12 Gross receipts from related activities, etc (See instructions )					12	1,729,084

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 2010 (line 6 column (f) divided by line 11 column (f))	14	95 760 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	95 590 %
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓		
b <b>33 1/3% support test—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ►		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>20 Private Foundation</b> 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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### **Facts And Circumstances Test**

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2010

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**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.

Department of the Treasury  
Internal Revenue Service**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?  Yes  No

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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)?  Yes  No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

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

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

	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

	Yes	No
3a(i) unrelated organizations . . . . .		
3a(ii) related organizations . . . . .		

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

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 . . . . .		27,880	15,361	12,519
e Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ►				12,519

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation</b>
(1) Financial derivatives		Cost or end-of-year market value
(2) Closely-held equity interests		
Other		

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**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

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

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**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

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

**Total.** (Column (b) should equal Form 990, Part X, col. (B) line 15.)

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

1	(a) Description of Liability	(b) Amount
	Federal Income Taxes	

<sup>3</sup> Ex 48 (ASC 740) Footnote In Part XIV, provide th

**2. Fin 48 (ASC 740) Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

**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	2,244,862
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,230,322
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	14,540
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	14,540

**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	2,244,862
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	2,244,862
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	2,244,862

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

1	Total expenses and losses per audited financial statements . . . . .	1	2,230,322
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	2,230,322
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	2,230,322

**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

**Schedule I  
(Form 990)**

## **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

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

**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. Part II can be duplicated if additional space is needed.  

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U.S.	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ONCE IT IS DETERMINED THAT AN INDIVIDUAL OR ORGANIZATION WILL BE RECEIVING A GRANT AWARD, THEY ARE ISSUED A TRACKING NUMBER AND ENTERED INTO THE GRANT MONITORING DATABASE. THE DATABASE INCLUDES CONTACT INFORMATION FOR THE RECIPIENT, AS WELL AS PAYMENT TERMS, DATE, CHECK NUMBER, AND PAYMENT AMOUNT. AT THE END OF THE GRANT TERM OUTLINED IN THE GRANT AGREEMENT PROVIDED TO THE RECIPIENT, A FINAL REPORT IS COMPLETED BY THE RECIPIENT AND SENT BACK TO ICAHN THROUGH THE MAIL OR ELECTRONICALLY WITH SIGNATURE. ICAHN THEN REVIEWS THE REPORT AND COMPARES IT TO THE AGREEMENT TO ENSURE GRANT FUNDS WERE SPENT AS OUTLINED. ON OCCASION, A RECIPIENT'S PROJECT WILL NEED TO CHANGE DUE TO UNFOESEN CIRCUMSTANCES. IN THESE INSTANCES, THE GRANTEE IS INSTRUCTED TO REQUEST WRITTEN PERMISSION FROM ICAHN AUTHORIZING THE CHANGE. A COPY OF THIS CORRESPONDENCE IS PLACED IN THE RECIPIENT'S GRANT FILE DOCUMENTING THE CHANGE TO THE GRANT PROJECT. WHEN THE GRANT REPORT IS RECEIVED BY ICAHN, IT CAN THEN BE NOTED THAT THERE WAS AN AUTHORIZED CHANGE TO THE GRANT PROJECT. IN ADDITION TO THESE TRACKING PROCESSES, THE OPERATIONS COORDINATOR PERFORMS ONSITE VISITS TO GRANT RECIPIENTS OVER THE COURSE OF THE YEAR. DURING THESE VISITS, DOCUMENTATION SUCH AS INVOICES, RECEIPTS, AND FINANCIAL STATEMENTS ARE REVIEWED WITH COPIES OBTAINED, TO ENSURE GRANT FUNDS HAVE BEEN SPENT AS OUTLINED. THE OPERATIONS COORDINATOR PERFORMS ABOUT 12 ONSITE GRANT REVIEW VISITS PER YEAR.

**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
ABRAHAM LINCOLN MEMORIAL HOSPITAL 315 8TH ST LINCOLN, IL 62656	37-0723793	501(C)(3)	10,246				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT
ADVOCATE EUREKA HOSPITAL 101 S MAJOR ST EUREKA, IL 61530	37-0662542	501(C)(3)	5,000				COMMUNITY DEVELOPMENT
BOARD OF TRUSTEES OF THE UNIVERSITY OF IL 1901 S FIRST STREET SUITE A CHAMPAIGN, IL 61820	37-6000511	GOVERNMENTAL UNIT	5,000				4-H YOUTH PROJECT
CARLINVILLE AREA HOSPITAL 1001 EAST MORGAN ST CARLINVILLE, IL 62626	37-0645239	501(C)(3)	21,646				SHIP GRANT, COMMUNITY DEVELOPMENT GRANT, HOSPITAL BOARD EDUCATION GRANT, RECRUITMENT AND RETENTION GRANT
CLAY COUNTY HOSPITAL 911 STACY BURK DRIVE FLORA, IL 62839	37-1352599	GOVERNMENTAL UNIT	17,646				SHIP GRANT, EMS GRANT, RECRUITMENT AND RETENTION GRANT
COMMUNITY MEMORIAL HOSPITAL 400 CALDWELL ST STAUNTON, IL 62088	37-0624255	501(C)(3)	13,910				SHIP GRANT, COMMUNITY DEVELOPMENT GRANT, MEN'S HEALTH AWARNESS GRANT
CRAWFORD MEMORIAL HOSPITAL 1000 NORTH ALLEN ST ROBINSON, IL 62454	37-0793762	GOVERNMENTAL UNIT	16,296				VERIZON GRANT, SHIP GRANT, IT GRANT, MEN'S HEALTH AWARENESS GRANT
CROSSROADS COMMUNITY HOSPITAL 8 DOCTORS PARK ROAD MT VERNON, IL 62864	58-1622971		8,646				SHIP GRANT
DR JOHN WARNER HOSPITAL 422 WEST WHITE ST CLINTON, IL 61727	36-6000695	GOVERNMENTAL UNIT	19,646				SHIP GRANT, MEN'S HEALTH AWARENESS GRANT, SPECIAL PROJECTS
EUREKA COMMUNITY HOSPITAL 101 S MAJOR ST EUREKA, IL 61530	37-0662542	501(C)(3)	8,646				SHIP GRANT
FAIRFIELD MEMORIAL HOSPITAL 303 NW 11TH ST FAIRFIELD, IL 62837	37-0661202	GOVERNMENTAL UNIT	8,646				SHIP GRANT
FAYETTE COUNTY HOSPITAL AND LONG TERM CARE 650 WEST TAYLOR ST VANDALIA, IL 62471	43-1279063	GOVERNMENTAL UNIT	8,646				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
FERRELL HOSPITAL1201 PINE ST ELDORADO, IL 62930	20-1244058	501(C)(3)	21,646				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT, IT GRANT RECRUITMENT AND RETENTION GRANT
FRANKLIN HOSPITAL201 BAILEY LANE BENTON, IL 62812	37-6006885	GOVERNMENTAL UNIT	30,267				SHIP GRANT, SIU TELEHEALTH, SPECIAL PROJECT, RECRUITMENT AND RETENTION GRANT
GIBSON AREA HOSPITAL & HEALTH SERVICES1120 N MELVIN ST GIBSON CITY, IL 60936	37-0647938	501(C)(3)	24,646				SHIP GRANT, COMMUNITY DEVELOPMENT GRANT, SPECIAL PROJECT GRANT, MEN'S HEALTH AWARENESS GRANT
GREENVILLE REGIONAL HOSPITAL200 HEALTHCARE DR GREENVILLE, IL 62246	37-0792770	501(C)(3)	12,364				SHIP GRANT, EMS GRANT
HAMILTON MEMORIAL HOSPITAL DISTRICT611 S MARSHALL AVENUE PO BOX 429 MCLEANSBORO, IL 62859	37-6019589	GOVERNMENTAL UNIT	85,922				SHIP GRANT, IT GRANT, COMMUNITY DEVELOPMENT GRANT, WORKFORCE DEVELOPMENT GRANT
HAMMOND HENRY HOSPITAL600 NORTH COLLEGE AVENUE GENESEO, IL 61254	36-6008003	GOVERNMENTAL UNIT	19,646				SHIP GRANT, RECRUITMENT AND RETENTION GRANT, MEN'S HEALTH AWARENESS GRANT, COMMUNITY DEVELOPMENT GRANT
HARDIN COUNTY GENERAL HOSPITAL6 FERRELL ROAD BOX 2467 ROSICLARE, IL 62982	37-0702309	501(C)(3)	22,602				SHIP GRANT, RECRUITMENT AND RETENTION GRANT, EMS GRANT, IT GRANT
HILLSBORO AREA HOSPITAL1200 EAST TREMONT ST HILLSBORO, IL 62049	37-0661208	501(C)(3)	18,646				SHIP GRANT, IT GRANT, RECRUITMENT AND RETENTION
HOOPESTON REGIONAL HEALTH CENTER701 EAST ORANGE ST HOOPESTON, IL 60942	36-3637465	501(C)(3)	8,646				SHIP GRANT
HOPEDALE MEDICAL COMPLEX107 TREMONT ST HOPEDALE, IL 61747	37-0808925	501(C)(3)	13,646				SHIP GRANT, COMMUNITY DEVELOPMENT GRANT
ILLINI COMMUNITY HOSPITAL640 WEST WASHINGTON ST PITTSFIELD, IL 62363	37-1396010	501(C)(3)	10,196				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT
ILLINOIS HOSPITAL ASSOCIATION151 EAST WARRENVILLE ROAD NAPERVILLE, IL 60556	36-2352486	501(C)(3)	47,000				FLEX 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
IROQUOIS MEMORIAL HOSPITAL200 FAIRMAN WATSEKA, IL 60970	37-0673512	501(C)(3)	8,646				SHIP GRANT
JERSEY COMMUNITY HOSPITAL400 MAPLE SUMMIT JERSEYVILLE, IL 62052	37-6013958	501(C)(3)	8,646				SHIP GRANT
JOHN AND MARY E KIRBY HOSPITAL1111 N STATE ST PO BOX 20 MONTICELLO, IL 61856	37-0661215	501(C)(3)	15,296				VERIZON GRANT, SHIP GRANT, IT GRANT
KEWANEE HOSPITAL1051 WEST SOUTH ST PO BOX 747 KEWANEE, IL 61443	36-2167767	501(C)(3)	18,646				SHIP GRANT, SPECIAL PROJECT GRANT
LAWRENCE COUNTY MEMORIAL HOSPITAL2200 WEST STATE ST LAWRENCEVILLE, IL 62439	37-1080256	GOVERNMENTAL UNIT	17,347				SHIP GRANT, RECRUITMENT AND RETENTION GRANT
MARSHALL BROWNING HOSPITAL900 N WASHINGTON ST DUQUOIN, IL 62832	37-0661218	501(C)(3)	15,296				VERIZON GRANT, SHIP GRANT, IT GRANT
MASON DISTRICT HOSPITAL615 N PROMENADE ST HAVANA, IL 62644	37-6017857	GOVERNMENTAL UNIT	12,646				SHIP GRANT, EMS GRANT
MASSAC MEMORIAL HOSPITAL28 CHICK ST PO BOX 850 METROPOLIS, IL 62960	37-0857853	GOVERNMENTAL UNIT	17,646				SHIP GRANT, IT GRANT, EMS GRANT
MEMORIAL HOSPITAL CARTHAGE1454 N COUNTY ROAD 2050 PO BOX 160 CARTHAGE, IL 62321	37-0662570	501(C)(3)	17,646				SHIP GRANT, MEN'S HEALTH AWARENESS GRANT, HOSPITAL BOARD EDUCATION GRANT, COMMUNITY DEVELOPMENT GRANT
MEMORIAL HOSPITAL CHESTER1900 STATE ST CHESTER, IL 62233	37-6020801	GOVERNMENTAL UNIT	13,646				SHIP GRANT, SPECIAL PROJECT GRANT
MENDOTA COMMUNITY HOSPITAL1315 MEMORIAL DR MENDOTA, IL 61342	36-2167785	501(C)(3)	14,183				SHIP GRANT, EMS GRANT, COMMUNITY DEVELOPMENT GRANT
MERCER COUNTY HOSPITAL409 NW 9TH ST ALEDO, IL 61231	36-6007544	GOVERNMENTAL UNIT	16,646				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT, COMMUNITY DEVELOPMENT 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
MERCY HARVARD HOSPITAL 901 GRANT STREET HARVARD, IL 60033	31-1551871	501(C)(3)	13,646				SHIP GRANT, IT GRANT
MIDWEST MEDICAL CENTER 1 MEDICAL CENTER DRIVE GALENA, IL 61036	20-4560540	501(C)(3)	14,646				SHIP GRANT, MENS' HEALTH AWARENESS GRANT, IT GRANT
MORRISON COMMUNITY HOSPITAL 303 N JACKSON ST MORRISON, IL 61270	36-6008167	GOVERNMENTAL UNIT	22,650				SHIP GRANT, RECRUITMENT AND RETENTION GRANT, IT GRANT, COMMUNITY DEVELOPMENT GRANT
NORTHERN ILLINOIS UNIVERSITY 148 N 3RD ST DEKALB, IL 60115	36-6008480	GOVERNMENTAL UNIT	20,000				CAH ECONOMIC IMPACT STUDY
OSF ST JAMES W ALBRECHT MEDICAL CENTER 2500 W REYNOLDS ST PONTIAC, IL 61764	37-0662570	501(C)(3)	8,646				SHIP GRANT
PANA COMMUNITY HOSPITAL 101 EAST NINTH ST PANA, IL 62557	37-6062362	501(C)(3)	13,385				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT, EMS GRANT
PARIS COMMUNITY HOSPITAL 721 EAST COURT ST PARIS, IL 61944	37-0860281	501(C)(3)	18,950				SHIP GRANT, SIU TELEHEALTH GRANT, EMS GRANT, IT GRANT
PERRY MEMORIAL HOSPITAL 530 PARK AVENUE EAST PRINCETON, IL 61356	36-6006057	GOVERNMENTAL UNIT	17,696				SHIP GRANT, EMS GRANT, MEN'S HEALTH AWARENESS GRANT, COMMUNITY DEVELOPMENT GRANT
PINCKNEYVILLE COMMUNITY HOSPITAL 101 NORTH WALNUT STREET PINCKNEYVILLE, IL 62274	37-6006955	GOVERNMENTAL UNIT	14,646				SHIP GRANT, MENS' HEALTH AWARENESS GRANT, IT GRANT
RED BUD REGIONAL HOSPITAL 325 SPRING ST RED BUD, IL 62278	36-4443919	501(C)(3)	17,346				SHIP GRANT, RECRUITMENT AND RETENTION, EMS GRANT
RICHLAND MEMORIAL HOSPITAL 800 EAST LOCUST OLNEY, IL 62450	37-1363001	501(C)(3)	12,381				SHIP GRANT, EMS GRANT
ROCHELLE COMMUNITY HOSPITAL 900 N SECOND ST ROCHELLE, IL 61068	37-2548549	501(C)(3)	18,096				SHIP GRANT, VERIZON GRANT, HOSPITAL BOARD EDUCATION GRANT, RECRUITMENT AND RETENTION GRANT

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
SALEM TOWNSHIP HOSPITAL 1201 RICKER DRIVE SALEM, IL 62881	37-0925318	GOVERNMENTAL UNIT	16,646				SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT, RECRUITMENT AND RETENTION GRANT
SARAH D CULBERTSON MEMORIAL HOSPITAL 238 SOUTH CONGRESS AVE RUSHVILLE, IL 62681	37-6006672	GOVERNMENTAL UNIT	17,146				SHIP GRANT, EMS GRANT, COMMUNITY DEVELOPMENT GRANT
SHELBY MEMORIAL HOSPITAL 200 SOUTH CEDAR SHELBYVILLE, IL 62565	37-0512290	501(C)(3)	8,646				SHIP GRANT
SPARTA COMMUNITY HOSPITAL DISTRICT 818 EAST BROADWAY SPARTA, IL 62286	37-6014817	GOVERNMENTAL UNIT	13,646				SHIP GRANT, IT GRANT
ST FRANCIS HOSPITAL 1215 FRANCISCAN DRIVE LITCHFIELD, IL 62056	37-0661236	501(C)(3)	30,578				SHIP GRANT, SIU TELEHEALTH GRANT, RECRUITMENT AND RETENTION GRANT
ST JOSEPH MEMORIAL HOSPITAL 2 SOUTH HOSPITAL DRIVE MURPHYSBORO, IL 62966	37-0618939	501(C)(3)	15,296				SHIP GRANT, VERIZON GRANT, IT GRANT
ST JOSEPH'S HOSPITAL 1515 MAIN ST HIGHLAND, IL 62249	37-0663568	501(C)(3)	18,646				SHIP GRANT, EMS GRANT, MEN'S HEALTH AWARENESS GRANT, IT GRANT
TAYLORVILLE MEMORIAL HOSPITAL 201 EAST PLEASANT ST TAYLORVILLE, IL 62568	37-0661250	501(C)(3)	13,646				SHIP GRANT, COMMUNITY DEVELOPMENT GRANT
THOMAS H BOYD MEMORIAL HOSPITAL 800 SCHOOL ST CARROLTON, IL 62106	37-0673461	GOVERNMENTAL UNIT	8,646				SHIP GRANT
UNION COUNTY HOSPITAL 517 NORTH MAIN ST ANNA, IL 62906	36-4431843	GOVERNMENTAL UNIT	8,646				SHIP GRANT
VALLEY WEST COMMUNITY HOSPITAL 11 E PLEASANT AVE SANDWICH, IL 60548	36-4244337	501(C)(3)	13,646				SHIP GRANT, IT GRANT
WABASH GENERAL HOSPITAL 1418 COLLEGE DR MT CARMEL, IL 62863	37-6013625	GOVERNMENTAL UNIT	12,646				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
WASHINGTON COUNTY HOSPITAL 705 S GRAND NASHVILLE, IL 62263	37-6020408	GOVERNMENTAL UNIT	17,646				SHIP GRANT, MEN'S HEALTH AWARENESS GRANT, HOSPITAL BOARD EDUCATION GRANT, RECRUITMENT AND RETENTION GRANT
WESTERN ILLINOIS AHEC BROADWAY AT 14TH ST QUINCY, IL 62305	26-2145452	501(C)(3)	14,000				VERIZON GRANT, FLEX GRANT

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2010****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 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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
	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 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

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	STEVEN HAYES - 1900 STATE STREET, BOX 609, CHESTER, IL 62233 LYNN KLEIN - 1315 MEMORIAL DRIVE, MENDOTA, IL 61342 HARRY WOLIN - 615 NORTH PROMENADE PO BOX 530, HAVANA, IL 62644 RANDY DAUBY - 611 SOUTH MARSHALL PO BOX 429, MCLEANSBORO, IL 62859 HERVEY DAVIS - 201 BAILEY LANE, BENTON, IL 62812 STEVE TENHOUSE - 1111 NORTH STATE STREET, MONTICELLO, IL 61856 ROB SCHMITT - 1120 NORTH MELVIN STREET PO BOX 429, GIBSON CITY, IL 60936 SUSIE CAMPBELL - 400 CALDWELL, STAUNTON, IL 62088 ADA BAIR - 1454 NORTH COUNTY ROAD 2050 PO BOX 160, CARTHAGE, IL 62321

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS FOR THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK ENGAGES THE INDEPENDENT ACCOUNTANTS TO PERFORM THE AUDIT. ONCE COMPLETE THE BOARD OF DIRECTORS MEET WITH THE AUDITORS TO REVIEW THE AUDIT REPORT AND MANAGEMENT LETTER

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Department of the Treasury  
Internal Revenue ServiceOpen to Public  
Inspection

► 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.

## Name of the organization

THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

## Employer identification number

55-0809159

## 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
(1) CRITICAL ACCESS RECRUITMENT SERVICES LLC 245 BACKBONE RD EAST PRINCETON, IL 61356 20-8045884	RECRUITING SERVICES FOR MEMBER HOSPITALS	IL	110,147	82,841	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	(g) Section 512(b)(13) controlled organization
						Yes

**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.)

**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.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		

**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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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