



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Presence Hospitals PRV

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

9223 WEST ST FRANCIS ROAD

Suite

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FRANKFORT, IL 60423

F Name and address of principal officer

SANDRA BRUCE

200 SOUTH WACKER

CHICAGO, IL 60606

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

www.presencehealth.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1997

M State of legal domicile

IL

Part I		Summary	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION STRIVES TO MAINTAIN AND IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES BY PROVIDING SERVICES THAT AVOIDS ILLNESS USING PREVENTIVE CARE AND ADVANCED TECHNOLOGIES	
	2	Check this box <input type="checkbox"/> 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)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	7,972
	6	Total number of volunteers (estimate if necessary)	1,840
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,972,111
	b	Net unrelated business taxable income from Form 990-T, line 34	1,164,559
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year3,198,929Current Year3,718,307
	9	Program service revenue (Part VIII, line 2g)	1,054,003,8431,078,216,341
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,731,2068,158,071
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,958,15013,355,378
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,074,892,1281,103,448,097
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	76,040164,223
	14	Benefits paid to or for members (Part IX, column (A), line 4)	00
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	467,991,061431,049,556
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	35,37724,383
	b	Total fundraising expenses (Part IX, column (D), line 25) 2,629,845	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	577,229,361638,854,140
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,045,331,8391,070,092,302
	19	Revenue less expenses Subtract line 18 from line 12	29,560,28933,355,795
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	801,750,738801,911,028
	21	Total liabilities (Part X, line 26)	194,752,435236,910,724
	22	Net assets or fund balances Subtract line 21 from line 20	606,998,303565,000,304

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

ANTHONY FILER CFO

Type or print name and title

2014-11-15

Date

Paid Preparer Use Only

Print/Type preparer's name

MOLLIE P LONGHOUSE

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00294881

Firm's name

KPMG LLP

Firm's EIN

Firm's address

191 West Nationwide Blvd Ste 500

Columbus, OH 432152568

Phone no

(877) 737-4636

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

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

THE ORGANIZATION STRIVES TO MAKE AVAILABLE A FULL CONTINUUM OF SERVICES, BOTH PRIMARY AND SPECIALTY, APPROPRIATE TO MAINTAIN AND IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES. THESE SERVICES EMPHASIZE AVOIDING ILLNESS THROUGH PREVENTIVE PRIMARY CARE, AS WELL AS OFFERING ACCESS TO THE ADVANCED AND STATE-OF-THE-ART TECHNOLOGIES NECESSARY TO RESTORE HEALTH.

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

If "Yes," describe these changes on Schedule O





















<b>4a</b>	(Code	) (Expenses \$	637,618,933	including grants of \$	164,223 ) (Revenue \$	1,077,192,596 )
<p>THE HOSPITALS PROVIDED INPATIENT MEDICAL CARE, MATERNITY SERVICES AND CHARITY CARE THE HOSPITALS SERVED BOTH THE AGED AND THE POOR BY PARTICIPATION IN THE MEDICARE AND MEDICAID PROGRAMS THE HOSPITALS PROVIDED OUTPATIENT SERVICES TO MEMBERS OF THE COMMUNITY REGARDLESS OF ABILITY TO PAY</p>						

[illegible][illegible]

<b>4e</b>	<b>Total program service expenses</b>	<b>637,618,933</b>
-----------	---------------------------------------	--------------------

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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 	11a Yes	
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 	11b	No
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 	11c	No
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 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions) 	17 Yes	
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 Yes	
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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants or 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, line 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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	Yes	
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, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
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 11b 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 or note to any line in this Part V

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	566			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	7,972			
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 (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>	3b	Yes			
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: _____ See instructions for 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?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				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	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	<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?	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?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>	14b				

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	19	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	18	
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	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
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	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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	Yes
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	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes

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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ANTHONY FILER 200 SOUTH WACKER CHICAGO,IL 60606 (847) 813-3728

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

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

Form **990** (2013)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	6,411,020	2,415,038	750,363

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 277

		Yes	No
<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>	Yes
<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. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MADISON AVENUE ANESTHESIA PLACEMENT, 20201 S CRAWFORD AVE OLYMPIA FIELDS IL 60461	ANESTHESIA SERVICES	4,100,004
CENTER FOR WOUND HEALING, 8859 VENTURY WAY NAPLES FL 34109	WOUND HEALING	1,617,145
CHRISTIE CLINIC, 101 W UNIVERSITY AVE CHAMPAIGN IL 61820	HOSPITALIST SERVICES	1,357,849
NEW LENOX INVESTORS, 661 UNIVERSITY BLVD SUITE 200 JUPITER FL 33458	RENT	1,083,593
PH PROPERTY INTERESTS, 340 W PASSAIC ROCHELLE PARK NJ 07662	RENT	1,022,232

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶62

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c	393,797			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,324,510			
	g	Noncash contributions included in lines 1a-1f \$	104,271			
	h	Total. Add lines 1a-1f . . . . .	3,718,307			
Program Service Revenue	2a	NET PATIENT REVENUE				
		Business Code				
		900099	1,054,419,176	1,054,419,176		
	b	PHARMACY REVENUE	3,305,377	2,276,404	1,028,973	
	c	MEDICAL OFFICE BUILDING RENT	531120	1,875,071		
	d	MEDICAID MEANINGFUL USE	517000	18,616,717		
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	1,078,216,341			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	7,458,730		1,001,007	6,457,723
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .	337,643		337,643	
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . .	699,341			699,341
	8a	Gross income from fundraising events (not including \$ 393,797 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from fundraising events . . . . .	629,798			629,798
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from gaming activities . . . . .	0			
	10a	Gross sales of inventory, less returns and allowances . . . . .				
	b	Less cost of goods sold . . . . .				
	c	Net income or (loss) from sales of inventory . . . . .	0			
		Miscellaneous Revenue				
	11a	EDUCATION SEMINAR	517000	231,857		231,857
	b	CAFETERIA SALES		4,082,336		4,082,336
	c	GIFT SHOP & AUXILLARY	453220	768,451		768,451
	d	All other revenue . . . . .	7,305,293	5,228	604,488	6,695,577
	e	Total. Add lines 11a-11d . . . . .	12,387,937			
	12	Total revenue. See Instructions . . . . .	1,103,448,097	1,077,192,596	2,972,111	19,565,083

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	164,223	164,223		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	4,335,237	0	4,335,237	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	341,880,031	318,461,989	22,015,536	1,402,506
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	59,937,281	1,044,034	58,891,531	1,716
10	Payroll taxes.	24,897,007	68,946	24,828,061	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	0			
c	Accounting.	24,627	24,627		
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	24,383			24,383
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	15,212,366	431,156	14,780,334	876
12	Advertising and promotion.	162,291	130,324		31,967
13	Office expenses.	172,718,431	166,886,124	5,614,542	217,765
14	Information technology.	15,187,808	13,530,436	1,656,754	618
15	Royalties.	0			
16	Occupancy.	20,782,319	8,028,316	12,746,769	7,234
17	Travel.	395,869	215,142	172,739	7,988
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	287,216	223,004	53,608	10,604
20	Interest.	27,871,999		27,871,999	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	64,782,100	4,115,268	60,666,672	160
23	Insurance.	14,080,551	69,372	14,011,179	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	INTERNAL PURCHASED SERVICES	101,393,851	3,957,386	97,436,465	0
b	OTHER PURCHASED SERVICES	99,152,719	80,819,986	17,926,749	405,984
c	TAXES	61,784,645	617,723	61,166,862	60
d	FOOD	6,161,942	6,036,497	90,467	34,978
e	All other expenses	38,855,406	32,794,380	5,578,020	483,006
25	Total functional expenses. Add lines 1 through 24e.	1,070,092,302	637,618,933	429,843,524	2,629,845
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		52,640,361	2	54,679,874
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		193,149,954	4	204,303,593
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		24,346,865	8	25,914,482
	9	Prepaid expenses and deferred charges		8,110,590	9	8,509,718
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,068,337,588			
	b	Less accumulated depreciation	10b606,834,035	488,383,095	10c	461,503,553
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		35,119,873	15	46,999,808
	16	Total assets. Add lines 1 through 15 (must equal line 34)		801,750,738	16	801,911,028
Liabilities	17	Accounts payable and accrued expenses		73,345,194	17	77,367,940
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		121,407,241	25	159,542,784
	26	Total liabilities. Add lines 17 through 25		194,752,435	26	236,910,724
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		596,399,681	27	551,735,386
	28	Temporarily restricted net assets		9,106,755	28	11,710,230
	29	Permanently restricted net assets		1,491,867	29	1,554,688
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		606,998,303	33	565,000,304
	34	Total liabilities and net assets/fund balances		801,750,738	34	801,911,028

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,103,448,097
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,070,092,302
3	Revenue less expenses Subtract line 2 from line 1	3	33,355,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	606,998,303
5	Net unrealized gains (losses) on investments	5	2,281,213
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-77,635,007
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	565,000,304

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	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	Yes	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 36-4195126  
**Name:** Presence Hospitals PRV

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

[illegible]

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANICE NEMRI CAO	40 0				X			277,466	0	10,242
CATHERINE EMANUEL REG VP STRATEGIC PLG & BUS DEV	40 0				X			259,310	0	1,113
LISA DIMARCO VP PATIENT CARE SRVS	40 0				X			253,786	0	8,499
LISA LAGGER CRO	40 0				X			250,700	0	11,430
CHARLES CANVER CMO	40 0				X			337,447	0	4,599
DAVID FRANZBLAU CMO	40 0				X			366,738	0	9,421
EILEEN GILLESPIE CNO	40 0				X			214,005	0	5,805
GRACE MCBRIDE COO/CNE	40 0				X			220,027	0	6,584
JOSEPH DANNA MEDICAL DIRECTOR	40 0				X			242,285	0	13,433
LAWRENCE VERFURTH CMO	40 0				X			358,450	0	7,561
MARY VONDERAU VP STRATEGY & OPS	40 0				X			263,165	0	889
SURENDRA GULATI PHYSICIAN	40 0					X		463,446	0	9,726
VICTOR ROSTAPSHOV PHYSICIAN	40 0					X		278,850	0	8,531
MICHAEL PANUSKA MEDICAL DIRECTOR	40 0					X		300,507	0	10,321
JINJENG ZHU PHYSICIST	40 0					X		246,751	0	14,538
MARQUESS WILSON PHYSICIAN	40 0					X		253,413	0	5,940

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Presence Hospitals PRV	Employer identification number 36-4195126
--	--

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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 - Non-functionally integrated

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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

**Supplemental Information.** 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).

Facts And Circumstances Test		
Return Reference	Explanation	

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization Presence Hospitals PRV	Employer identification number  36-4195126
--	--

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public 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 XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII 

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	2,747,115	1,885,241	1,823,675	1,671,727	1,569,474
b Contributions . . . . .	4,756	765,424	61,758	104,516	26,655
c Net investment earnings, gains, and losses	122,906	108,794	43,217	83,936	-2,254
d Grants or scholarships . . . . .	-21,530	-13,844	-26,673	12,960	0
e Other expenditures for facilities and programs . . . . .	-2,147	1,500	-16,425	19,544	-81,988
f Administrative expenses . . . . .			-311	4,000	4,136
g End of year balance . . . . .	2,851,100	2,747,115	1,885,241	1,823,675	1,671,727

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ 30 000 %

b Permanent endowment ▶ 70 000 %

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
3b	Yes	
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		22,668,867		22,668,867
b Buildings . . . . .		686,565,565	339,485,379	347,080,186
c Leasehold improvements . . . . .		1,508,619	653,276	855,343
d Equipment . . . . .		322,930,984	244,682,352	78,248,632
e Other . . . . .		34,663,553	22,013,028	12,650,525
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				461,503,553



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUND USES THE INTENDED USES OF THE ENDOWMENT FUND INCLUDE THE FOLLOWING SUPPLEMENTAL HOSPITAL INCOME, EDUCATION, TECHNOLOGY, HEALTH AND HUMAN SERVICES FOR THE POOR, SCHOLARSHIPS, AND DIABETES WELLNESS CENTER SCHEDULE D, PART X, LINE 2 PRESENCE HEALTH RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION AS OF DECEMBER 31, 2013 AND 2012, PRESENCE HEALTH DOES NOT HAVE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS

[illegible]



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization Presence Hospitals PRV	Employer identification number  36-4195126
--	--

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

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

<b>a</b> <input checked="" type="checkbox"/> Mail solicitations	<b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations	<b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants
<b>c</b> <input checked="" type="checkbox"/> Phone solicitations	<b>g</b> <input checked="" type="checkbox"/> Special fundraising events
<b>d</b> <input checked="" type="checkbox"/> In-person solicitations	
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CENTRAL IL BOOKS	BOOK FAIR	Yes		9,735	7,765	1,970
2 MASQUERADE FUNDRAISING	\$5 SALE	Yes		7,433	6,066	1,367
3 DOWNTOWN DIAMOND PAWN	JEWELRY	Yes		6,943	5,902	1,041
4 DANVILLE GARDENS	FLOWER SALE		No	6,271	4,650	1,621
5						
6						
7						
8						
9						
10						
Total . . . . . ▶				30,382	24,383	5,999

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

IL, IN  
.....  
.....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>FESTIVAL OF TRE</u>	<u>GALA</u>	<u>10</u>	(add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . .	437,184	280,146	922,593	1,639,923
	2	Less Contributions . . .	293,569	0	100,228	393,797
3	Gross income (line 1 minus line 2) . . . .	143,615	280,146	822,365	1,246,126	
Direct Expenses	4	Cash prizes . . . .		6,800	6,800	
	5	Noncash prizes . . . .		38,180	38,180	
	6	Rent/facility costs . . .	14,000	74,004	88,004	
	7	Food and beverages . .				
	8	Entertainment . . . .				
	9	Other direct expenses .	138,753	109,153	235,438	483,344
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				(616,328)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				629,798

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
Direct Expenses	6	Volunteer labor . . . . .			
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? . . . . . ☒ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ 1400 W PARK  
URBANA, IL 61801  
\_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer                      ☐ Employee                      ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Presence Hospitals PRV

Employer identification number  
36-4195126

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a Yes	
b	If "Yes," was it a written policy? . . . . .	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 600 %  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care  4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	3a Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	3b Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	4 Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5a Yes	
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	5b Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	5c	No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a Yes	
		6b Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .		10,699	36,871,131	0	36,871,131	3 450 %
b Medicaid (from Worksheet 3, column a) . . . . .		140,321	196,507,054	152,784,470	43,722,584	4 090 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		151,020	233,378,185	152,784,470	80,593,715	7 540 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .		63,201	3,785,656	363,853	3,421,803	0 320 %
f Health professions education (from Worksheet 5) . . . . .		6,148	5,360,274	419,923	4,940,351	0 460 %
g Subsidized health services (from Worksheet 6) . . . . .			26,197,889	24,272,250	1,925,639	0 170 %
h Research (from Worksheet 7) . . . . .		204	808,902	0	808,902	0 070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .		7,997	957,183	4,600	952,583	0 080 %
j <b>Total</b> Other Benefits . . . . .		77,550	37,109,904	25,060,626	12,049,278	1 100 %
k <b>Total</b> . Add lines 7d and 7j . . . . .		228,570	270,488,089	177,845,096	92,642,993	8 640 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			1,164	0	1,164	
2Economic development						
3Community support			132,487	91,601	40,886	
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			2,654	0	2,654	
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			136,305	91,601	44,704	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

273,816,777

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

30

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5413,748,673

6Enter Medicare allowable costs of care relating to payments on line 5.

6459,859,622

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-46,110,949

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9bYes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1Alliance PHO	Physician Hospital Org	50.000 %		50.000 %
2KANKAKEE VALLEY DLY	Dialysis Center	50.000 %		50.000 %
3Kendail PT Surgery	Surgery Center	15.000 %		50.000 %
4Dreyer Provena Amb	Ambulatory Care Center	40.000 %		60.000 %
5Ctr Digestive Dis	Digestive Health Center	10.000 %		80.000 %
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
**6**

Name, address, primary website address, and state license number

									Facility reporting group
		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	
									Other (Describe)
	See Additional Data Table								

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A )  
PRESENCE ST JOSEPH MEDICAL CENTER

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A )1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 14		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) WWW.PRESENCEHEALTH.ORG/COMMUNITY		
b <input checked="" type="checkbox"/> Other website (list url) HTTP://WWW.WILLCOUNTYHEALTH.ORG		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7 Yes	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

**Part V**

**Facility Information** *(continued)*

Financial Assistance Policy		Yes	No
<b>9</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>9</b> Yes	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>200</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>10</b> Yes	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>600</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>11</b> Yes	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	<b>12</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>d</b>	<input checked="" type="checkbox"/> Insurance status		
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount		
<b>f</b>	<input checked="" type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input checked="" type="checkbox"/> State regulation		
<b>h</b>	<input checked="" type="checkbox"/> Residency		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	<b>13</b> Yes	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>14</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available upon request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>Billing and Collections</b>			
<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	<b>15</b> Yes	
<b>16</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	<b>17</b>	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		



**Part V**

**Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a**

☒

Notified individuals of the financial assistance policy on admission
- b**

☒

Notified individuals of the financial assistance policy prior to discharge
- c**

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d**

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e**

☐

Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>19</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<div><b>a</b></div> <div><input type="checkbox"/></div> <div>The hospital facility did not provide care for any emergency medical conditions</div>		
<div><b>b</b></div> <div><input type="checkbox"/></div> <div>The hospital facility's policy was not in writing</div>		
<div><b>c</b></div> <div><input type="checkbox"/></div> <div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)</div>		
<div><b>d</b></div> <div><input type="checkbox"/></div> <div>Other (describe in Part VI)</div>		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<div><b>a</b></div> <div><input type="checkbox"/></div> <div>The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div>		
<div><b>b</b></div> <div><input checked="" type="checkbox"/></div> <div>The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div>		
<div><b>c</b></div> <div><input type="checkbox"/></div> <div>The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div>		
<div><b>d</b></div> <div><input type="checkbox"/></div> <div>Other (describe in Part VI)</div>		
<b>21</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
<b>22</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A )

PRESENCE MERCY MEDICAL CENTER

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

2

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>1</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>3</b> Yes	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b> Yes	
<b>5</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>5</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.PRESENCEHEALTH.ORG/COMMUNITY</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>HTTP://KANEHEALTH.COM/CHIP.HTM</u>		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	<b>7</b> Yes	
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>8a</b>	No
<b>b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>8b</b>	
<b>c</b> If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input checked="" type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance? . . . . .	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V

Facility Information (continued)

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	19 Yes	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI	21	No
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI	22	No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

PRESENCE ST JOSEPH HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

3

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	<b>1</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b> Yes	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	<b>4</b> Yes	
<b>5</b> Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>5</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.PRESENCEHEALTH.ORG/COMMUNITY</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>HTTP://KANEHEALTH.COM/CHIP.HTM</u>		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	<b>7</b> Yes	
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	<b>8a</b>	No
<b>b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	<b>8b</b>	
<b>c</b> If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input checked="" type="checkbox"/> State regulation			
h <input checked="" type="checkbox"/> Residency			
i <input checked="" type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance? . . . . .	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Section C)			

**Part V**

**Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a**

☒

Notified individuals of the financial assistance policy on admission
- b**

☒

Notified individuals of the financial assistance policy prior to discharge
- c**

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d**

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e**

☐

Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>19</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>21</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
<b>22</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A )  
PRESENCE ST MARY'S HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A )4

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	<b>1</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b> Yes	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	<b>4</b> Yes	
<b>5</b> Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>5</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.PRESENCEHEALTH.ORG/COMMUNITY</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>HTTP WWW.KANKAKEEHEALTH.ORG</u>		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	<b>7</b> Yes	
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	<b>8a</b>	No
<b>b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	<b>8b</b>	
<b>c</b> If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		



Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input checked="" type="checkbox"/> State regulation			
h <input checked="" type="checkbox"/> Residency			
i <input checked="" type="checkbox"/> Other (describe in Part VI)			
13	Explained the method for applying for financial assistance? . . . . .	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Section C)			

**Part V**

**Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

**b** ☒ Notified individuals of the financial assistance policy prior to discharge

**c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

**d** ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

**e** ☐ Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>19</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>21</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
<b>22</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A )  
PRESENCE COVENANT MEDICAL CENTER

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A )5

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs			
j <input type="checkbox"/> Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA 20 14			
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) WWW.PRESENCEHEALTH.ORG/COMMUNITY			
b <input type="checkbox"/> Other website (list url)			
c <input checked="" type="checkbox"/> Available upon request from the hospital facility			
d <input checked="" type="checkbox"/> Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b <input checked="" type="checkbox"/> Execution of the implementation strategy			
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan			
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan			
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans			
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA			
g <input checked="" type="checkbox"/> Prioritization of health needs in its community			
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	Yes	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input checked="" type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance? . . . . .	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V**

**Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

**b** ☒ Notified individuals of the financial assistance policy prior to discharge

**c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

**d** ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

**e** ☐ Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>19</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>21</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
<b>22</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

PRESENCE UNITED SAMARITANS MED CNTR

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

6

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	<b>1</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>3</b> Yes	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	<b>4</b> Yes	
<b>5</b> Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>5</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.PRESENCEHEALTH.ORG/COMMUNITY</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>HTTP://VCHD.ORG/RESOURCES/IPLAN/</u>		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	<b>7</b> Yes	
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	<b>8a</b>	No
<b>b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	<b>8b</b>	
<b>c</b> If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

**Part V**

**Facility Information** *(continued)*

Financial Assistance Policy		Yes	No		
<b>9</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	<b>9</b>	Yes		
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>200</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>10</b>	Yes		
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>600</u> % If "No," explain in Part VI the criteria the hospital facility used	<b>11</b>	Yes		
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply)	<b>12</b>	Yes		
<b>a</b>	<input checked="" type="checkbox"/> Income level				
<b>b</b>	<input checked="" type="checkbox"/> Asset level				
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency				
<b>d</b>	<input checked="" type="checkbox"/> Insurance status				
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount				
<b>f</b>	<input checked="" type="checkbox"/> Medicaid/Medicare				
<b>g</b>	<input checked="" type="checkbox"/> State regulation				
<b>h</b>	<input checked="" type="checkbox"/> Residency				
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)				
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	<b>13</b>	Yes		
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>14</b>	Yes		
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website				
<b>b</b>	<input type="checkbox"/> The policy was attached to billing invoices				
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms				
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices				
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility				
<b>f</b>	<input checked="" type="checkbox"/> The policy was available upon request				
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)				
Billing and Collections					
<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	<b>15</b>	Yes		
<b>16</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP				
<b>a</b>	<input type="checkbox"/> Reporting to credit agency				
<b>b</b>	<input type="checkbox"/> Lawsuits				
<b>c</b>	<input type="checkbox"/> Liens on residences				
<b>d</b>	<input type="checkbox"/> Body attachments				
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)				
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .			<b>17</b>	No
	If "Yes," check all actions in which the hospital facility or a third party engaged				
<b>a</b>	<input type="checkbox"/> Reporting to credit agency				
<b>b</b>	<input type="checkbox"/> Lawsuits				
<b>c</b>	<input type="checkbox"/> Liens on residences				
<b>d</b>	<input type="checkbox"/> Body attachments				
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)				

**Part V**

**Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a**

☒

Notified individuals of the financial assistance policy on admission
- b**

☒

Notified individuals of the financial assistance policy prior to discharge
- c**

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d**

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e**

☐

Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>19</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

<b>20</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>21</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
<b>22</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Part VI		No



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **35**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Part I FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST	PART I LINC 3C THIS QUESTION IS NOT APPLICABLE BECAUSE PRESENCE HEALTH USES THE FEDERAL POVERTY GUIDELINES PART I LINE 6A PRESENCE HEALTH PUBLISHED A COMMUNITY BENEFIT REPORT WITH 2013 DATA, WHICH DETAILS THE COMBINED CHARITABLE IMPACT OUR MINISTRIES HAVE WITHIN THE COMMUNITIES WE SERVE EACH MINISTRY CREATES MINISTRY-SPECIFIC IMPLEMENTATION STRATEGIES WHICH OUTLINE THE GOALS AND OBJECTIVES THEY HAVE ESTABLISHED TO ADDRESS THE PRIORITIZED NEEDS OF THEIR COMMUNITIES PART I LINE 6B THE 2013 PRESENCE HEALTH COMMUNITY BENEFIT REPORT WAS MADE PUBLICLY AVAILABLE THROUGH A VARIETY OF WAYS TO SHARE THE INFORMATION WITH THE COMMUNITY AT LARGE *PRINT VERSION OF REPORT - THE REPORT WILL BE MAILED FROM THE SYSTEM OFFICE TO COMMUNITY PARTNERS, ELECTED OFFICIALS, AND LOCAL LEADERS *WEBSITE - A ROBUST COMMUNITY SECTION HAS BEEN DEVELOPED AND CAN BE FOUND ONLINE AT WWW.PRESENCEHEALTH.ORG/COMMUNITY THIS SECTION INCLUDES AN ONLINE, DOWNLOADABLE FILE OF THE 2013 COMMUNITY BENEFIT REPORT PRESENCE HOLY FAMILY MEDICAL CENTER HAS ITS OWN MINISTRY LINK ON THIS PAGE THROUGH THIS LINK, COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DOCUMENTS SPECIFIC TO PRESENCE HOLY FAMILY MEDICAL CENTER CAN BE DOWNLOADED, INCLUDING A COMMUNITY-FRIENDLY CHNA FLIPBOOK, THE SOURCE DOCUMENTS OF ALL DATA REVIEWED, AN OVERALL CHNA REPORT, AND AN IMPLEMENTATION STRATEGY *POWERPOINT PRESENTATION - A STANDARD POWERPOINT OF THE ENTIRE 2013 COMMUNITY BENEFIT REPORT HAS BEEN MADE AVAILABLE A CUSTOMIZED VERSION OF THIS PRESENTATION HAS ALSO BEEN CREATED FOR PRESENCE HOLY FAMILY MEDICAL CENTER TO SHARE WITH THE COMMUNITY, WHICH SHOWS THE LOCAL COMMUNITY BENEFIT CONTRIBUTIONS, PERSONS SERVED, AND THE 2013 PRIORITIZED COMMUNITY NEEDS PART I LINE 7, COLUMN G COSTS FROM PHYSICIAN CLINICS ARE NOT INCLUDED IN SUBSIDIZED SERVICE TOTALS PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY THE COST-TO-CHARGE RATIO WAS USED TO DETERMINE SCHEDULE H, PART I, LINE 7A, FINANCIAL ASSISTANCE AT COST SCHEDULE H, PART I, LINE 7B, UNREIMBURSED MEDICAID, WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES THE REMAINING AMOUNTS REPORTED ON LINE 7 ARE REPORTED AT COST

Form and Line Reference	Explanation
Part II COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES INCLUDE PROGRAMS THAT IMPROVE THE COMMUNITY'S HEALTH AND SAFETY BY ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL HAZARDS PARTICIPATION IN COLLABORATIVE COMMUNITY EFFORTS TO PROMOTE PUBLIC HEALTH INITIATIVES IS ALSO INCLUDED, SUCH AS ENGAGEMENT IN COALITIONS AND ADVOCACY FOR HEALTH IMPROVEMENT THESE ACTIVITIES STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE ORGANIZATION PRESENCE HEALTH HOSPITAL MINISTRIES ENGAGE IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES WHICH ULTIMATELY IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE ARE PRIVILEGED TO SERVE, EVEN THOUGH THEY ARE NOT SPECIFIC HEALTH ACTIVITIES EXAMPLES OF COMMUNITY BUILDING ACTIVITIES INCLUDE *THE WORK OF ALL OF OUR HOSPITALS IN SUPPORT OF DISASTER READINESS AND EMERGENCY PREPAREDNESS THIS WORK GOES ABOVE AND BEYOND ANY LICENSURE REQUIREMENTS TO PROACTIVELY ENSURE THAT OUR COMMUNITIES ARE SAFE AND PREPARED IF A DISASTER SHOULD PRESENT ITSELF *COMMUNITY SUPPORT DONATIONS FROM OUR MINISTRIES TO ORGANIZATIONS ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS *COALITION BUILDING PRESENCE SAINT JOSEPH MEDICAL CENTER LEADS A COMMUNITY COALITION, JOLIET PARTNERS FOR HEALTHY FAMILIES (JPHF), WITH THE GOAL OF MAKING WILL COUNTY A HEALTHIER PLACE TO LIVE JPHF IS WORKING WITH LOCAL LEGISLATORS ON POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES *WORKFORCE DEVELOPMENT PRESENCE ST MARY'S HOSPITAL PARTNERS WITH THE KANKAKEE REGIONAL VOLUNTEER SERVICES COALITION THIS COALITION ALLOWS LOCAL TEEN PARTICIPANTS THE OPPORTUNITY TO USE THEIR TIME AND TALENTS FOR THOSE IN NEED, WHILE PROVIDING THEMSELVES WITH EXCELLENT EXPOSURE TO MANY HEALTH-RELATED CAREERS, AS WELL AS BUSINESS COMMUNICATIONS AND EARLY CHILDHOOD TEACHING

Form and Line Reference	Explanation
Part III BAD DEBT, MEDICARE, & COLLECTION PRACTICES	<p>PART III, SECTION A, LINE 2 THERE ARE NO ESTIMATES OF BAD DEBT INCLUDED BAD DEBT IS AT TOTAL EXPENSE PART III, SECTION A, LINE 3 THE PROVISION FOR FINANCIAL ASSISTANCE POLICY ALLOWS FOR ACCOUNTS IN BAD DEBT TO BE APPROVED FOR FINANCIAL ASSISTANCE IF THE PATIENT MEETS THE CRITERIA THERE ARE POSSIBLE FINANCIAL ASSISTANCE ACCOUNTS IN BAD DEBT, ALTHOUGH THE EXACT PERCENTAGE IS UNKNOWN AS WE DO NOT HAVE THE APPROPRIATE TOOLS TO DETERMINE THIS PERCENTAGE ACCURATELY PART III, SECTION A, LINE 4 PATIENTS' ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTIBILITY OF PATIENTS' ACCOUNTS RECEIVABLE, PRESENCE HEALTH ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOUCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, PRESENCE HEALTH ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH PATIENT RESPONSIBILITY (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE PATIENTS ARE SCREENED AGAINST PRESENCE HEALTH CHARITY CARE POLICY AND UNINSURED DISCOUNT POLICY FOR ANY REMAINING PATIENT RESPONSIBILITY BALANCE, PRESENCE HEALTH RECORDS A PROVISION FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATE (OR DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS PART III, SECTION B, LINE 8 PRESENCE HEALTH COMPUTES THE MEDICARE SHORTFALL BASED ON A RATIO OF COST TO CHARGES PRESENCE HEALTH BELIEVES IT IS IMPORTANT FOR THE COMMUNITY AND THE IRS TO BE MADE AWARE OF GOVERNMENT SHORTFALLS, SPECIFICALLY MEDICARE HOWEVER, WE ACKNOWLEDGE THAT MEDICARE SHORTFALLS MAY BE EXPERIENCED BY OTHER THAN NON-PROFIT HEALTHCARE ORGANIZATIONS AS SUCH, PRESENCE HEALTH DOES NOT BELIEVE THAT MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT PART III, SECTION C, LINE 9B COLLECTION POLICIES ARE THE SAME FOR ALL PRESENCE HEALTH ENTITIES PATIENTS ARE NOTIFIED OF THE FINANCIAL ASSISTANCE POLICY AT THE TIME OF REGISTRATION VIA POSTED NOTIFICATIONS AND ON EVERY ACCOUNT STATEMENT THAT IS SENT TO THEM THIS INFORMATION IS AVAILABLE IN A NUMBER OF LANGUAGES PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE REVENUE CYCLE PER THE PROVISION FOR FINANCIAL ASSISTANCE POLICY, THE COLLECTION PROCESS IS AS FOLLOWS 1 PRE-LITIGATION REVIEW PRIOR TO AN ACCOUNT BEING AUTHORIZED FOR THE FILING OF SUIT FOR NON-PAYMENT OF A PATIENT BILL, A FINAL REVIEW OF THE ACCOUNT WILL BE CONDUCTED AND APPROVED BY THE FINANCIAL COUNSELING REPRESENTATIVE (OR DESIGNEE) TO MAKE SURE THAT NO APPLICATION OF FINANCIAL ASSISTANCE WAS EVER RECEIVED AND THAT THERE EXISTS OBJECTIVE EVIDENCE THAT THE PATIENT DOES HAVE SUFFICIENT FINANCIAL MEANS TO PAY ALL OR PART OF HIS/HER BILL PRIOR TO A COLLECTIONS SUIT BEING FILED, THE SELF-PAY COLLECTIONS DIRECTOR MUST REVIEW AND APPROVE 2 RESIDENTIAL LIENS NO HOSPITAL WILL PLACE A LIEN ON THE PRIMARY RESIDENCE OF A PATIENT WHO HAS BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE, FOR PAYMENT OF THE PATIENT'S UNDISCOUNTED BALANCE DUE FURTHER, IN NO CASE WILL ANY HOSPITAL EXECUTE A LIEN BY FORCING THE SALE OR FORECLOSURE OF THE PRIMARY RESIDENCE OF ANY PATIENT TO PAY FOR ANY OUTSTANDING MEDICAL BILL 3 NO USE OF BODY ATTACHMENTS NO HOSPITAL WILL USE BODY ATTACHMENT TO REQUIRE ANY PERSON, WHETHER RECEIVING FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS OR NOT, TO APPEAR IN COURT 4 COLLECTION AGENCY REFERRALS EACH HOSPITAL FINANCE ACCOUNTING WILL ENSURE THAT ALL COLLECTION AGENCIES USED TO COLLECT PATIENT BILLS PROMPTLY REFER ANY PATIENT WHO INDICATES FINANCIAL NEED, OR OTHERWISE APPEARS TO QUALIFY FOR FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS, TO A FINANCIAL COUNSELOR TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR SUCH A CHARITABLE DISCOUNT FOR MORE INFORMATION ABOUT PRESENCE HEALTH'S FINANCIAL ASSISTANCE PROGRAM, VISIT <a href="http://presencehealth.org/patients-and-visitors/financial-assistance">HTTP //PRESENCEHEALTH ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a></p>

Form and Line Reference	Explanation
PART VI, 2	<p>PRESENCE HEALTH MINISTRIES JOIN FORCES WITH LOCAL COMMUNITY ORGANIZATIONS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) ARE COMPLETED FOR THE INDIVIDUAL COUNTIES WE SERVE WITH COMMUNITY PARTNERS EVERY 3 YEARS AS REQUIRED TO SUPPLEMENT THE CHNA, PRESENCE HOSPITALS ALSO REVIEW AND ANALYZE INPATIENT AND EMERGENCY DEPARTMENT UTILIZATION ON AN ANNUAL BASIS TO UNCOVER ANY NEW COMMUNITY HEALTH TRENDS IN ADDITION TO ASSESSING THE HEALTH NEEDS, PRESENCE HOSPITAL MINISTRIES ALSO COMPLETE MEDICAL STAFF DEVELOPMENT PLANS THE PLANS ARE CONDUCTED BY EXTERNAL CONSULTANTS, WHO PROVIDE AN INDEPENDENT ASSESSMENT OF THE NEED FOR PHYSICIANS BY SPECIALTY WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA AS DEFINED BY STARK REGULATIONS IDENTIFYING COMMUNITY NEEDS IS JUST ONE STEP IN THE CHNA PROCESS THE MOST CRITICAL STEP IS PRIORITIZING AND ALIGNING EXPERTISE TO MAKE AN IMPACT ON THE IDENTIFIED NEEDS TO FACILITATE THIS PROCESS, EACH HOSPITAL MINISTRY HAS A MISSION COMMITTEE OF THE BOARD THAT IS ULTIMATELY RESPONSIBLE FOR THE OVERSIGHT AND DIRECTION OF THE COMMUNITY BENEFIT INITIATIVES ON AN ANNUAL BASIS THIS BOARD COMMITTEE, WHICH IS MADE UP OF COMMUNITY AND BOARD MEMBERS, RECOMMENDS APPROVAL TO THE HOSPITAL BOARD OF DIRECTORS THE HOSPITAL'S ANNUAL IMPLEMENTATION STRATEGY THIS PLAN IDENTIFIES THE PRIORITIES AND ACTION THAT WILL TAKE PLACE OVER THE NEXT YEAR</p> <p>PART VI, 3 PRESENCE HEALTH HOSPITAL MINISTRIES PROACTIVELY COMMUNICATE THE AVAILABILITY OF OUR FINANCIAL ASSISTANCE/CHARITY CARE PROGRAMS BY USING MULTIPLE TYPES OF APPROPRIATE MEDIA AND IN MULTIPLE APPROPRIATE LANGUAGES THE MECHANISMS USED BY PRESENCE HEALTH HOSPITALS TO COMMUNICATE THE AVAILABILITY OF FINANCIAL ASSISTANCE/CHARITY CARE INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING</p> <p>1 SIGNAGE SIGNS ARE POSTED PROMINENTLY THROUGHOUT HIGH TRAFFIC AREAS OF OUR MINISTRIES, AS WELL AS WITHIN OUR INPATIENT AND OUTPATIENT REGISTRATION/PATIENT ADMITTING AREAS AND EMERGENCY DEPARTMENTS SIGNS STATE THAT PATIENTS MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS, AND DESCRIBE HOW TO OBTAIN MORE INFORMATION, INCLUDING IDENTIFICATION OF APPROPRIATE HOSPITAL REPRESENTATIVES BY TITLE SIGNS ARE IN MULTIPLE LANGUAGES</p> <p>2 PROVISION OF FINANCIAL ASSISTANCE MATERIALS TO UNINSURED PATIENTS PRESENCE HEALTH HOSPITALS PROVIDE A SUMMARY OF ITS FINANCIAL ASSISTANCE PROGRAMS AND A FINANCIAL ASSISTANCE APPLICATION TO ALL PERSONS RECEIVING HOSPITAL CARE THAT IT IDENTIFIES AS UNINSURED PATIENTS AT THE TIME OF IN-PERSON REGISTRATION, ADMISSION, OR SUCH LATER TIME THAT THE PATIENT IS FIRST IDENTIFIED AS AN UNINSURED PATIENT FOR PATIENTS PRESENTING IN THE EMERGENCY DEPARTMENT, ALL PRESENCE HEALTH HOSPITALS PROVIDE SUCH FINANCIAL ASSISTANCE MATERIALS AT SUCH TIME AND IN SUCH MANNER AS IS CONSISTENT WITH THEIR OBLIGATIONS UNDER EMTALA TO ACCESS AND STABILIZE THE PATIENT BEFORE MAKING INQUIRY OF THE PATIENT'S ABILITY TO PAY</p> <p>3 BROCHURES BROCHURES, INFORMATION SHEETS AND SIMILAR FORMS OF WRITTEN COMMUNICATION REGARDING THE HOSPITAL'S FINANCIAL ASSISTANCE/CHARITY CARE POLICY ARE MAINTAINED IN APPROPRIATE AREAS OF THE HOSPITAL (E G EMERGENCY DEPARTMENT, ORGANIZED REGISTRATION AREAS, THE BUSINESS OFFICE) THESE COMMUNICATIONS STATE IN MULTIPLE LANGUAGES THAT THE HOSPITAL OFFERS FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS AND DESCRIBES HOW TO OBTAIN MORE INFORMATION</p> <p>4 WEBSITE COMPREHENSIVE INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAMS - INCLUDING ELIGIBILITY CRITERIA, APPLICATION DETAILS, AND CONTACT INFORMATION - IS ALSO AVAILABLE ON OUR CONSUMER WEB SITE (<a href="http://presencehealth.org/patients-and-visitors/financial-assistance">HTTP //PRESENCEHEALTH.ORG/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE</a>)</p> <p>5 BILLING NOTICES EACH PRESENCE HEALTH HOSPITAL INCLUDES A NOTE ON OR WITH THE HOSPITAL BILL AND/OR STATEMENT REGARDING THE HOSPITAL'S FINANCIAL ASSISTANCE/CHARITY CARE PROGRAM AND HOW THE PATIENT MAY APPLY FOR CONSIDERATION UNDER THIS PROGRAM</p> <p>6 FINANCIAL COUNSELORS EACH PRESENCE HEALTH HOSPITAL HAS ONE OR MORE FINANCIAL COUNSELORS WHOSE CONTACT INFORMATION IS LISTED OR PROVIDED WITH OTHER INFORMATION CONCERNING THE FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNT PROGRAM THESE COUNSELORS ARE AVAILABLE TO DISCUSS ELIGIBILITY AND OTHER QUESTIONS CONCERNING THE PROGRAM, AND PROVIDE ASSISTANCE WITH APPLICATIONS THEY ARE ALSO AVAILABLE TO MEET WITH PATIENTS DURING THEIR STAY IF THEY HAVE QUESTIONS ABOUT THEIR ABILITY TO PAY FOR SERVICES AND OUR FINANCIAL ASSISTANCE PROGRAMS</p> <p>7 NOTIFICATION OF DETERMINATION WHEN A PRESENCE HEALTH HOSPITAL MAKES A DETERMINATION THAT A PATIENT'S BILL IS DISCOUNTED OR ADJUSTED BASED ON A DETERMINATION OF FINANCIAL NEED, THE HOSPITAL NOTIFIES THE PATIENT OF SUCH ELIGIBILITY DETERMINATION AND THAT THERE IS NO FURTHER COLLECTION ACTION TAKEN ON THE DISCOUNTED PORTION OF THE PATIENT'S BILL</p>

Form and Line Reference	Explanation
PART VI, 4	<p>PRESENCE HOSPITAL MINISTRIES PROVIDE SERVICES AT 150 SITES, INCLUDING TWELVE ACUTE CARE HOSPITALS WITH A TOTAL OF 2,997 STAFFED BEDS AND OVER 90 PRIMARY AND SPECIALTY CARE CLINIC. THESE MINISTRIES OFFER A BROAD RANGE OF SERVICES FROM HIGHLY SPECIALIZED TERTIARY SERVICES TO AN EXTENDED NETWORK OF PRIMARY AND AMBULATORY CARE. PRESENCE HEALTH HOSPITAL MINISTRIES HAVE IDENTIFIED A SEPARATE SERVICE AREA FOR EACH OF ITS ACUTE CARE HOSPITALS UTILIZING A CONSISTENT METHODOLOGY AND REFLECTING A COMBINATION OF GEOGRAPHIC LOCATION AND MARKET SHARE CRITERIA. THE TOTAL SERVICE AREA OF EACH MINISTRY REPRESENTS APPROXIMATELY 80% TO 90% OF THE TOTAL INPATIENT DISCHARGES FROM THAT FACILITY. THE PRIMARY SERVICE AREA (THE "PRIMARY SERVICE AREA") OF EACH FACILITY REPRESENTS APPROXIMATELY 65 TO 75% OF SUCH DISCHARGES AND THE SECONDARY SERVICE AREA (THE "SECONDARY SERVICE AREA") OF EACH FACILITY REPRESENTS APPROXIMATELY 15 TO 25% OF SUCH DISCHARGES. THE PRIMARY SERVICE AREAS AND SECONDARY SERVICE AREAS HAVE BEEN DETERMINED BY UTILIZING A PATIENT ORIGIN ANALYSIS TO IDENTIFY THOSE ZIP CODES THAT REPRESENT INPATIENT DISCHARGES. THESE ZIP CODES ARE THEN MAPPED TO IDENTIFY GEOGRAPHIC COVERAGE OF THE PRIMARY SERVICE AREAS AND SECONDARY SERVICE AREAS. MANY OF THE PRESENCE HEALTH HOSPITAL MINISTRIES FACILITIES ARE LOCATED IN POPULATION GROWTH AREAS. BASED UPON POPULATION ESTIMATES AND PROJECTIONS OBTAINED FROM CLARITAS, INC., THE POPULATION OF THE OUR HOSPITALS' COMBINED SERVICE AREA IS EXPECTED TO GROW AT A RATE OF 1.9% ANNUALLY BETWEEN 2012 AND 2017, COMPARED WITH A GROWTH RATE OF 1.3% AND 1.6% PER YEAR IN THE CHICAGO MSA AND IN ILLINOIS, RESPECTIVELY. OF PRESENCE'S TOTAL SERVICE AREA POPULATION, 10.7% IS OVER THE AGE OF 65, COMPARED TO 11.1% AND 12.3% IN THE CHICAGO MSA AND IN ILLINOIS, RESPECTIVELY. PRESENCE COVENANT MEDICAL CENTER, CHAMPAIGN, IL (PCMC). CHAMPAIGN COUNTY IS THE TENTH LARGEST COUNTY IN THE STATE OF ILLINOIS WITH A 2013 POPULATION OF 203,276. IN THE PRIMARY SERVICE AREA, 11% OF THE POPULATION IS OVER THE AGE 65 AND THE MEDIAN HOUSEHOLD INCOME IS \$46,708. THE PRIMARY DEMOGRAPHIC MAKE-UP OF CHAMPAIGN COUNTY IS AS FOLLOWS: 74.1% WHITE, 12.2% BLACK OR AFRICAN AMERICAN, 9.1% ASIAN, 5.1% HISPANIC/LATINO. JUST UNDER 22% OF FAMILIES IN CHAMPAIGN COUNTY LIVE BELOW THE POVERTY LEVEL. THE PCMC SERVICE AREA IS DEFINED BY ZIP CODES BELOW. SERVICE AREA: PRIMARY MARKET - ZIP CODE CITY 61821 CHAMPAIGN 61801 URBANA 61820 CHAMPAIGN 61866 RANTOUL 61802 URBANA 61953 TUSCOLA 61880 TOLONO 61873 SAINT JOSEPH 61956 VILLA GROVE 61874 SAVOY 61849 HORNER 61878 THOMASBORO 61822 CHAMPAIGN 61847 GIFFORD 61877 SIDNEY 61943 OAKLAND 61851 IVESDALE 61884 WHITE HEATH 61839 DE LAND 61931 HUMBOLDT 61844 FITHIAN 61862 PENFIELD 61882 WELDON 61773 SIBLEY 61930 HINDSBORO 61812 ARMSTRONG 60933 ELLIOTT 61932 HUME 61871 ROYAL 60926 CLAYTONVILLE 61845 FOOSLAND 61941 MURDOCK. SERVICE AREA: SECONDARY MARKET - ZIP CODE CITY 60948 LODA 60957 PAXTON 61856 MONTICELLO 61853 MAHOMET 61938 MATTOON 61910 ARCOLA 60936 GIBSON CITY 61920 CHARLESTON 61942 NEWMAN 61813 BEMENT. PRESENCE UNITED SAMARITANS MEDICAL CENTER (PUSMC), DANVILLE, IL. PUSMC'S PRIMARY AND SECONDARY SERVICE AREAS HAVE AN ESTIMATED POPULATION OF 81,625 RESIDENTS. IN THE PRIMARY SERVICE AREA, 16.7% OF THE POPULATION IS OVER THE AGE 65 AND THE AVERAGE HOUSEHOLD INCOME IS \$40,463. THE PRIMARY DEMOGRAPHIC MAKE-UP OF VERMILLION COUNTY IS AS FOLLOWS: 83.6% WHITE, 13.3% BLACK OR AFRICAN AMERICAN, 4.5% HISPANIC/LATINO. 18.8% OF FAMILIES IN VERMILLION COUNTY LIVE BELOW THE POVERTY LEVEL. THE PUSMC SERVICE AREA IS DEFINED BY ZIP CODES BELOW. SERVICE AREA: PRIMARY MARKET - ZIP CODE CITY 61832 DANVILLE 61834 DANVILLE 61846 GEORGETOWN 61883 WESTVILLE 61833 TILTON. SERVICE AREA: SECONDARY MARKET - ZIP CODE CITY 47932 COVINGTON, IN 60942 HOOPESTON 61817 CATLINE 61858 OAKWOOD 61870 RIDGE FARM 61924 CHRISMAN 60963 ROSSVILLE 47987 VEEDERSBURG, IN 61841 FAIRMONT 47974 PERRYSVILLE, IN 47993 WILLIAMSPORT, IN 61814 BISMARK 61865 POTOMAC 47928 CAYUGA, IN 47952 KINGMAN, IN 61876 SIDELL 61811 ALVIN 61844 FITHIAN 61850 INDIANOLA 47991 WEST LEBANON, IN 61848 HENNING 47982 STATE LINE, IN 60960 RANKIN 47918 ATTICA, IN 61812 ARMSTRONG 60973 WELLINGTON 61940 METCALF 61831 COLLISON. PRESENCE SAINT JOSEPH MEDICAL CENTER (PSJMC), JOLIET, IL. PSJMC'S PRIMARY SERVICE HAS AN ESTIMATED POPULATION OF 677,560 ACCORDING TO THE 2010 CENSUS. IN THE PRIMARY SERVICE AREA, 9.3% OF THE POPULATION IS OVER THE AGE 65 AND THE MEDIAN HOUSEHOLD INCOME IS \$75,906. APPROXIMATELY, 7.1% OF THE POPULATION IN JOLIET LIVES BELOW THE POVERTY LEVEL. THE RACIAL MAKEUP OF THE CITY IS 76.0% WHITE, 11.2% AFRICAN AMERICAN, 4.6% ASIAN, AND 7.9% MULTI-RACIAL/OTHER. THE 2013 POPULATION ALSO ESTIMATES THAT 22.5% ARE HISPANIC OR LATINO. THE PRESENCE SAINT JOSEPH MEDICAL CENTER SERVICE AREA IS DEFINED BY ZIP CODES BELOW. SERVICE AREA: PRIMARY MARKET - ZIP CODE CITY 60435 JOLIET 60436 JOLIET 60544 PLAINFIELD 60433 JOLIET 60431 JOLIET 60432 JOLIET 60434 JOLIET 60585 PLAINFIELD 60586 PL</p>

Form and Line Reference	Explanation
PART VI, 4	<p>AINFIELD 60403 CREST HILL 60404 SHOREWOOD SERVICE AREA SECONDARY MARKET- ZIP CODE CITY 60 451 NEW LENOX 60481 WILMINGTON 60450 MORRIS 60410 CHANNAHON 60446 ROMEOVILLE 60447 MINOOKA a 60416 COAL CITY 60408 BRAIDWOOD 60421 ELWOOD 60441 LOCKPORT 60448 MOKENA 60442 MANHATTAN 60423 FRANKFORT 60440 BOLINGBROOK 60424 GARDNER 60439 LEMONT 60407 BRACEVILLE 60474 SOUTH WILMINGTON 60491 HOMER GLEN PRESENCE ST MARY'S HOSPITAL (PSMH), KANKAKEE, IL PSMH'S PRI MARY SERVICE HAS AN ESTIMATED POPULATION OF 113,449, ACCORDING TO THE 2010 CENSUS IN THE PRIMARY SERVICE AREA 14 1% OF THE POPULATION IS OVER THE AGE 65 AND THE AVERAGE HOUSEHOLD INCOME IS \$49,266 15% OF THE POPULATION IN KANKAKEE LIVES BELOW THE POVERTY LEVEL THE RA CIAL MAKEUP OF THE CITY IS 81 3% WHITE, 15 5% AFRICAN AMERICAN, 9 3% HISPANIC THE PSMH SE RVICE AREA IS DEFINED BY ZIP CODES BELOW SERVICE AREA PRIMARY MARKET - ZIP CODE CITY 609 01 KANKAKEE 60914 BOURBONNAIS 60915 BRADLEY 60954 MOMENCE 60950 MANTENO SERVICE AREA SECO NDARY MARKET - ZIP CODE CITY 60964 SAINT ANNE 60927 CLIFTON 60922 CHEBANSE 60940 GRANT PAR K 60970 WATSEKA 60941 HERSCHER 60913 BONFIELD 60938 GILMAN 60911 ASHKUM 60955 ONARGA 60944 HOPKINS PARK 60951 MARTINTON 60930 DANFORTH 60910 AROMA PARK 60912 BEAVERVILLE 60919 CABE RY 60961 REDDICK 60917 BUCKINGHAM 60935 ESSEX 60928 CRESCENT CITY 60481 WILMINGTON 60468 P EOTONE 60420 DWIGHT 60958 PEMBROKE TOWNSHIP PRESENCE MERCY MEDICAL CENTER (PMMC), AURORA, IL AURORA, WHERE PMMC RESIDES, IS THE SECOND LARGEST CITY IN ILLINOIS AND ACCOUNTS FOR MO ST OF THE HOSPITAL'S PRIMARY SERVICE AREA KANE COUNTY'S POPULATION ACCORDING TO THE 2010 CENSUS IS 515,269 IN THE PRIMARY SERVICE AREA, 10 7% OF THE POPULATION IS OVER THE AGE 65 AND THE AVERAGE HOUSEHOLD INCOME IS \$69,496 WITHIN THE PRIMARY SERVICE AREA (AURORA), AP PROXIMATELY 35,000 INDIVIDUALS (21 3%) RESIDE IN MEDICALLY UNDERSERVED AREAS (MUAS) OF TH AT POPULATION, ABOUT 30% FALL 200% BELOW THE FEDERAL POVERTY LEVEL WITHIN THE MUA, 68% OF THE POPULATION IS HISPANIC AND 11% IS AFRICAN AMERICAN FIFTY-THREE PER CENT ARE UNDERINS URED AND 47% ARE MEDICAID RECIPIENTS 10 1% OF RESIDENTS IN KANE COUNTY LIVE BELOW THE POV ERTY LEVEL PMMC'S SERVICE AREA IS DEFINED BY ZIP CODES BELOW SERVICE AREA PRIMARY MARKE T - ZIP CODE CITY 60506 AURORA 60505 AURORA 60542 NORTH AURORA 60538 MONTGOMERY 60504 AURO RA 60507 AURORA 60502 AURORA SERVICE AREA SECONDARY MARKET- ZIP CODE CITY 60510 BATAVIA 6 0543 OSWEGO 60560 YORKVILLE 60548 SANDWICH 60545 PLANO 60174 SAINT CHARLES 60554 SUGAR GRO VE 60134 GENEVA 60552 SOMONAUK 60503 AURORA 60511 BIG ROCK 60520 HINCKLEY 60119 ELBURN 601 15 DEKALB 60541 NEWARK 60512 BRISTOL 60531 LELAND 60556 WATERMAN 60539 MOOSEHEART PRESENCE SAINT JOSEPH HOSPITAL (PSJH), ELGIN, IL KANE COUNTY'S POPULATION ACCORDING TO THE 2010 C ENSUS IS 515,269 IN THE PRIMARY SERVICE AREA, 8 6% OF THE POPULATION IS OVER THE AGE 65 A ND THE AVERAGE HOUSEHOLD INCOME IS \$59,032 12 3% OF FAMILIES IN ELGIN LIVE BELOW THE POVE RTY LEVEL THE RACIAL MAKEUP OF THE CITY IS 65 9% WHITE, 7 4% AFRICAN AMERICAN, 5 4% ASIAN , AND 3 6% FROM TWO OR MORE RACES 43 6% OF THE POPULATION ARE HISPANIC OR LATINO OF ANY RACE THE PSJH'S SERVICE AREA IS DEFINED BY ZIP CODE BELOW SERVICE AREA PRIMARY MARKET - ZIP CODE CITY 60123 ELGIN 60120 ELGIN 60124 ELGIN 60121 ELGIN 60110 CARPENTERSVILLE 60177 SOUTH ELGIN 60140 HAMPSHIRE 60118 DUNDEE SERVICE AREA SECONDARY MARKET - ZIP CODE CITY 60 102 ALGONQUIN 60103 BARTLETT 60174 SAINT CHARLES 60014 CRYSTAL LAKE 60107 STREAMWOOD 60142 HUNTLEY 60098 WOODSTOCK 60050 MCHENRY 60051 MCHENRY 60156 LAKE IN THE HILLS 60175 SAINT C HARLES 60136 GILBERTS 60134 GENEVA 60013 CARY 60152 MARENGO 60135 GENOA 60109 BURLINGTON 6 0012 CRYSTAL LAKE 60180 UNION</p>



Form and Line Reference	Explanation
PART VI, 5	<p>PRESENCE HEALTH HOSPITALS ARE FAITH-BASED MINISTRIES THAT PROVIDE SERVICES BASED UPON THE ETHICAL AND RELIGIOUS DIRECTIVES OF THE CATHOLIC CHURCH PRESENCE HEALTH HOSPITALS ENHANCE THE PUBLIC HEALTH OF OUR COMMUNITIES BY 1 ENSURING OUR MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIAN, 2 ALL OF OUR HOSPITALS ARE ACCREDITED AND IN GOOD STANDING WITH THE JOINT COMMISSION ACCREDITATION OF HEALTHCARE ORGANIZATIONS 3 ENSURING OUR BOARD OF DIRECTORS IS DIVERSE AND ABLE TO PROVIDE EXPERTISE, AND MADE UP OF INDEPENDENT MEMBERS OF THE COMMUNITIES WE SERVE OUR BOARD MEMBERS MUST FOLLOW A CONFLICT OF INTEREST POLICY 4 REINVESTING SURPLUS FUNDS INTO THE ORGANIZATION TO IMPROVE PATIENT CARE THROUGH NEW PROGRAMS AND TECHNOLOGY 5 PROVIDING FINANCIAL ASSISTANCE, SLIDING SCALE DISCOUNTS AND HAS COLLECTION PRACTICES THAT ARE IN COMPLIANCE WITH STATE AND FEDERAL GUIDELINES IN ADDITION, WE FOLLOW THE FINANCIAL ASSISTANCE AND CHARITY GUIDELINES OF THE CATHOLIC HEALTH ASSOCIATION 6 PARTICIPATING IN ALL GOVERNMENT SPONSORED HEALTH CARE PROGRAMS, MEDICARE, MEDICAID, CHAMPUS, TRICARE, SCHIP AND OTHERS 7 PROVIDING EMERGENCY ROOM SERVICES IN ALL OF OUR COMMUNITIES AND PROVIDING TRAINING TO LOCAL FIRE DEPARTMENTS AND AMBULANCES OUR EMERGENCY ROOM PARTICIPATES WITH LOCAL POLICE AND FIRE DEPARTMENTS IN DISASTER DRILLS 8 STAFFING BOARD CERTIFIED EMERGENCY ROOM PHYSICIANS IN OUR EMERGENCY ROOM AND URGENT CARE SERVICES WE TREAT PATIENTS ACCORDING TO EMTALA GUIDELINES AND SERVE ALL PATIENTS REGARDLESS OF ABILITY TO PAY IN ADDITION, WE ARE COMMITTED TO DETERMINING THE NEEDS OF OUR COMMUNITIES AND CREATING WAYS TO MEET THOSE NEEDS THE OBLIGATION TO REACH OUT TO THOSE IN NEED AND IMPROVE HEALTH FLOWS DIRECTLY FROM OUR CATHOLIC IDENTITY AND THE HERITAGE OF OUR FOUNDING CONGREGATIONS BELOW ARE A FEW EXAMPLES OF HOW EACH OF OUR HOSPITALS PROMOTE THE HEALTH OF OUR COMMUNITIES PRESENCE COVENANT MEDICAL CENTER, CHAMPAIGN, IL (PCMC) 2013 COMMUNITY BENEFIT HIGHLIGHTS SMILEHEALTHY PARTNERSHIP ALMOST 2,000 PEOPLE PER YEAR PRESENT TO THE EMERGENCY DEPARTMENT (ED) WITH DENTAL ISSUES IN CHAMPAIGN/URBANA OVER 1,000 REFERRALS ARE ON AN ACTIVE WAITING LIST (CONSENT FORMS/MEDICAL HISTORY COMPLETED) AT THE NON-PROFIT SMILEHEALTHY PATIENTS WHO ARE SEEN IN THE ED ARE REFERRED TO THE NUTRITION DENTAL EDUCATION PROGRAM FOR NUTRITIONAL EDUCATION TO AID IN HEALTHY FOOD CHOICE ON A BUDGET AND IMPORTANCE OF THE FOOD GROUP TO HAVE GOOD ORAL HEALTH THIS FREE SERVICE IS HELD IN A PCMC MEETING ROOM TWICE A MONTH ONCE THE EDUCATION IS COMPLETE, PATIENTS THEN RECEIVE ASSISTANCE TO FIND TREATMENT IN THE CHAMPAIGN AREA, EITHER AT FRANCES NELSON DENTAL CENTER (FNDC) OR TO A PCMC-SPONSORED MOBILE DENTAL CLINIC SMILEHEALTHY TREATED OVER 100 PATIENTS WITH DENTAL SERVICES AT 12 MOBILE CLINICS IN 2012 FUNDED BY PCMC 25 WERE REFERRALS FROM THE NUTRITION AND DENTAL EDUCATION PROGRAM AND WERE PREVIOUSLY PCMC ED PATIENTS THIS NUTRITION AND DENTAL EDUCATION PROGRAM HELPS NAVIGATE LOW INCOME PATIENTS TO THE AGENCY THAT CAN BEST SERVE THEIR DENTAL TREATMENT NEEDS AND IMPROVE FOOD HABITS THE DENTAL ADVISORY COMMITTEE, COMPOSED OF FRANCES NELSON HEALTH CENTER, PARKLAND COLLEGE, SMILEHEALTHY, PCMC, AND OTHER COMMUNITY MEMBERS WILL MEET TO ENSURE THE VIABILITY OF SMILEHEALTHY GENERAL ANESTHESIA WILL ALSO BE PROVIDED TO 3 CHILDREN A MONTH IN THE OPERATORIES AT PCMC FOR SEVERE DENTAL TREATMENT FOR CHILDREN THROUGH A PARTNERSHIP WITH SMILEHEALTHY FAITH IN ACTION THE FAITH IN ACTION PROGRAM IS AN INTERFAITH VOLUNTEER CARE GIVING MINISTRY THAT PROVIDES PRACTICAL ASSISTANCE TO ADULTS 55 AND OVER WHO ARE CHRONICALLY ILL, FRAIL, OR HAVE LONG TERM HEALTH NEEDS THE TYPES OF SERVICES PROVIDED BY THE TRAINED VOLUNTEERS INCLUDES ESCORTED TRANSPORTATION TO MEDICAL APPOINTMENTS AND SHOPPING, FRIENDLY HOME AND PHONE VISITS, INDOOR/OUTDOOR CHORES, AND SMALL HOME REPAIRS CRISIS NURSERY SUPPORT CRISIS NURSERY IS LOCATED ON THE GROUNDS OF PCMC SINCE INCEPTION, CRISIS NURSERY HAS PROVIDED A SAFE HAVEN FOR CHILDREN FROM BIRTH TO AGE FIVE, WORKING TO PREVENT CHILD ABUSE AND NEGLECT IMMEDIATE RESPONSE IS NEEDED IN EXTREME SITUATIONS WHERE CHILDREN ARE AT RISK OF HARM AND ASSISTANCE CANNOT WAIT 85% OF THESE CHILDREN LIVED IN A SINGLE, SEPARATED, DIVORCED OR WIDOWED HOUSEHOLD CRISIS NURSERY OPERATES WITH NO INCOME ELIGIBILITY OR WAIT LIST OVER 46% OF ADMISSIONS ARE DUE TO PARENTAL STRESS 3% REPORT DOMESTIC VIOLENCE OR SUBSTANCE ABUSE AS THE REASON THE CRISIS NURSERY WAS UTILIZED DIABETES COALITION IN CHAMPAIGN, 7% OF ALL ADULTS HAVE DIABETES THE PREVALENCE OF DIABETES IN THE 65+ AGE GROUP IS 16.3% IN CHAMPAIGN COUNTY IT IS ESPECIALLY PREVALENT AMONG THE AFRICAN AMERICAN POPULATION THEY HAVE TWICE THE MORTALITY RATE AS CAUCASIANS THE COMMUNITY DIABETES COALITION WAS ESTABLISHED IN MARCH, 2011 TO FOCUS ON THE WIDESPREAD PROBLEM OF DIABETES THE PURPOSE OF THE COALITION IS TO DEVELOP DIABETES PREVENTION AND MANAGEMENT ACTIVITIES THROUGH A UNIFIED COMMUNITY EFFORT OF HOSPITALS,</p>

Form and Line Reference	Explanation
PART VI, 5	<p>CLINICS, SOCIAL SERVICE AGENCIES, AND OTHER INTERESTED COMMUNITY PARTNERS THE COALITION IS CO-LED BY PRESENCE CENTER FOR HEALTHY LIVING (PCHL) AND THE CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT PRESENCE HOME CARE IS AN ACTIVE MEMBER OF THIS COALITION PCHL RECEIVES A GRANT TO IMPLEMENT THE DIABETES SELF-MANAGEMENT PROGRAM FROM THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH THIS IS AN EVIDENCED-BASED PROGRAM DEVELOPED AND RESEARCHED BY STANFORD UNIVERSITY PARTICIPANTS ATTEND SIX 2 5 HOUR SESSIONS CLASSES ARE HELD AT PCHL TO TEACH TECHNIQUES TO DEAL WITH SYMPTOMS OF DIABETES, APPROPRIATE EXERCISES, HEALTHY EATING, USE OF MEDICATION, AND WORKING EFFECTIVELY WITH HEALTH CARE PROVIDERS FAITH2 THE PURPOSE OF FAITH2 "FUNDED TO ACCELERATE INNOVATION TOWARDS HEALING AND HOPE," IS TO SERVE AS A CATALYST FOR INNOVATION AND ACCELERATION OF COMMUNITY PARTNERSHIP AND PROGRAMS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE CONSISTENT WITH THE MISSION, VISION, AND VALUES OF OUR MINISTRY THE GUIDING PHILOSOPHY OF FAITH2 IS TO EXTEND THE MISSION OF OUR MINISTRY BEYOND OUR FACILITIES AND INTO THE COMMUNITIES AND NEIGHBORHOODS WE SERVE THROUGH THE PROGRAM OF FAITH2 WE HELP ACHIEVE THIS BY PROVIDING GRANTS TO NON-PROFIT ORGANIZATIONS IN THE CHAMPAIGN/URBANA COMMUNITY TO FUND PROGRAMS THAT WILL CONTRIBUTE TO THE IDENTIFIED NEEDS AS DEFINED BY THE PCMC IMPLEMENTATION STRATEGY *ACCESS TO CARE *OBESITY *DOMESTIC VIOLENCE/ ABUSE THE FOUNDATION'S FAITH2 GRANTS PROVIDED MORE THAN \$65,000 TO SIX LOCAL AGENCIES FOR PROGRAMS THAT IMPACT IDENTIFIED AND DEMONSTRATED COMMUNITY HEALTH NEEDS TRANSITIONS PRESENCE TRANSITIONS IS A SERVICE MADE AVAILABLE THROUGH THE HOME CARE AND HOSPICE PROGRAMS TO MEMBERS OF THE COMMUNITY AT NO COST PRESENCE TRANSITIONS IS A PROGRAM THAT OFFERS ASSISTANCE, ENCOURAGEMENT AND SUPPORT TO INDIVIDUALS AND FAMILIES COPING WITH A LIFE-LIMITING ILLNESS IT IS FOR THOSE WHO EITHER PURSUE A CURATIVE TREATMENT OR COMFORT CARE FOR THEIR ILLNESS BUT ARE NOT PURSUING HOSPICE OR HOME CARE SERVICES AVAILABLE INCLUDE, BUT ARE NOT LIMITED TO, ADVANCED CARE PLANNING, ADVOCACY, RESPIRE AND VOLUNTEER SUPPORT PRESENCE UNITED SAMARITANS MEDICAL CENTER (PUSMC), DANVILLE, IL 2013 COMMUNITY BENEFIT HIGHLIGHTS THE HALO PROJECT THE MISSION OF THE HALO PROJECT IS TO FOCUS ON BUILDING A COMMUNITY CULTURE THAT SUPPORTS HEALTHY LIFE CHOICES AND A HIGH QUALITY OF LIFE HALO PROJECT SERVES AS A CATALYST TO MOBILIZE INDIVIDUALS, ORGANIZATIONS, LOCAL GOVERNMENT, NEIGHBORHOOD GROUPS, SOCIAL SERVICE AGENCIES AND HEALTHCARE PROVIDERS TO BECOME PARTNERS IN RECLAIMING RESPONSIBILITY FOR INDIVIDUAL AND COMMUNITY HEALTH HALO PROJECT HAS MANY COMMITTEES AND COALITIONS MANNED BY COMMUNITY VOLUNTEERS, COMMUNITY PARTNERS, AND COMMUNITY STAKEHOLDERS WHO COME TOGETHER TO PLAN, DEVELOP, AND IMPLEMENT PROGRAMS AND EVENTS HALO PROJECT'S TARGET POPULATION IS ALL AREAS, AGES, AND MEMBERS OF THE BROADER COMMUNITY IN VERMILION COUNTY WITH AN EMPHASIS ON THE DISPROPORTIONATE UNMET HEALTH NEEDS (DUHN) POPULATIONS FAITH IN ACTION (FIA) FAITH IN ACTION IS A VOLUNTEER CARE GIVING MINISTRY IN THE DANVILLE AREA THE PROGRAM USES FAITH AND COMMUNITY VOLUNTEERS TO PROVIDE ASSISTANCE TO THE SENIOR ADULT POPULATION 60+ YEARS WE PROVIDE TRANSPORTATION TO MEDICAL APPOINTMENTS, BANKING, SHOPPING AND OTHER NECESSARY ERRANDS OTHER SERVICES INCLUDE HOME AND PHONE VISITS, CHORES, AND RESPIRE CARE WE HAVE LIMITED DONATED FUNDS AVAILABLE FOR HOME REPAIRS (PAID CONTRACTORS) AND EMERGENCY NEEDS SUCH AS RX, UTILITIES ASSISTANCE, MEDICAL EQUIPMENT FAITH IN ACTION SOUTH (FIAS) FAITH IN ACTION SOUTH IS A VOLUNTEER CARE GIVING MINISTRY (SOUTH COUNTY) THE PROGRAM USES FAITH AND COMMUNITY VOLUNTEERS TO PROVIDE ASSISTANCE TO THE SENIOR ADULT POPULATION 60+ YEARS WE PROVIDE TRANSPORTATION TO MEDICAL APPOINTMENTS, BANKING, SHOPPING AND OTHER NECESSARY ERRANDS OTHER SERVICES INCLUDE HOME AND PHONE VISITS, CHORES, AND RESPIRE CARE WE HAVE LIMITED DONATED FUNDS AVAILABLE FOR HOME REPAIRS (PAID CONTRACT</p>

Form and Line Reference	Explanation
PART VI, 5 (CONT )	<p>PRESENCE SAINT JOSEPH MEDICAL CENTER (PSJMC), JOLIET, IL 2013 COMMUNITY BENEFIT HIGHLIGHTS MAPP ACCESS TO CARE ACTION TEAM THE MAPP ACCESS TO CARE ACTION TEAM IS ONE OF THE TEAMS CREATED UNDER THE WILL COUNTY MAPP COLLABORATIVE THIS TEAM IS COMPRISED OF PSJMC, OTHER LOCAL HOSPITAL STAFF, THE HEALTH DEPARTMENT AND OTHER BEHAVIORAL HEALTH PROVIDERS WITH THE GOAL OF INCREASING ACCESS TO PRIMARY, SPECIALTY AND BEHAVIORAL HEALTH SERVICES FOR WILL CO UNTY RESIDENTS PARTNERSHIP WITH WILL-GRUNDY MEDICAL CLINIC (WGMC) PSJMC HAS BUDGETED \$35,000 TO DONATE TO THE WILL-GRUNDY MEDICAL CLINIC IN 2013 IN ADDITION TO THIS DONATION, PSJMC WILL CONTINUE TO PROVIDE CLINICAL STAFF VOLUNTEERS, AND WILL CONTRIBUTE FREE SERVICES AND LEADERSHIP THROUGH SERVICE ON WGMC'S BOARD OF DIRECTORS PSJMC WILL ALSO CONTINUE TO ACCEPT PATIENTS FROM WILL-GRUNDY MEDICAL CLINIC FOR SURGICAL PROCEDURES AND RELATED SERVICES TO PROVIDE BETTER ACCESS TO CARE, PARTICULARLY SPECIALTY CARE JOLIET PARTNERS FOR HEALTHY FAMILIES (JPHF) PSJMC FORMED THE JPHF COALITION IN 2007 TO COMBAT THE CHILDHOOD OBESITY EPIDEMIC IN VULNERABLE POPULATIONS WITHIN WILL COUNTY THE PARTNERSHIP INCLUDES THE JOLIET PUBLIC SCHOOLS DISTRICT 86, THE JOLIET PARK DISTRICT, GREATER JOLIET AREA YMCA, HARVEY BROOKS FOUNDATION, UNIVERSITY OF ST FRANCIS, THE UNIVERSITY OF ILLINOIS EXTENSION AND THE WILL COUNTY HEALTH DEPARTMENT THE OVERALL GOAL OF JPHF IS TO CREATE A HEALTHIER COMMUNITY THROUGH INCREASED ACCESS TO BALANCED NUTRITION AND PHYSICAL ACTIVITY THE JPHF COALITION DEVELOPED THREE UNIQUE, SUCCESSFUL AFTER-SCHOOL PROGRAMS UNDER ITS HEALTHY KIDS CLUB INITIATIVE BUT IS NOW LOOKING TO ADDRESS THE ROOT CAUSES OF CHILDHOOD OBESITY THROUGH IMPACTING POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE JPHF HAS NOW EXPANDED INTO ALL SECTORS WITHIN THE COMMUNITY AND HAS ENGAGED LOCAL COMMUNITY LEADERS TO SUPPORT ITS INITIATIVE AND GOALS COMMIT TO BE FIT CONTEST THE JPHF COALITION STARTED A THREE MONTH PHYSICAL ACTIVITY CONTEST IN THE SPRING OF 2013 WITH THE PURPOSE OF ENCOURAGING WILL COUNTY STUDENTS TO INCORPORATE MORE PHYSICAL ACTIVITY INTO THEIR DAILY LIVES SIMILAR TO READING CONTESTS WITHIN THE SCHOOLS, THE COMMIT TO BE FIT CONTEST WAS OFFERED TO ALL WILL COUNTY STUDENTS STUDENTS WILL NEED TO "COMMIT" TO THE PROGRAM BY SIGNING UP AND TRACKING THEIR DAILY PHYSICAL ACTIVITY STUDENTS WHO EXCEEDED THE RECOMMENDED 60 MINUTES OF DAILY PHYSICAL ACTIVITY WERE ENTERED IN TO WIN RAFFLE PRIZES INCENTIVES WERE ALSO BE GIVEN TO TEACHERS TO ENCOURAGE THEIR CLASSES TO PARTICIPATE WE WILL WORKHEALTHY AWARD PROGRAM THE WE WILL WORKHEALTHY AWARD PROGRAM WAS CREATED BY THE MAPP PREVENTION AND MANAGEMENT OF CHRONIC CARE (PMCCI) ACTION TEAM TO RECOGNIZE WILL COUNTY WORKPLACES THAT ARE COMMITTED TO IMPROVING EMPLOYEE HEALTH AND WELL-BEING THROUGH SIX MAIN AREAS OF WORKSITE WELLNESS 1 HEALTH PROMOTION/EDUCATION 2 PHYSICAL ACTIVITY 3 MENTAL HEALTH 4 ENVIRONMENTAL HEALTH 5 NUTRITION 6 SAFETY THIS AWARD PROGRAM WILL EVENTUALLY INCLUDE FIVE DIFFERENT SECTORS WORKSITES, SCHOOLS, RESTAURANTS, EARLY CHILDHOOD PROGRAMS AND AFTER-SCHOOL PROGRAMS THE GOAL IS TO HIGHLIGHT THE SUCCESSFUL WELLNESS INITIATIVES IN ALL SECTORS OF THE COUNTY AND TO HELP ORGANIZATIONS WHO WOULD LIKE TO IMPLEMENT SIMILAR PROGRAMS TO IMPROVE THE HEALTH OF THOSE THEY SERVE COMMUNITY ENROLLMENT IN MARKETPLACE EXCHANGES WITH THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT (ACA) CONSUMERS WILL NEED VARIOUS OPTIONS FOR ENROLLING IN THE MARKETPLACE INSURANCE EXCHANGES THE MEDICAL CENTER AS WELL AS COMMUNITY PARTNERS WILL PROVIDE ENROLLMENT OPTIONS FOR THE COMMUNITY WE SERVE THE MEDICAL CENTER TRAINED A POOL OF STAFF TO BECOME CERTIFIED APPLICATION COUNSELORS (CAC) OUR COMMUNITY PARTNERS APPLIED FOR STATE GRANT FUNDING TO HIRE IN-PERSON COUNSELORS TO BE LOCATED IN VARIOUS KEY LOCATIONS AROUND THE COUNTY PRESENCE ST MARY'S HOSPITAL (PSMH), KANKAKEE, IL 2013 COMMUNITY BENEFIT HIGHLIGHTS DR AROCHA'S ASTHMA CAMP - CAMP AIRE A TWO DAY ASTHMA CAMP THAT WILL TEACH CHILDREN WITH ASTHMA HOW TO MANAGE THEIR ASTHMA AND WHAT TRIGGER TO AVOID TO ASSIST IN CONTROLLING THEIR ASTHMA ACTIVITIES WILL BE PLANNED, BASEBALL, SWIMMING, HIKING, CRAFTS AND OTHERS ALONG WITH ACTIVITIES WE WILL ALSO PROVIDE "CAMP" CRAFTS CLASSES ON NUTRITION AND HEALTH MAINTENANCE WILL BE PROVIDED RETURN DEMONSTRATION WILL ALLOW US TO SEE HOW SUCCESSFUL THE CHILD HAS BEEN IN CONTROLLING THEIR ASTHMA FIT "N" HEALTHY FIT "N" HEALTHY IS A PROGRAM OFFERED IN THE DUHN COMMUNITY OF KANKAKEE COUNTY AND PROVIDES EDUCATION AND EXERCISE TO THOSE SUFFERING FROM OBESITY AND OBESITY RELATED HEALTH PROBLEMS OUR PARTICIPANTS MEET WITH A CERTIFIED FITNESS TRAINER TWICE A WEEK FOR 10 WEEKS EACH SESSION HAS PARTICIPANTS WORK OUT FOR ABOUT 40 MINUTES FOLLOWED BY A 10 MINUTE COOL DOWN PERIOD WE OFFER FOUR 10 WEEK SESSIONS PER YEAR PRE AND POST SCREENINGS ARE TAKEN WHICH INCLUDE BLOOD PRESSURE, BMI (BODY MASS INDEX), GLUCOSE, HDL, TRIGLYCERIDES AND BODY MEASUREMENTS ALONG WITH THE SCR</p>

Form and Line Reference	Explanation
PART VI, 5 (CONT )	<p>EENINGS WE OFFER BI-WEEKLY EDUCATION REGARDING NUTRITION, CARDIAC EDUCATION, SLEEP DISORDE RS, BEHAVIOR HEALTH AND RESPIRATORY CONDITIONS LINKED TO OBESITY OUR PROGRAM ALSO OFFERS A SPIRITUAL COMPONENT IN WHICH OUR PARTICIPANTS GLEAN SUPPORT FROM EACH OTHER THROUGH PRAY ER AND SCRIPTURAL MEDITATION PROVISION OF THE SPACE TO PROVIDE OUR PROGRAMS WAS GIVEN BY ST TERESA'S CATHOLIC CHURCH IN EAST KANKAKEE PART OF OUR DUHN COMMUNITY THE LISIEUX CENT ER GYMNASIUM HOUSES THE PROGRAM PRIMARY MEDICAL CARE CLINIC THE MAPP PARTNERSHIP FOR A HE ALTHY COMMUNITY IS ONE OF THE GROUPS CREATED UNDER THE KANKAKEE COUNTY MAPP PROGRAM THIS GROUP IS COMPRISED OF PSMH, OTHER LOCAL HOSPITAL STAFF, THE HEALTH DEPARTMENT AND OTHER BE HAVIORAL HEALTH PROVIDERS WITH THE GOAL OF INCREASING ACCESS TO PRIMARY, SPECIALTY AND BEH AVIORAL HEALTH SERVICES FOR KANKAKEE COUNTY RESIDENTS WE FIT! WE FIT! IS A PROGRAM OFFERE D IN THE DUHN COMMUNITY OF KANKAKEE COUNTY AND PROVIDES EDUCATION AND EXERCISE TO CHILDREN AND THEIR PARENTS OUR PARTICIPANTS MEET WITH A CERTIFIED FITNESS TRAINER TWICE A WEEK FO R 6 WEEKS THIS PROGRAM INCLUDES TOPICS ON PROMOTION OF HEALTHY EATING HABITS AND PHYSICAL ACTIVITY FOR CHILDREN EACH SESSION HAS A 10 MIN EDUCATIONAL THEN 40 MIN WORK OUT PRE AND POST TESTS ON KNOWLEDGE OF PHYSICAL ACTIVITY RECOMMENDATIONS, OF DIETARY BEHAVIOR, RECRE ATIONAL SCREEN TIME BEHAVIORS AND SUGARY BEVERAGE CONSUMPTIONS PROVISION OF THIS SPACE TO PROVIDE OUR PROGRAM WAS GIVEN BY ST TERESA'S CATHOLIC CHURCH IN EAST KANKAKEE PART OF OU R DUHN COMMUNITY THE LISIEUX CENTER GYMNASIUM HOUSES THE PROGRAM KINDERGARTEN BOOT CAMP PRESENCE LIFE CONNECTIONS MINISTRIES ARE COLLABORATING WITH SUCCESS BY SIX TO PROVIDE FREE EDUCATION PROGRAMS THAT PROMOTE HEALTHY LIFESTYLE AND SCHOOL READINESS FOR CHILDREN AND T HEIR PARENTS SUCCESS BY SIX IS A COALITION CREATED BY THE UNITED WAY OF KANKAKEE COUNTY A ND THE COMMUNITY FOUNDATION OF THE KANKAKEE RIVER VALLEY IT INCLUDES EARLY CHILDHOOD DEVE LOPMENT EXPERTS, LOCAL AGENCIES SERVING FAMILIES, CHILDCARE PROVIDERS, BUSINESSES, SCHOOLS , COMMUNITY STAKEHOLDERS AND VOLUNTEERS TO HELP CHILDREN GET THE TOOLS THEY NEED TO SUCCEE D WHEN THEY BEGIN SCHOOL THE PROGRAM WILL BE HELD AT PRESENCE INTERGENERATIONAL CENTER S TAFF AND COMMUNITY MEMBERS WILL HAVE CLASSES FOR THE CHILDREN TO PREPARE THEM FOR SUCCESS IN SCHOOL SUCH AS ACADEMIC, HEALTH AND LIFE SKILLS CLASSES FOR PARENTS ON HEALTHY LIVING, FOOD, DISEASE PREVENTION, ACCESS TO COMMUNITY SERVICES AT THE SAME TIME MATERIALS ARE PR OVIDED BY SUCCESS BY SIX AND COMMUNITY BUSINESSES PRESENCE MERCY MEDICAL CENTER (PMMC), A URORA, IL 2013 COMMUNITY BENEFIT HIGHLIGHTS I'M REDUCING OBESITY IN CHILDREN (IROC) I'M R EDUCING OBESITY IN CHILDREN (IROC) NUTRITION PROGRAM IS DESIGNED TO PROVIDE A SERIES OF EI GHT 1 0 HOUR WORKSHOPS THAT WILL EMPHASIZE PROPER NUTRITION EDUCATION FOR PARENTS AND CHIL DREN INCLUDING GOAL SETTING AND MOTIVATION RELATED TO HEALTHY BEHAVIOR ISSUES THE WORKSHO PS WILL ALSO PROVIDE FAMILIES WITH INFORMATION AND RESOURCES RELEVANT TO THE TOPICS COVERE D EACH 8- WEEK SESSION INVOLVES PARENTS ATTENDING AN EDUCATION WORKSHOP PRESENTED BY A RE GISTERED DIETITIAN AS CHILDREN CONCURRENTLY PARTICIPATE IN A COOKING DEMONSTRATION ACTIVIT Y LED BY A REGISTERED NURSE CHILDREN WILL CREATE AND EAT SOME HEALTHY SNACKS IN THIS HAND S-ON CLASS THAT INTRODUCES LITTLE COOKS TO THE KITCHEN WITH EASY RECIPES, SIMPLE MEASUREME NTS AND KITCHEN SAFETY A1C ACHIEVER DIABETES MANAGEMENT PROGRAM "LIFE WITH DIABETES" IS A 2-3 MONTH PROGRAM THAT COMBINES DIABETES SELF-MANAGEMENT EDUCATION AND MEDICAL NUTRITION THERAPY CONCURRENTLY PATIENTS ARE REFERRED BY THEIR PRIMARY HEALTHCARE PROVIDER TO MEET WITH A DIABETES EDUCATOR FOR AN INDIVIDUAL INITIAL ASSESSMENT TO DETERMINE THE PLAN OF CARE PATIENTS ATTEND SIX 1 5 HOUR SESSIONS AND TWO INDIVIDUAL MEDICAL NUTRITION THERAPY SESSI ONS HEALTHY BEHAVIOR GOALS ARE SELECTED BY THE PATIENT AND DIABETES EDUCATOR TO BE RE- EV ALUATED MIDWAY THROUGH THE PROGRAM AND U</p>

Form and Line Reference	Explanation
PART VI, 6 AFFILIATED HEALTH CARE SYSTEM	<p>PROVENA HEALTH AND RESURRECTION HEALTH CARE MERGED ON NOVEMBER 1, 2011 TO FORM A NEW HEALTH SYSTEM, PRESENCE HEALTH, CREATING A COMPREHENSIVE FAMILY OF NOT-FOR-PROFIT HEALTH CARE SERVICES AND THE SINGLE LARGEST CATHOLIC HEALTH SYSTEM IN ILLINOIS. PRESENCE HEALTH EMBODIES THE ACT OF BEING PRESENT IN EVERY MOMENT WE SHARE WITH THOSE WE SERVE AND IS THE CORNERSTONE OF A PATIENT, RESIDENT AND FAMILY-CENTERED CARE ENVIRONMENT. "PRESENCE" HEALTH EMBODIES THE WAY WE CHOOSE TO BE PRESENT IN OUR COMMUNITIES, AS WELL AS WITH ONE ANOTHER AND THOSE WE SERVE. PRESENCE HEALTH IS SPONSORED BY FIVE CONGREGATIONS OF CATHOLIC RELIGIOUS WOMEN: THE FRANCISCAN SISTERS OF THE SACRED HEART, THE SERVANTS OF THE HOLY HEART OF MARY, THE SISTERS OF THE HOLY FAMILY OF NAZARETH, SISTERS OF MERCY OF THE AMERICAS AND THE SISTERS OF THE RESURRECTION. AS WAS THE CASE FROM OUR VERY BEGINNINGS, PRESENCE HEALTH IS CALLED TO BE MUCH MORE THAN JUST A PROVIDER OF HEALTH SERVICES. PRESENCE HEALTH HAS INSTILLED WITHIN ALL OF ITS MINISTRIES THAT ARE COMMITTED TO RESPONDING TO THE NEEDS OF THOSE WE ARE PRIVILEGED TO SERVE, DELIVERING HIGH QUALITY CARE THAT IS ACCESSIBLE TO ALL. IT IS THIS CULTURE OF CARING AND GIVING THAT DRIVES OUR DILIGENT EFFORTS TO ENSURE WE RETURN THE OPTIMAL VALUE OF OUR CHARITABLE ASSETS TO OUR LOCAL COMMUNITIES. AS A NOT-FOR-PROFIT HEALTH SYSTEM, PRESENCE HEALTH INVESTS ITS NET GAINS FROM OPERATIONS INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE VULNERABLE POPULATIONS, SUCH AS THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS, AND PROMOTE HEALTH EDUCATION AND PROMOTION OUTREACH AND INITIATIVES. IN FISCAL YEAR 2013, THIS INCLUDED OVER \$199 MILLION IN COMMUNITY BENEFIT ACTIVITIES. PRESENCE HEALTH THUS TAKES A SYSTEMS APPROACH TO ITS COMMUNITY BENEFIT EFFORTS, AND THEREFORE ENSURES ITS MEMBER HOSPITALS AND OTHER ENTITIES AND AFFILIATES ARE HELPING TO PROMOTE AND ADDRESS THE HEALTH NEEDS OF THE COMMUNITIES THEY SERVE. FOR MORE INFORMATION ON PRESENCE HEALTH, VISIT <a href="http://WWW.PRESENCEHEALTH.ORG">WWW.PRESENCEHEALTH.ORG</a></p>

Form and Line Reference	Explanation
PART VI, 7	PRESENCE HEALTH FILES ITS ANNUAL COMMUNITY BENEFIT REPORT IN ILLINOIS



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V FACILITY INFORMATION	<p>PRESENCE SAINT JOSEPH MEDICAL CENTER (1) PART V, SECTION B, LINE 3 PRESENCE SAINT JOSEPH MEDICAL CENTER (PSJMC) USED THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS TO CONDUCT ITS CHNA. THIS PROCESS IS A THOROUGH, COLLABORATIVE PROCESS WHICH INCLUDES FOUR SEPARATE ASSESSMENTS THAT ENGAGE REPRESENTATIVES FROM ALL COMMUNITY SECTORS TO OBTAIN INPUT AND FEEDBACK ON WHAT THE IDENTIFIED NEEDS ARE IN THE COMMUNITY. THE ASSESSMENTS ARE LISTED BELOW, INCLUDING THE AGENCIES WHO PROVIDED INPUT.</p> <p>COMMUNITY HEALTH STATUS ASSESSMENT: THE CHSA COMMITTEE WAS COMPRISED OF MAPP EXECUTIVE COMMITTEE MEMBERS, DATA AND PLANNING STAFF FROM THE THREE LOCAL HOSPITALS AND THE HEALTH DEPARTMENT'S EPIDEMIOLOGIST. THIS TEAM REVIEWED KEY HEALTH INDICATORS AND THE HEALTH DEPARTMENT'S EPIDEMIOLOGIST ANALYZED THE DATA GATHERED TO PROVIDE INSIGHT INTO THE TRENDS AND TOP ISSUES.</p> <p>LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA): OVER 100 PUBLIC HEALTH SYSTEM PARTNERS WERE INVITED TO PARTICIPATE IN THE WILL COUNTY PUBLIC HEALTH SYSTEM FORUM HELD IN DECEMBER 2013 AT NEW LIFE CHURCH IN NEW LENOX. APPROXIMATELY 70 PARTNERS PARTICIPATED IN ASSESSING HOW WELL THE WILL COUNTY PUBLIC HEALTH SYSTEM PROVIDES THE TEN ESSENTIAL PUBLIC HEALTH SERVICES (EPHS) IN WILL COUNTY.</p> <p>COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA): THREE SEPARATE METHODS OF DATA COLLECTION WERE USED IN CONDUCTING THE CTSA: RANDOM AND TARGETED COMMUNITY SURVEYS AND PHOTOVOICE.</p> <p>*RANDOM SURVEY: IN A COUNTY-WIDE RANDOM SAMPLE, 5,000 RESIDENTS WERE MAILED A COMMUNITY SURVEY BETWEEN SEPTEMBER AND NOVEMBER 2013. THE SURVEY WAS 10 PAGES IN LENGTH AND TOOK ABOUT 20 MINUTES TO COMPLETE. IT ASKED QUESTIONS ABOUT RESIDENTS' PERCEPTIONS ON THE QUALITY OF LIFE IN WILL COUNTY. THERE WERE 496 RESPONDENTS.</p> <p>*TARGETED SURVEY: AFTER SURVEY RESULTS WERE COLLECTED, THE MAPP EXECUTIVE COMMITTEE REALIZED THAT THE SURVEY RESPONDENTS DID NOT REFLECT THE DEMOGRAPHICS OF WILL COUNTY. IN ORDER TO OBTAIN THE PERSPECTIVE OF RESIDENTS UNDERREPRESENTED IN THE RANDOM SURVEY, TARGETED SURVEYS WERE DISTRIBUTED IN JANUARY 2014 TO GATHER ADDITIONAL INFORMATION FROM VULNERABLE POPULATIONS.</p> <p>EIGHTY-THREE PARTICIPANTS GAVE THEIR INPUT ON STRENGTHS AND ASSETS OF THEIR COMMUNITY AND THEIR PERCEPTION ABOUT THE QUALITY OF LIFE IN WILL COUNTY THROUGH THESE TARGETED SURVEYS.</p> <p>*PHOTOVOICE: THE THIRD METHOD USED FOR DATA COLLECTION. PHOTOVOICE IS A TECHNIQUE THAT ENABLES COMMUNITY RESIDENTS OF ALL AGES AND LANGUAGES TO SHARE INFORMATION ABOUT THEIR COMMUNITIES THROUGH PICTURES. TWENTY-EIGHT PHOTOS WERE RECEIVED FROM A NUMBER OF RESIDENTS IN WILL COUNTY.</p> <p>FORCES OF CHANGE ASSESSMENT (FOCA): THE FOCA WAS COMPLETED IN SEPTEMBER 2013 WITH 41 PARTICIPANTS, CONSISTING OF MAPP EXECUTIVE COMMITTEE MEMBERS AND OTHER COMMUNITY LEADERS.</p> <p>FACTORS AND TRENDS MOST IMPACTING WILL COUNTY INCLUDES THE CURRENT ECONOMY WITH RISING UNEMPLOYMENT, LOSS OF SERVICES AND PROGRAMS, AND INCREASED NEED FOR MENTAL HEALTH SERVICES.</p> <p>PSJMC ENGAGED THE FOLLOWING AGENCIES AS PART OF ITS CHNA PROCESS: ADVENTIST BOLINGBROOK HOSPITAL, AMERICAN CANCER SOCIETY, AUNT MARTHA'S YOUTH SERVICE/CENTER BRIDGES TO A NEW DAY, NFP, CATHOLIC CHARITIES, CASA OF WILL COUNTY, CENTER FOR ECONOMIC DEVELOPMENT (THREE RIVERS EDUCATIONAL PARTNERSHIP - TREP), CHESTNUT HEALTH SYSTEMS, CHILD CARE RESOURCE AND REFERRAL AGENCY, COMMUNITY SERVICE COUNCIL OF WILL COUNTY, INC., CRETE-MONEE SCHOOL DISTRICT 201, CRISIS LINE OF WILL AND GRUNDY COUNTY, EASTER SEALS OF JOLIET REGION, INC., EDWARD HOSPITAL, GREATER JOLIET AREA YMCA, GOVERNOR'S STATE UNIVERSITY, GUARDIAN ANGEL COMMUNITY SERVICES, HARVEY BROOKS FOUNDATION, HOUSING AUTHORITY OF JOLIET, JOLIET JUNIOR COLLEGE, JOLIET TOWNSHIP, JOLIET TOWNSHIP HIGH SCHOOL /YESS (YOUTH EXPERIENCING SUCCESS IN SCHOOL), LEWIS UNIVERSITY, LINDEN OAKS AT EDWARDS HOSPITAL, LUTHERAN SOCIAL SERVICES OF ILLINOIS, MARIAN VILLAGE, MOUNT ZION BAPTIST CHURCH, MORNINGS TAR MISSION, NATIONAL ASSOCIATION OF MENTAL ILLNESS (NAMI), WILL COUNTY NATIONAL HOOK-UP OF BLACK WOMEN, INC., NEW LIFE CHURCH, PROVENA HOME CARE, PRESENCE HEALTH SYSTEM, PRESENCE SAINT JOSEPH MEDICAL CENTER, PRESENCE VILLA FRANCISCAN - PRESENCE LIFE CONNECTIONS, SENIOR SERVICES CENTER OF WILL COUNTY, SERVICE INC., CHILD AND FAMILY CONNECTIONS #15, SILVER CROSS HOSPITAL, STEPPING STONES, INC., THREE RIVERS MANUFACTURE'S ASSOCIATION, TRINITY SERVICES, INC., UOFI EXTENSION - KANKAKEE, WILL, GRUNDY CO., UNITED WAY OF WILL COUNTY, UNIVERSITY OF ST. FRANCIS, WARREN-SHARPE COMMUNITY CENTER, WILL COUNTY COMMUNITY CONCERNS, WILL COUNTY COMMUNITY FOUNDATION, WILL COUNTY COMMUNITY HEALTH CENTER, WILL COUNTY EMA, WILL COUNTY EXECUTIVE'S OFFICE, WILL COUNTY FOREST PRESERVE, DISTRICT, WILL COUNTY HEALTH DEPARTMENT, WILL COUNTY LOCAL ARE A NETWORK (LAN), WILL COUNTY LAND USE COMMUNITY DEVELOPMENT, WILL COUNTY REGIONAL OFFICE OF EDUCATION, WILL COUNTY RESIDENTS, WILL, GRUNDY CENTER FOR INDEPENDENT LIVING, WILL-GRUNDY MEDICAL CLINIC.</p> <p>PART V, SECTION B, LINE 4 PSJMC PARTNERED WITH SILVER CROSS HOSPITAL, ADVENTIST BOLINGBROOK HOSPITAL AND EDWARD HOSPITAL TO COMPL</p>



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V FACILITY INFORMATION	<p>ETE THEIR CHNA PART V, SECTION B, LINE 5D PSJMC HAS WORKED WITH ITS CHNA PARTNERS TO DEVE LOP A COMMUNITY-FRIENDLY DOCUMENT HIGHLIGHTING PERTINENT CHNA INFORMATION COPIES WILL BE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS PARTNER S WILL ALSO BE PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS PART V, SECTION B, LINE 12I FEDERAL POVERTY GUIDELINES ARE ALSO U SED IN DETERMINING THE BASIS OF CALCULATING AMOUNTS CHARGED TO PATIENTS PRESENCE MERCY ME DICAL CENTER (2) PART V, SECTION B, LINE 3 THE CHNA PROCESS WAS INITIATED BY PMMC AND PSJH IN COLLABORATION WITH THE COMMUNITY THEY SERVE AND THE KANE COUNTY HEALTH DEPARTMENT, DEL NOR HOSPITAL, RUSH-COPLEY MEDICAL CENTER, SHERMAN HOSPITAL, FOX VALLEY UNITED WAY AND THE UNITED WAY OF ELGIN ENGAGEMENT OF PUBLIC HEALTH EXPERTISE THE KANE COUNTY HEALTH DEPARTME NT FACILITATED THE CHNA PROCESS BY USING THE MOBILIZING FOR ACTION THROUGH PLANNING AND PA RTNERSHIPS (MAPP) TOOL PMMC SERVED AS ONE OF EIGHT PARTNERS THAT PARTICIPATED IN THE KANE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT THIS PROVIDED THE OPPORTUNITY FOR PMMC TO ACTIV ELY PROVIDE EXPERTISE, INPUT, AND FINANCIAL SUPPORT PARTNERS ALSO INVOLVED IN THIS PROCES S INCLUDED THE FOUR OTHER HOSPITALS IN KANE COUNTY INCLUDING DELNOR HOSPITAL, PRESENCE SAI NT JOSEPH HOSPITAL, RUSH-COPLEY MEDICAL CENTER, SHERMAN HOSPITAL, AS WELL AS FOX VALLEY UN ITED WAY AND THE UNITED WAY OF ELGIN CHIP COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) COMMI TTEE TO PROVIDE COMMUNITY LEVEL OVERSIGHT FOR THE PROCESS, A DIVERSE GROUP OF COMMUNITY ST AKEHOLDERS AND PMMC REPRESENTATIVES WERE INVITED TO PARTICIPATE ON THE CHIP STEERING COMMI TTEE TO ENSURE REPRESENTATIVE ENGAGEMENT, PERSONAL INVITATIONS WERE SENT TO ORGANIZATIONS REPRESENTING CULTURAL, LINGUISTIC, RACIAL, ETHNIC, AND OTHER MINORITY GROUPS IN ADDITION , INDIVIDUALS WITH SPECIALIZED QUALIFICATIONS IN DEALING WITH SPECIAL POPULATIONS OR CLINI CAL GROUPS WERE SOLICITED FOR THEIR PARTICIPATION FINALLY, EFFORTS WERE MADE TO INCLUDE I NDIVIDUALS ON THE CHIP STEERING COMMITTEE WITH PUBLIC HEALTH EXPERTISE THOSE WHO COMMITTE D TO THE ASSESSMENT AND PLANNING PROCESS BECAME THE EIGHT MEMBERS OF THE CHNA STEERING COM MITTEE, WHICH CONTINUES TO MEET REGULARLY TO PROVIDE FEEDBACK AND OVERSIGHT, ASSESS PROGRE SS, AND MODIFY PLANS AS NEEDED THE KANE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) S TEERING COMMITTEE MEMBERS ARE LISTED BELOW KANE COUNTY HEALTH DEPARTMENT UNITED WAY OF EL GIN PRESENCE MERCY MEDICAL CENTER PRESENCE SAINT JOSEPH HOSPITAL SHERMAN HOSPITAL FOX VALL EY UNITED WAY INC BOARD CADENCE HEALTH RUSH-COPLEY MEDICAL CENTER APPROACH KANE COUNTY AP PROACHED THE 2011 COMMUNITY HEALTH NEEDS ASSESSMENT DIFFERENTLY THAN IN YEARS PAST IN LAT E 2010, THE KANE COUNTY HEALTH DEPARTMENT (KCHD) ENGAGED THE FIVE HOSPITALS IN THE COUNTY AND THE INC BOARD IN A FORMAL COMMUNITY HEALTH ASSESSMENT COMMITTEE TO FUND AND LEAD THE A SSESSMENT EFFORT IN EARLY 2011, THE FOX VALLEY UNITED WAY AND THE UNITED WAY OF ELGIN BOT H FORMALLY AGREED TO FUND AND SUPPORT THE ASSESSMENT PROCESS AS WELL THIS PARTNERSHIP ALL OWED ALL AGENCIES TO MEET THEIR COMMUNITY ASSESSMENT REQUIREMENTS AND PROVIDED AN EFFICIEN T USE OF ASSESSMENT AND PLANNING RESOURCES FROM ALL INVOLVED AGENCIES METHODOLOGY THE AS SESSMENT PARTNERSHIP FUNDED A COMPREHENSIVE TELEPHONE SURVEY OF KANE COUNTY RESIDENTS TO C OLLECT HEALTH STATUS INFORMATION FOR OVER 1,500 ADULTS AND THE CAREGIVERS OF OVER 400 CHIL DREN THE SURVEY QUESTIONS WERE CREATED BASED ON THE BEHAVIORAL RISK FACTOR SURVEILLANCE S YSTEM SURVEY, ALLOWING THE RESULTS TO BE COMPARED WITH STATE AND NATIONAL FIGURES THE NOR THERN ILLINOIS UNIVERSITY PUBLIC OPINION LABORATORY WAS CONTRACTED TO CONDUCT THE PHONE SU RVEY BETWEEN MARCH AND JULY OF 2011 IN ADDITION TO QUANTITATIVE DATA, THE DEPARTMENT GATH ERED QUALITATIVE INFORMATION FROM RESIDENTS ABOUT THE HEALTH OF THE COMMUNITY THROUGH THE QUALITY OF KANE PUBLIC MEETINGS, FOCUS G</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V FACILITY INFORMATION (CONT )	<p>PRESENCE SAINT JOSEPH HOSPITAL (3) PART V, SECTION B, LINE 3 THE CHNA PROCESS WAS INITIATE D BY PSJH AND PMMC IN COLLABORATION WITH THE COMMUNITY THEY SERVE AND THE KANE COUNTY HEALTH DEPARTMENT, DELNOR HOSPITAL, RUSH-COPLEY MEDICAL CENTER, SHERMAN HOSPITAL, FOX VALLEY UNITED WAY AND THE UNITED WAY OF ELGIN ENGAGEMENT OF PUBLIC HEALTH EXPERTISE THE KANE COUNTY HEALTH DEPARTMENT FACILITATED THE CHNA PROCESS BY USING THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) TOOL PSJH SERVED AS ONE OF EIGHT PARTNERS THAT PARTICIPATED IN THE KANE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT THIS PROVIDED THE OPPORTUNITY FOR PSJH TO ACTIVELY PROVIDE EXPERTISE, INPUT, AND FINANCIAL SUPPORT PARTNERS ALSO INVOLVED IN THIS PROCESS INCLUDED THE FOUR OTHER HOSPITALS IN KANE COUNTY INCLUDING DELNOR HOSPITAL, PRESENCE MERCY MEDICAL CENTER, RUSH-COPLEY MEDICAL CENTER, SHERMAN HOSPITAL, AS WELL AS FOX VALLEY UNITED WAY AND THE UNITED WAY OF ELGIN CHIP COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) COMMITTEE TO PROVIDE COMMUNITY LEVEL OVERSIGHT FOR THE PROCESS, A DIVERSE GROUP OF COMMUNITY STAKEHOLDERS AND PSJH REPRESENTATIVES WERE INVITED TO PARTICIPATE ON THE CHIP STEERING COMMITTEE TO ENSURE REPRESENTATIVE ENGAGEMENT, PERSONAL INVITATIONS WERE SENT TO ORGANIZATIONS REPRESENTING CULTURAL, LINGUISTIC, RACIAL, ETHNIC, AND OTHER MINORITY GROUPS IN ADDITION, INDIVIDUALS WITH SPECIALIZED QUALIFICATIONS IN DEALING WITH SPECIAL POPULATIONS OR CLINICAL GROUPS WERE SOLICITED FOR THEIR PARTICIPATION FINALLY, EFFORTS WERE MADE TO INCLUDE INDIVIDUALS ON THE CHIP STEERING COMMITTEE WITH PUBLIC HEALTH EXPERTISE THOSE WHO COMMITTED TO THE ASSESSMENT AND PLANNING PROCESS BECAME THE EIGHT MEMBERS OF THE CHNA STEERING COMMITTEE, WHICH CONTINUES TO MEET REGULARLY TO PROVIDE FEEDBACK AND OVERSIGHT, ASSESS PROGRESS, AND MODIFY PLANS AS NEEDED THE KANE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) STEERING COMMITTEE MEMBERS ARE LISTED BELOW KANE COUNTY HEALTH DEPARTMENT UNITED WAY OF ELGIN PRESENCE MERCY MEDICAL CENTER PRESENCE SAINT JOSEPH HOSPITAL SHERMAN HOSPITAL FOX VALLEY UNITED WAY INC BOARD CADENCE HEALTH RUSH-COPLEY MEDICAL CENTER APPROACH KANE COUNTY APPROACHED THE 2011 COMMUNITY HEALTH NEEDS ASSESSMENT DIFFERENTLY THAN IN YEARS PAST IN LATE 2010, THE KANE COUNTY HEALTH DEPARTMENT (KCHD) ENGAGED THE FIVE HOSPITALS IN THE COUNTY AND THE INC BOARD IN A FORMAL COMMUNITY HEALTH ASSESSMENT COMMITTEE TO FUND AND LEAD THE ASSESSMENT EFFORT IN EARLY 2011, THE FOX VALLEY UNITED WAY AND THE UNITED WAY OF ELGIN BOTH FORMALLY AGREED TO FUND AND SUPPORT THE ASSESSMENT PROCESS AS WELL THIS PARTNERSHIP ALLOWED ALL AGENCIES TO MEET THEIR COMMUNITY ASSESSMENT REQUIREMENTS AND PROVIDED AN EFFICIENT USE OF ASSESSMENT AND PLANNING RESOURCES FROM ALL INVOLVED AGENCIES METHODOLOGY THE ASSESSMENT PARTNERSHIP FUNDED A COMPREHENSIVE TELEPHONE SURVEY OF KANE COUNTY RESIDENTS TO COLLECT HEALTH STATUS INFORMATION FOR OVER 1,500 ADULTS AND THE CAREGIVERS OF OVER 400 CHILDREN THE SURVEY QUESTIONS WERE CREATED BASED ON THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM SURVEY, ALLOWING THE RESULTS TO BE COMPARED WITH STATE AND NATIONAL FIGURES THE NORTHERN ILLINOIS UNIVERSITY PUBLIC OPINION LABORATORY WAS CONTRACTED TO CONDUCT THE PHONE SURVEY BETWEEN MARCH AND JULY OF 2011 IN ADDITION TO QUANTITATIVE DATA, THE DEPARTMENT GATHERED QUALITATIVE INFORMATION FROM RESIDENTS ABOUT THE HEALTH OF THE COMMUNITY THROUGH THE QUALITY OF KANE PUBLIC MEETINGS, FOCUS GROUPS, COMMUNITY CABS AND COMMUNITY MEETINGS THESE EVENTS PROVIDED AN OPPORTUNITY TO HEAR DIRECTLY FROM RESIDENTS ABOUT THE FACTORS MOST INFLUENCING HEALTH IN THEIR COMMUNITIES THIS INFORMATION WAS USED TO HELP PLANNERS UNDERSTAND THE HEALTH DATA COLLECTED OVER 200 RESIDENTS PARTICIPATED IN AT LEAST ONE OF THESE EVENTS COMMUNITY AND STAKEHOLDER PARTICIPATION COMMUNITY AND STAKEHOLDER INPUT WERE OBTAINED TO DETERMINE THE NEEDS OF THE COMMUNITY THE QUALITY OF KANE PUBLIC MEETINGS WERE HELD IN APRIL, MAY, AND NOVEMBER 2011 THESE MEETINGS PROVIDED COMMUNITY MEMBER S AN OPPORTUNITY TO HEAR ABOUT AND PROVIDE THEIR INPUT ON PLANNING INITIATIVES IN KANE COUNTY FROM DIFFERENT PLANNING DISCIPLINES HEALTH, LAND USE, AND TRANSPORTATION THERE WERE SIX MEETINGS TOTAL, TWO FROM EACH OF THE THREE PLANNING AREAS IN THE COUNTY THE PLANNING AREAS ARE DEFINED BY THE COUNTY AND ARE USED BY ALL DEPARTMENTS PART V, SECTION B, LINE 4 PSJH PARTNERED WITH SHERMAN HOSPITAL, PRESENCE MERCY MEDICAL CENTER, CADENCE HEALTH AND RUSH-COPLEY MEDICAL CENTER TO COMPLETE THEIR CHNA PART V, SECTION B, LINE 5D PSJH-E WORKED WITH ITS CHNA PARTNERS TO DEVELOP A COMMUNITY-FRIENDLY DOCUMENT HIGHLIGHTING PERTINENT CHNA INFORMATION COPIES WERE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS PARTNERS WERE ALSO PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS PART V, SECTION B, LINE 12I FEDERAL POVERTY GUIDELINES ARE ALSO USED IN DETERMINING THE BA</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V FACILITY INFORMATION (CONT )	<p>SIS OF CALCULATING AMOUNTS CHARGED TO PATIENTS PRESENCE ST MARY'S HOSPITAL (4) PART V, SECTION B, LINE 3 THE CHNA PROCESS WAS INITIATED BY PSMH IN COLLABORATION WITH THE COMMUNITY IT SERVES AND RIVERSIDE MEDICAL CENTER, THE UNITED WAY AND THE KANKAKEE COUNTY HEALTH DEPARTMENT ENGAGEMENT OF PUBLIC HEALTH EXPERTISE THE KANKAKEE COUNTY HEALTH DEPARTMENT AND PSMH CO-FACILITATED THE CHNA PROCESS BY USING THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) TOOL THE PARTNERSHIP FOR A HEALTHY COMMUNITY FORMALLY ENGAGED THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) FOR ASSISTANCE IN PLANNING AND EXECUTING THE CHNA PROCESS IPHI SERVED AS AN EXPERT PUBLIC HEALTH CONSULTANT THROUGHOUT THE CHNA TIMELINE CHNA STEERING COMMITTEE TO PROVIDE COMMUNITY LEVEL OVERSIGHT FOR THE PROCESS, A DIVERSE GROUP OF COMMUNITY STAKEHOLDERS AND PSMH REPRESENTATIVES WERE INVITED TO PARTICIPATE ON THE CHNA STEERING COMMITTEE TO ENSURE REPRESENTATIVE ENGAGEMENT, PERSONAL INVITATIONS WERE SENT TO ORGANIZATIONS REPRESENTING CULTURAL, LINGUISTIC, RACIAL, ETHNIC, AND OTHER MINORITY GROUPS IN ADDITION, INDIVIDUALS WITH SPECIALIZED QUALIFICATIONS IN DEALING WITH SPECIAL POPULATIONS OR CLINICAL GROUPS WERE SOLICITED FOR THEIR PARTICIPATION FINALLY, EFFORTS WERE MADE TO INCLUDE INDIVIDUALS ON THE CHNA STEERING COMMITTEE WITH PUBLIC HEALTH EXPERTISE THOSE WHO COMMITTED TO THE ASSESSMENT AND PLANNING PROCESS BECAME THE 16 MEMBERS OF THE CHNA STEERING COMMITTEE, WHICH CONTINUES TO MEET REGULARLY TO PROVIDE FEEDBACK AND OVERSIGHT , ASSESS PROGRESS, AND MODIFY PLANS AS NEEDED THE AGENCIES REPRESENTED ON THE CHNA STEERING COMMITTEE ARE LISTED BELOW KANKAKEE COMMUNITY COLLEGE UNITED WAY OF KANKAKEE COUNTY PRESENCE ST MARY'S HOSPITAL I KAN REGIONAL OFFICE OF EDUCATION &amp; NAACP RIVERSIDE MEDICAL CENTER NEW LIFE PENTECOSTAL CHURCH &amp; HISPANIC PARTNERSHIP PRESENCE HOME HEALTH CARE THE HELEN WHEELER CENTER FOR COMMUNITY MENTAL HEALTH CATHOLIC CHARITES OLIVET NAZARENE UNIVERSITY KANKAKEE COUNTY NAACP KANKAKEE COUNTY HEALTH DEPARTMENT PROCESS USED TO IDENTIFY COMMUNITY NEEDS IN OCTOBER OF 2011, PSMH INVITED RIVERSIDE MEDICAL CENTER, THE KANKAKEE COUNTY HEALTH DEPARTMENT AND THE UNITED WAY OF KANKAKEE COUNTY TO INVESTIGATE A PROCESS FOR COMPLETING A CHNA THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) LED THIS TEAM THROUGH THE MAPP PROCESS A CORE GROUP OF PARTNERS MET IN NOVEMBER, 2011 TO REVIEW THE MAPP PROCESS, THE BENEFITS OF ENGAGING IN MAPP AND THE INITIAL LIST OF POTENTIAL PARTNERS TO PARTICIPATE ON THE STEERING COMMITTEE ADDITIONAL PARTNERS WERE IDENTIFIED AND INVITED TO PARTICIPATE FROM JANUARY THROUGH JUNE 2012 FOUR SEPARATE ASSESSMENTS WERE CONDUCTED *LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA) OVER 75 PUBLIC HEALTH SYSTEM PARTNERS WERE INVITED TO PARTICIPATE IN THE KANKAKEE COUNTY PUBLIC HEALTH SYSTEM FORUM HELD IN FEBRUARY 2012 AT KANKAKEE COMMUNITY COLLEGE IN KANKAKEE SIXTY-FOUR PARTNERS PARTICIPATED IN ASSESSING HOW WELL THE KANKAKEE PUBLIC HEALTH SYSTEM PROVIDES THE TEN ESSENTIAL PUBLIC HEALTH SERVICES IN KANKAKEE THE SCORES FROM THAT ASSESSMENT ARE LISTED BELOW *COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA) TWO SEPARATE METHODS OF DATA COLLECTION WERE USED IN CONDUCTING CTSA IN A COUNTY-WIDE RANDOM SAMPLE, 5,000 RESIDENTS WERE MAILED A COMMUNITY SURVEY FROM FEBRUARY 13, 2012 THROUGH MARCH, 15, 2012 THERE WERE 399 RETURNED SURVEYS FROM APRIL THROUGH JUNE 2012, FOUR FOCUS GROUPS WERE HELD ACROSS THE COUNTY TO GET A BROADER PERSPECTIVE FROM THOSE UNDER-REPRESENTED IN THE SURVEY THE FOCUS GROUPS WERE HELD WITH THE HISPANIC PARTNERSHIP, THE NAACP, KANKAKEE TRIAD (THOSE OVER 65), AND THE TEEN GROUP OVER SIXTY-FOUR PARTICIPANTS GAVE THEIR INPUT TO STRENGTHS AND ASSETS OF THEIR COMMUNITY AND THEIR PERCEPTION ABOUT THE QUALITY OF LIFE IN KANKAKEE COUNTY *COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) THE CHSA COMMITTEE COMPRISED OF STEERING COMMITTEE MEMBERS, DATA AND PLANNING STAFF FROM THE TWO LOCAL HOSPITALS AND THE HEALTH DEPARTMENT THE A</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V FACILITY INFORMATION (CONT )	<p>PRESENCE COVENANT MEDICAL CENTER (5)PART V, SECTION B, LINE 3 THE 2014-2016 CHAMPAIGN COUNTY ILLINOIS PLANNING FOR LOCAL ASSESSMENT OF NEEDS (IPLAN) WAS ACCOMPLISHED WITH DIRECT CONTRIBUTION FROM OVER 60 INDIVIDUALS REPRESENTING MORE THAN 30 DIFFERENT AGENCIES FROM ACROSS THE COUNTY PCMC ALSO INCORPORATED THE VOICE OF MORE THAN 1,000 COMMUNITY RESIDENTS THROUGH SURVEYS, FOCUS GROUPS AND COMMUNITY MEETINGS ENGAGEMENT OF PUBLIC HEALTH EXPERTISE PRESENCE COVENANT MEDICAL CENTER WAS A PARTICIPANT AND HELPED FACILITATE SOME ASPECTS OF THE 2014-2016 CHAMPAIGN COUNTY IPLAN THE CHAMPAIGN URBANA PUBLIC HEALTH DEPARTMENT (CUPHD) CHOSE TO UTILIZE THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) MODEL TO HELP ACQUIRE INPUT FROM COMMUNITY PARTNERS, PLANNERS, ELECTED OFFICIALS AND RESIDENTS OF THE COMMUNITY THIS MAPP PROCESS ASSESSED THE CURRENT HEALTH STATUS OF THE COMMUNITY, IDENTIFIED THE NEEDS, AND CREATED A COMPREHENSIVE PLAN TO MAKE THE COMMUNITY HEALTHIER FOUR ASSESSMENTS WERE CONDUCTED AS DETAILED BELOW *COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) EVALUATED THE BASIC DEMOGRAPHICS AND HEALTH-RELATED STATISTICS OF RESIDENTS IN CHAMPAIGN COUNTY WE USED AGGREGATED DATA ACCESSED FROM COUNTYHEALTHRANKINGS.ORG AND CITY AND COUNTY AGENCIES INCLUDING THE CHAMPAIGN AND URBANA POLICE DEPARTMENTS *COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA) WE SURVEYED 975 COMMUNITY RESIDENTS AND HELD FOCUS GROUPS WITH 32 RESIDENTS REPRESENTING DIFFERENT COMMUNITY GROUPS (UNDERGRADUATE AND GRADUATE STUDENTS, INTERNATIONAL STUDENT FAMILY HOUSING RESIDENTS, AND HOMELESS RESIDENTS) TO GET A MORE IN-DEPTH PICTURE OF STRENGTHS AND WEAKNESSES *LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA) INCLUDED ALMOST 60 COMMUNITY LEADERS FROM OVER 30 DIFFERENT AGENCIES, INCLUDING LOCAL GOVERNMENT, COMMUNITY PLANNERS, PUBLIC HEALTH PROFESSIONALS, CLINICIANS, POLICE AND FIRE, EMERGENCY PREPAREDNESS, AND THE UNIVERSITY OF ILLINOIS THIS MEASURED HOW THE LOCAL PUBLIC HEALTH SYSTEM IS ADDRESSING THE 10 ESSENTIAL PUBLIC HEALTH SERVICES *FORCES OF CHANGE ASSESSMENT IDENTIFIED THE AFFORDABLE CARE ACT (ACA) AS A FORCE IMPACTING MANY SECTORS, MEETING THE NEEDS OF INCREASING POPULATIONS OF UNDOCUMENTED IMMIGRANTS, ADDRESSING WIDENING HEALTH DISPARITIES AND THE LACK OF ECONOMIC OPPORTUNITIES, AND THE INCREASED USE OF TECHNOLOGY IN HEALTHCARE (E.G. TELEMEDICINE AND ELECTRONIC MEDICAL RECORDS) AND USING SOCIAL MEDIA AND TECHNOLOGY TO PROMOTE GENERAL HEALTH WERE IDENTIFIED AS MAJOR FORCES OF CHANGE IPLAN COMMUNITY ADVISORY COMMITTEE TO PROVIDE COMMUNITY LEVEL OVERSIGHT FOR THE PROCESS, A DIVERSE GROUP OF COMMUNITY STAKEHOLDERS AND PCMC REPRESENTATIVES WERE INVITED TO PARTICIPATE ON THE IPLAN COMMUNITY ADVISORY COMMITTEE TO ENSURE REPRESENTATIVE ENGAGEMENT, PERSONAL INVITATIONS WERE SENT TO ORGANIZATIONS REPRESENTING CULTURAL, LINGUISTIC, RACIAL, ETHNIC, AND OTHER MINORITY GROUPS IN ADDITION, INDIVIDUALS WITH SPECIALIZED QUALIFICATIONS IN DEALING WITH SPECIAL POPULATIONS OR CLINICAL GROUPS WERE SOLICITED FOR THEIR PARTICIPATION FINALLY, EFFORTS WERE MADE TO INCLUDE INDIVIDUALS ON THE IPLAN COMMUNITY ADVISORY COMMITTEE WITH PUBLIC HEALTH EXPERTISE THOSE WHO COMMITTED TO THE ASSESSMENT AND PLANNING PROCESS BECAME THE 65 MEMBERS TO INCLUDE THE CUPHD STAFF OF THE IPLAN COMMUNITY ADVISORY COMMITTEE AGENCIES REPRESENTED ON THIS COMMITTEE ARE LISTED BELOW AVICENNA COMMUNITY HEALTH CENTER CARLE FOUNDATION HOSPITAL CHAMPAIGN COUNTY ADMINISTRATOR CHAMPAIGN COUNTY BOARD CHAIR CHAMPAIGN COUNTY CHAMBER OF COMMERCE CHAMPAIGN COUNTY CORONER CHAMPAIGN COUNTY HEALTHCARE CONSUMERS CHAMPAIGN COUNTY REGIONAL PLANNING COMMISSION CHAMPAIGN FIRE DEPARTMENT CHAMPAIGN PARK DISTRICT CHAMPAIGN POLICE DEPARTMENT CHAMPAIGN UNIT 4 SCHOOL DISTRICT CHAMPAIGN URBANA PUBLIC HEALTH DISTRICT CHRISTIE CLINIC CITY OF CHAMPAIGN FIRE DEPARTMENT CITY OF URBANA COMMUNITY DEVELOPMENT SERVICES CITY OF URBANA COMMUNITY ELEMENTS CUMASS TRANSIT DISTRICT CUPHD- INFECTIOUS DISEASE HOUSING AUTHORITY OF CHAMPAIGN COUNTY LAND OF LINCOLN MCKINLEY HEALTH CENTER NATIONAL ALLIANCE ON MENTAL ILLNESS PARKLAND COLLEGE PRESENCE COVENANT CENTER FOR HEALTHY LIVING PRESENCE COVENANT MEDICAL CENTER PROMISE HEALTHCARE PROSPERITY GARDENS INC SOIL AND WATER CONSERVATION DISTRICT UNITED WAY OF CHAMPAIGN COUNTY UNIVERSITY OF ILLINOIS UNIVERSITY OF ILLINOIS NCSA UNIVERSITY OF ILLINOIS POLICE UNIVERSITY OF ILLINOIS-CPRD URBANA MARKET AT THE SQUARE URBANA PARK DISTRICT URBANA SCHOOL DISTRICT 116 PART V, SECTION B, LINE 4 PCMC PARTNERED WITH CARLE FOUNDATION HOSPITAL TO COMPLETE THEIR CHNA PART V, SECTION B, LINE 5D PCMC HAS WORKED WITH ITS CHNA PARTNERS TO DEVELOP A COMMUNITY-FRIENDLY DOCUMENT HIGHLIGHTING PERTINENT CHNA INFORMATION COPIES WILL BE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS PARTNERS WILL ALSO BE PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS PART V, SECTION B, LINE 12I FEDERAL POVERTY GUIDELINES</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V FACILITY INFORMATION (CONT )	<p>ARE ALSO USED IN DETERMINING THE BASIS OF CALCULATING AMOUNTS CHARGED TO PATIENTS PRESENCE UNITED SAMARITANS MEDICAL CENTER (6) PART V, SECTION B, LINE 3 THE CHNA PROCESS WAS INITIATED BY THE VERMILION COUNTY HEALTH DEPARTMENT IN COLLABORATION WITH PUSMC IN ADDITION TO COMMUNITY PARTNERS REPRESENTING MANY SECTORS THE VERMILION COUNTY HEALTH DEPARTMENT FACILITATED THE OVERALL PROCESS WITH GUIDANCE AND FEEDBACK FROM PUSMC AND COMMUNITY PARTNERS ENGAGEMENT OF PUBLIC HEALTH EXPERTISE THE VERMILION COUNTY HEALTH DEPARTMENT, AS A CERTIFIED LOCAL HEALTH DEPARTMENT FOR VERMILION COUNTY, ILLINOIS IS CHARGED TO ASSESS THE HEALTH AND WELL-BEING OF THE COMMUNITY BY RETRIEVING AND PRESENTING RELEVANT DATA, SEEKING COMMUNITY INPUT, GENERATING DIALOGUE, AND IDENTIFYING EXISTING AND NEEDED RESOURCES THAT LEAD TO THE DEVELOPMENT OF STRATEGIES WITH MEASURABLE OUTCOMES TO ADDRESS THE IDENTIFIED PRIORITIES THE ILLINOIS PROJECT FOR LOCAL ASSESSMENT OF NEEDS (IPLAN) PROCESS BEGAN ON DECEMBER 7, 2011 WHEN AN IPLAN TEAM WAS FORMED A CONTRACTUAL IPLAN CONSULTANT, DR KRISTA JONES, WAS ADDED TO THE TEAM DR JONES, UNIVERSITY OF ILLINOIS NURSING INSTRUCTOR, WAS ADDED TO THE TEAM TO PROVIDE GUIDANCE, TECHNICAL ASSISTANCE, AND FACILITATION THE TEAM BEGAN DISCUSSIONS TO IDENTIFY COMMUNITY STAKEHOLDERS AND INVITED THEM TO BE A PART OF THE COMMUNITY ADVISORY COMMITTEE AND HOW PUSMC MIGHT BEST ENGAGE AND ELICIT THEIR INPUT A LIST OF STAKEHOLDERS WAS COMPILED AND A SCHEDULE FOR COMMUNITY MEETINGS WAS DEVELOPED IPLAN COMMUNITY ADVISORY COMMITTEE TO PROVIDE COMMUNITY LEVEL OVERSIGHT FOR THE PROCESS, A DIVERSE GROUP OF COMMUNITY STAKEHOLDERS AND PUSMC REPRESENTATIVES WERE INVITED TO PARTICIPATE ON THE IPLAN COMMUNITY ADVISORY COMMITTEE TO ENSURE REPRESENTATIVE ENGAGEMENT, PERSONAL INVITATIONS WERE SENT TO ORGANIZATIONS REPRESENTING CULTURAL, LINGUISTIC, RACIAL, ETHNIC, AND OTHER MINORITY GROUPS IN ADDITION, INDIVIDUALS WITH SPECIALIZED QUALIFICATIONS IN DEALING WITH SPECIAL POPULATIONS OR CLINICAL GROUPS WERE SOLICITED FOR THEIR PARTICIPATION FINALLY, EFFORTS WERE MADE TO INCLUDE INDIVIDUALS ON THE IPLAN COMMUNITY ADVISORY COMMITTEE WITH PUBLIC HEALTH EXPERTISE THOSE WHO COMMITTED TO THE ASSESSMENT AND PLANNING PROCESS BECAME THE 50 MEMBERS OF THE IPLAN COMMUNITY ADVISORY COMMITTEE THE MEMBERS OF THIS COMMITTEE ARE LISTED BELOW 708 MENTAL HEALTH BOARD ASSOCIATION HOUSE AUNT MARTHA'S HEALTH CENTER (FQHC) BIG BROTHERS/BIG SISTERS CARLE CLINIC DANVILLE CENTER FOR CHILDREN SERVICES CENTRAL CHRISTIAN CHURCH CHANNEL 3 NEWS CRIS HEALTHY AGING CENTER CROSSPOINT/YRFC DANVILLE AREA COMMUNITY COLLEGE DANVILLE AREA COMMUNITY COLLEGE- SCHOOL OF NURSING DANVILLE FAMILY YMCA DANVILLE MASS TRANSIT DANVILLE SCHOOL DISTRICT 118 FAITH IN ACTION FITHIAN (VILLAGE OF) HOOPESTON (CITY OF)- VOLUNTEER HOOPESTON MULTI-AGENCY ILLINOIS HOUSE OF REPRESENTATIVES- CHAD HAYS I SING THE BODY ELECTRIC (PUSMC FOUNDATION) LAKEVIEW COLLEGE OF NURSING NEW LIFE CHURCH OF FAITH OAKWOOD (VILLAGE OF)- MAYOR PRESENCE REGIONAL EMS PROJECT SUCCESS PROJECT SUCCESS/CAPIT PUSMC- COMMUNITY BENEFIT COORDINATOR PUSMC FOUNDATION, HALO SALVATION ARMY UNITED WAY UNIVERSITY OF ILLINOIS-CHICAGO COLLEGE OF NURSING UNIVERSITY OF ILLINOIS EXTENSION OFFICE (LEI A WESTON KEDEM) VALLIANA HEALTHCARE VERMILLION ADVANTAGE VERMILLION COUNTY BOARD VERMILLION COUNTY BOARD OF HEALTH- PRESIDENT AND MEMBERS VERMILLION COUNTY HEALTH DEPARTMENT- ADMINISTRATION VERMILLION COUNTY HEALTH DEPARTMENT- COMMUNITY HEALTH SERVICES VERMILLION COUNTY HEALTH DEPARTMENT- EMERGENCY PREPAREDNESS FOR THE 2011 ASSESSMENT AND PLANNING PROCESS, THE VERMILION COUNTY HEALTH DEPARTMENT USED THE ASSESSMENT PROTOCOL FOR EXCELLENCE IN PUBLIC HEALTH (APEXPH) AS AN EQUIVALENT FOR IPLAN THE VERMILION COUNTY HEALTH DEPARTMENT AND PUSMC PARTNERED TO FACILITATE THE APEXPH PROCESS APEXPH IS A FLEXIBLE PLANNING TOOL DEVELOPED FOR LOCAL HEALTH OFFICIALS TO *ASSESS THE ORGANIZATION AND MANAGEMENT OF THE HEALTH DEPARTMENT, *PROVIDE A FRAMEWORK FOR WORK</p>

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly  
> Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

\_\_\_\_\_

Name and address	Type of Facility (describe)
Provena Caton Farm Immediate Care 7000 Caton Farm Road Plainfield,IL 60586	Immediate Care Ctr
Provena Caton Farm Imaging Center 7000 Caton Farm Road Plainfield,IL 60586	Immediate Care Ctr
Provena Physical Therapy 3000 W Jefferson St Joliet,IL 60435	Immediate Care Ctr
Provena Physical Therapy Services 1280 Windham Parkway Romeoville,IL 60446	Immediate Care Ctr
Provena Center for Wound Care 301 North Madison St Joliet,IL 60435	Immediate Care Ctr
Provena Physical TherapyIndustrial Reha 852 Sharp Avenue Shorewood,IL 60404	Immediate Care Ctr
Provena Health Ctr-Diagnostic Imaging 1416 South Randall Road Geneva,IL 60134	Immediate Care Ctr
Provena Occupational HealthDiabetes Ctr 87 North Airlite Street Suite 130 Elgin,IL 60123	Immediate Care Ctr
Provena Outpatient Rehab Services 87 North Airlite Street Elgin,IL 60123	Immediate Care Ctr
Provena Occupational Health 1320 N Highland Suite B Aurora,IL 60506	Immediate Care Ctr
Provena Physical Therapy 1975 Melissa Lane Aurora,IL 60506	Immediate Care Ctr
Provena Health Institute 1975 Melissa Lane Aurora,IL 60506	Immediate Care Ctr
Mercy Professional Building Pharmacy 1315 N Highland Aurora,IL 60506	Immediate Care Ctr
Provena Physical Rehab & Sport Injury 2132 Jefferson Street Joliet,IL 60435	Immediate Care Ctr
Provena Physical Therapy Services 1812 Lincoln Highway New Lenox,IL 60451	Immediate Care Ctr

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

\_\_\_\_\_

Name and address	Type of Facility (describe)
Provena Physical Therapy Services 15120 Wallin Drive Plainfield,IL 60544	Immediate Care Ctr
Provena Sleep Disorder Center 2132 Jefferson Street Joliet,IL 60435	Immediate Care Ctr
Provena Physical Therapy Services 7000 Caton Farm Road Plainfield,IL 60586	Immediate Care Ctr
Medcare 24 hour Acute Care 2250 West Algonquin Road Lake in the Hills,IL 60156	Immediate Care Ctr
Provena Sleep Lab 412 Sheridan Danville,IL 61832	Immediate Care Ctr
Provena United Samaritans Open MRI 412 Sheridan Danville,IL 61832	Immediate Care Ctr
Provena United Samaritans Oncology Ctr 806 North Logan Avenue Danville,IL 61832	Immediate Care Ctr
Provena Yorkville Medical Office Bldg 1500 Sycamore Road Yorkville,IL 60560	Immediate Care Ctr
Provena Manteno Medcentre 501 S Locust Street Manteno,IL 60950	Immediate Care Ctr
Provena Medcentre East 455 West Court Street Kankakee,IL 60901	Immediate Care Ctr
Provena Medcentre West 555 West Court Street Kankakee,IL 60901	Immediate Care Ctr
Provena Momence Medcentre 739 North Dixie Highway Momence,IL 60954	Immediate Care Ctr
Provena Peotone Medcentre 117 South Harlem Avenue Peotone,IL 60468	Immediate Care Ctr
Provena St Mary's Regional Cancer Center 100 Provena Way Bourbonnais,IL 60914	Immediate Care Ctr
Provena St Mary's Imaging Center 100 Provena Way Bourbonnais,IL 60914	Immediate Care Ctr

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?  
\_\_\_\_\_

Name and address	Type of Facility (describe)
Provena St Mary's Occupational Health 230 W John Casey Road Bourbonnais, IL 60914	Immediate Care Ctr
Provena Wellness Center 21 Heritage Drive Bourbonnais, IL 60914	Immediate Care Ctr
Provena Center For Healthy Aging 401 East University Suite 102 Champaign, IL 61820	Immediate Care Ctr
Provena Regional EMS 408 S Neil Street Champaign, IL 61820	Immediate Care Ctr
Pro Ambulance Services 408 S Neil Street Champaign, IL 61820	Immediate Care Ctr



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Presence Hospitals PRV

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
36-4195126

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. Part II can be duplicated 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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3

Enter total number of other organizations listed in the line 1 table . . . . .

**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.  
Part III can be duplicated 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
(1) scholarships	94	164,223			

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
form 990 schedule I, PART I LINE 2	THE FOLLOWING THREE HOSPITALS AWARDED GRANTS AND ASSISTANCE AND USED THE FOLLOWING PROCEDURES FOR MONITORING THE USE OF THE FUNDS DISTRIBUTED Presence Covenant Medical Center Checks for authorized students are sent directly to their respective universitiES (and made payable to the universitiES) for disbursement to the studentS for appropriate expenses such as tuition In the case of Parkland College where a good number of nursing scholarships are given, Parkland bills THE MEDICAL CENTER at the conclusion of each semester THE MEDICAL CENTER IS billed for only the dollars used and if a student does not utilize all of the funds made available for HIS OR HER scholarship award, the Auxiliary is not billed and does not incur the expense They also notify THE MEDICAL CENTER if A student drops out or changes curriculums therefore no longer being eligible for the funds given in their healthcare studies Most of the universities have auditing practices which requires them to oversee the distribution of scholarship funds to their students THE MEDICAL CENTER places ITS confidence in their practices to ensure that monies given to the students are monitored appropriately Presence Mercy Medical Center Scholarships are handled through THE MEDICAL CENTER'S Foundation The Foundation office receives the applications and distributes the applications to a committee The committee reviews the applications, determines which candidates to interview in person, conducts the interviews, and selects the recipients The Foundation receives the tuition bills and makes the tuition payments directly to the schools (up to the amount of the scholarship award) Some grants are handled through THE Foundation When grant funds are to be expended, a "Disbursement of Foundation Funds" form is completed by the clinical director responsible for handling the grant The Foundation reviews and approves the form, and the funds are expended The Foundation notifies Finance that the funds can be released from restriction The clinical director and Foundation office work together to submit the necessary grant reports to the grantor Federal grants are not handled through the Foundation The clinical director responsible for the grant works with Finance to track the expenses for the grant The clinical director prepares and submits the necessary reports to the grantor PRESENCE UNITED SAMARITANS MEDICAL CENTER THE MEDICAL CENTER insureS that the young man or young woman awarded a scholarship through Young Men Aware or Young Women Aware actually enroll in an institution of higher learning and pay the scholarship (generally only \$500 or \$1,000) directly to the institution Thus, eliminating any chance that the SCHOLARSHIP will not actually go towards education

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Presence Hospitals PRV

Employer identification number  
36-4195126

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II  
Also complete this part for any additional information

Return Reference	Explanation
FORM 990 SCHEDULE J SUPPLEMENTAL INFORMATION	PART I, QUESTION 4A THE FOLLOWING RECEIVED SEVERANCE PAYMENTS   LAWRENCE VERFURTH \$30,896 CHARLES CANVER \$66,250 MARY VONDERAU \$115,774 GRACE MCBRIDE \$47,174

Additional Data

Software ID:  
Software Version:  
EIN: 36-4195126  
Name: Presence Hospitals PRV

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
AMY STEVENS COO	(i) (ii)	274,153 0	26,817 0	24,477 0	0 0	1,373 0	326,820 0	0 0
JARED ROGERS CMO	(i) (ii)	247,866 0	31,923 0	24,158 0	0 0	11,603 0	315,550 0	0 0
LAURENCE DRY VP STRATEGY & OPS	(i) (ii)	163,327 0	35,332 0	82,704 0	0 0	14,038 0	295,401 0	0 0
JACQUELINE MEDLAND VP PATIENT CARE SRVS	(i) (ii)	196,930 0	22,584 0	41,038 0	0 0	13,959 0	274,511 0	0 0
JANICE NEMRI CAO	(i) (ii)	196,259 0	21,172 0	60,035 0	0 0	10,242 0	287,708 0	20,413 0
CATHERINE EMANUEL REG VP STRATEGIC PLG & BUS DEV	(i) (ii)	212,643 0	17,629 0	29,038 0	0 0	1,113 0	260,423 0	0 0
LISA DIMARCO VP PATIENT CARE SRVS	(i) (ii)	174,112 0	37,175 0	42,499 0	0 0	8,499 0	262,285 0	0 0
LISA LAGGER CRO	(i) (ii)	202,656 0	18,818 0	29,226 0	0 0	11,430 0	262,130 0	7,991 0
SURENDRA GULATI PHYSICIAN	(i) (ii)	447,060 0	13,147 0	3,239 0	0 0	9,726 0	473,172 0	0 0
VICTOR ROSTAPSHOV PHYSICIAN	(i) (ii)	252,585 0	0 0	26,265 0	0 0	8,531 0	287,381 0	0 0
MICHAEL PANUSKA MEDICAL DIRECTOR	(i) (ii)	247,737 0	31,416 0	21,354 0	0 0	10,321 0	310,828 0	0 0
JINJENG ZHU PHYSICIST	(i) (ii)	222,544 0	0 0	24,207 0	0 0	14,538 0	261,289 0	0 0
Anthony Filer SYSTEM CFO, TREASURER	(i) (ii)	0 629,462	0 139,487	0 109,953	0 146,954	0 25,707	0 1,051,563	0 0
CHARLES CANVER CMO	(i) (ii)	157,638 0	48,777 0	131,032 0	0 0	4,599 0	342,046 0	0 0
DAVID FRANZBLAU CMO	(i) (ii)	336,287 0	0 0	30,451 0	0 0	9,421 0	376,159 0	0 0
EILEEN GILLESPIE CNO	(i) (ii)	164,429 0	33,698 0	15,878 0	0 0	5,805 0	219,810 0	0 0
GRACE MCBRIDE COO/CNE	(i) (ii)	135,836 0	12,600 0	71,591 0	0 0	6,584 0	226,611 0	0 0
JOSEPH DANNA MEDICAL DIRECTOR	(i) (ii)	237,030 0	0 0	5,255 0	0 0	13,433 0	255,718 0	0 0
LAWRENCE VERFURTH CMO	(i) (ii)	273,828 0	27,455 0	57,167 0	0 0	7,561 0	366,011 0	0 0
MARQUESS WILSON PHYSICIAN	(i) (ii)	209,864 0	25,834 0	17,715 0	0 0	5,940 0	259,353 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MARY VONDERAU VP STRATEGY & OPS	(i)	95,118	10,150	157,897	0	889	264,054	0
	(ii)	0	0	0	0	0	0	0
JEANNIE FREY SYS SR VP LEGAL, SECRETARY	(i)	653,365	0	0	0	0	653,365	0
	(ii)	0	0	0	0	0	0	0
SANDRA BRUCE PRESIDENT/CEO & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,046,184	489,952	0	281,513	9,997	1,827,646	0

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Presence Hospitals PRV

Employer identification number  
36-4195126

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( MISC )	X	10	104,271	COST
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)



Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Line 25	The MISCellaneous contributions amount of \$104,271 consists of the following TAB MEDIA COVERAGE 6,850 RADIO REMOTE/ GIFT CARDS FOR FOOD 8,000 GRILLS/COOKERS 18,329 23,000 SQ OF WAREHOUSE SPACE 24,000 ADVERTISING 5,700 SNOWBLOWER FOR RAFFLES, CHILDRENS ART KITS 5,636 SOUND, LIGHTING, KEYBOARD RENTAL 10,000 FOOD FOR POLAR EXPRESS 5,900 GOLF, FAMILY POOL PASS, ROOM RENTAL 13,356 ELECTRICAL SERVICE FOR FESTIVAL OF TREES 6,500

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.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization Presence Hospitals PRV	Employer identification number 36-4195126
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI SECTION A, QUESTION 6	
FORM 990 PART VI SECTION B, QUESTION 11B	THE DATA AND INFORMATION NECESSARY TO PREPARE THE FORM 990 WAS COMPILED BY PROVENA HEALTH'S ACCOUNTING GROUP KPMG, AS EXTERNAL TAX PREPARERS, USED THIS INFORMATION TO PREPARE THE FORM 990, WHICH IS REVIEWED BY THE PRESENCE HEALTH LEGAL DEPARTMENT THE FINAL FORM 990 IS PROVIDED TO THE CORPORATION'S BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING
FORM 990 PART VI SECTION B, QUESTIONS 12A, 12B, & 12C	THE ORGANIZATION HAS ADOPTED A POLICY THAT REQUIRES BOARD MEMBERS TO COMPLETE A STATEMENT THAT DISCLOSES ALL ACTIVITIES AND PROHIBITS VOTING ON ANY MATTERS INVOLVING ANY CONFLICTS EVERY AGENDA HAS A STATEMENT THAT PROHIBITS VOTING ON AGENDA ITEMS WHERE BOARD MEMBERS HAVE CONFLICTS VENDOR FILES ARE MATCHED WITH COMPANIES BOARD MEMBERS THAT HAVE AFFILIATIONS WITH TO DETERMINE IF CONFLICTS EXIST THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE CORPORATE COMPLIANCE DEPARTMENT
FORM 990 PART VI SECTION B, QUESTIONS 15A & 15B	THE COMPENSATION COMMITTEE OR OTHER AUTHORIZED COMMITTEE OF THE BOARD, NONE OF WHICH HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT, WAS ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR THE CEO AND KEY EMPLOYEES THE COMMITTEE DEVELOPED, CONSISTENT WITH PRESENCE HOSPITAL PRV'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR THE CEO AND KEY EMPLOYEES THE COMMITTEE ALSO REVIEWED APPROPRIATE COMPARABILITY DATA PREPARED BY AN INDEPENDENT CONSULTANT THAT UTILIZED NATIONAL NONPROFIT COMPENSATION SURVEYS IN DETERMINING THE CEO'S AND KEY EMPLOYEES' COMPENSATIONS THE COMMITTEE'S WRITTEN RECORDS INCLUDE THE (1) TERMS OF THE ARRANGEMENT WITH THE DISQUALIFIED PERSON (INCLUDING THE DATE THE ARRANGEMENT WAS APPROVED), AND (2) A DESCRIPTION OF THE COMPARABLE DATA RELIED ON BY THE COMMITTEE KEY DELIBERATIONS OF THE COMMITTEE, INCLUDING (A) THE TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE DATE IT WAS APPROVED, (B) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DEBATE ON THE TRANSACTION THAT WAS APPROVED AND THOSE WHO VOTED ON IT, (C) THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED, AND (D) ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE TRANSACTION BY ANYONE WHO IS OTHERWISE A MEMBER OF THE COMMITTEE BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION ARE ALSO DOCUMENTED IN MINUTES, WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING
FORM 990 PART VI SECTION C, QUESTION 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
Line 9, Other Change in Net Asset or Fund Balance	Transfers to Affiliates (78,722,000) Book/Tax Income Difference with Joint Ventures (820,007) Net assets released from restrictions for purchase of land, buildings and equipment 1,907,000 ----- Other Changes in Net Assets or Fund Balances(Ln 9) (77,635,007)

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**  
▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
Presence Hospitals PRV

Employer identification number  
36-4195126

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PRESENCE HEALTH MGMT SERV ORG LLC 7435 WEST TALCOTT AVENUE CHICAGO, IL 60631 46-3100255	HEALTH MGMT	IL	0	0	PRHCC
(2) PRESENCE HEALTH PARTNERS LLC 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423 46-3111349	MGD CARE CONT	IL	0	0	PR HOSP PRV
(3) VERMILLION COUNTY SURGERY CENTER LLC 26 W NEWELL DANVILLE, IL 61834 80-0811427	MEDICAL SERV	IL	-856,613	5,049,076	PR HOSP PRV

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BELMONT HARLEM SURG41-2237162	MEDICAL SERVICE	IL	RESUR SERVICES	RELATED				No			No	
(2) RES HLTH SLEEP C 26-1519627	MEDICAL SERVICE	IL	RESUR SERVICES	RELATED				No			No	
(3) RES HLTH SLEEP C 26-1519556	MEDICAL SERVICE	IL	RESUR SERVICES	RELATED				No			No	
(4) RES HLTH SLEEP C 26-1519667	MEDICAL SERVICE	IL	RESUR SERVICES	RELATED				No			No	
(5) RES HLTH SLEEP C 26-2189763	MEDICAL SERVICE	IL	RESUR SERVICES	RELATED				No			No	
(6) ALVERNO LAB 20-3240649	LAB SERVICE	IN	RESUR SERVICES	RELATED				No			No	
(7) ALVERNO LAB 20-3240648	LAB SERVICE	IN	PROVENA VENTURE	RELATED				No			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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

Yes

No

No

No

No

Yes

No

No

No

Yes

Yes

Yes

No

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PRESENCE SERVICE CORPORATION	p	1,540,318	cost of service

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART III	LISTED BELOW ARE THE COMPLETE NAMES AND STREET ADDRESSES FOR PART III 1) BELMONT HARLEM SURGERY CENTER, 3101 NORTH HARLEM 2) RES HLTH SLEEP C - CHICAGO NORTHWEST, 665 WEST NORTH AVE 3) RES HLTH SLEEP C - EVANSTON, 665 WEST NORTH AVE 4) RES HLTH SLEEP C - LINCOLN PK, 665 WEST NORTH AVE 5) RES HLTH SLEEP C - RIV FOREST, 665 WEST NORTH AVE 6) ALVERNO CLINICAL LABORATORIES, LLC, 2434 INTERSTATE PLAZA DRIVE 7) ALVERNO CLINICAL LABORATORIES, LLC, 2435 INTERSTATE PLAZA DRIVE

Additional Data

Software ID:

Software Version:

EIN: 36-4195126

Name: Presence Hospitals PRV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PRESENCE HEALTH NETWORK  200 SOUTH WACKER CHICAGO, IL 60606 36-1649520	HEALTH CARE	IL	501(C)(3)	3	NA		No
(1) MEDICARE VALUE PARTNERS  100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3495969	HEALTH CARE	IL	501(C)(3)	3	PRHCC		No
(2) PRESENCE HOLY FAMILY MEDICAL CENTER  100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-2439318	HEALTH CARE	IL	501(C)(3)	3	PRHCC		No
(3) MOUNT LORETTA NURSING HOME INC  302 SMART HILL ROAD AMSTERDAM, NY 12010 14-1363014	SENIOR LIVING	NY	501(C)(3)	3	RMNY		No
(4) PRESENCE OUR LADY-RESURRECTION MED CTR  5645 WEST ADDISON STREET CHICAGO, IL 60634 36-2644178	HEALTH CARE	IL	501(C)(3)	3	PRHCC		No
(5) PRESENCE CARE HOME  18927 HICKORY CREEK DRIVE 300 MOKENA, IL 60448 46-0483587	HEALTH CARE	IL	501(C)(3)	9	PLC		No
(6) PRESENCE PRV HEALTH  9223 W ST FRANCIS ROAD FRANKFORT, IL 60423 36-3366652	HEALTH CARE	IL	501(C)(3)	11	PHN		No
(7) PRESENCE HOME CARE  18927 HICKORY CREEK DRIE 300 MOKENA, IL 60448 46-0483581	HEALTH CARE	IL	501(C)(3)	9	PLC		No
(8) LAVERNA TERRACE HOUSING CORPORATION  18927 HICKORY CREEK DRIVE 300 MOKENA, IL 60448 36-3438977	SENIOR LIVING	IL	501(C)(3)	9	PHPRV	Yes	
(9) PROVENA SELF-INSURANCE TRUST  9223 W ST FRANCIS ROAD FRANKFORT, IL 60423 36-2987310	INSURANCE	IL	501(C)(3)	9	PPRVH		No
(10) PRESENCE LIFE CONNECTIONS  18927 HICKORY CREEK DRIVE 300 MOKENA, IL 60448 37-1127787	HEALTH CARE	IL	501(C)(3)	7	PPRVH		No
(11) PRESENCE BEHAVIORAL HEALTH  1820 SOUTH 25TH AVENUE BROADVIEW, IL 60155 36-2709982	HEALTH CARE	IL	501(C)(3)	3	PHS		No
(12) PRESENCE AMBULATORY SERVICES  100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-4286236	HEALTH CARE	IL	501(C)(3)	3	PRHCC		No
(13) PRESENCE HEALTH FND BRD OF TRUSTEES  200 SOUTH WACKER CHICAGO, IL 60606 36-3330929	FUNDRAISING	IL	501(C)(3)	7	PRHCC		No
(14) PRESENCE RHC CORPORATION  200 SOUTH WACKER CHICAGO, IL 60606 36-2235165	PARENT CORP	IL	501(C)(3)	3	PHN		No
(15) PRESENCE HOME CARE SERVICES  5747 WEST DEMPSTER MORTON GROVE, IL 60053 36-2893936	HOME CARE	IL	501(C)(3)	3	PRHCC		No
(16) PRESENCE RESURRECTION MEDICAL CENTER  7435 WEST TALCOTT AVENUE CHICAGO, IL 60631 36-3330926	HEALTH CARE	IL	501(C)(3)	3	PRHCC		No
(17) RESURRECTION NURSING HOME INC  90 NORTH MAIN STREET CASTLETON, NY 12033 14-1348691	NURSING	NY	501(C)(3)	3	RMNY		No
(18) PRESENCE RHC SENIOR SERVICES  100 NORTH RIVER ROAD DES PLAINES, IL 60016 23-7061646	NURSING	IL	501(C)(3)	3	PRHCC		No
(19) PRESENCE HEALTHCARE SERVICES  100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3330928	HEALTH CARE	IL	501(C)(3)	3	PRHCC		No



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) PRESENCE SAINT FRANCIS HOSPITAL  355 RIDGE AVENUE EVANSTON, IL 60202 36-2167800	HEALTH CARE	IL	501(C)(3)	3	PRHCC		No
(1) ST FRANCIS HOSPITAL AUX OF EVANSTON  355 RIDGE AVENUE EVANSTON, IL 60202 36-6143349	FUNDRAISING	IL	501(C)(3)	7	PSFH		No
(2) PRESENCE SAINTS MARY & ELIZABETH MED CTR  2233 WEST DIVISION STREET CHICAGO, IL 60622 36-2171079	HEALTH CARE	IL	501(C)(3)	3	PRHCC		No
(3) PRESENCE SAINT JOSEPH HOSPITAL CHICAGO  2900 NORTH LAKE SHORE DRIVE CHICAGO, IL 60657 36-3200170	HEALTH CARE	IL	501(C)(3)	3	PRHCC		No
(4) PRESENCE NAZARETHVILLE  300 NORTH RIVER ROAD DES PLAINES, IL 60016 36-2801392	NURSING	IL	501(C)(3)	11, TYPE II	PRHC SNR SRV		No
(5) ARTHUR MERKLE-CLARA KNIPPRATH NURSING HO  1190 E 2900 N ROAD CLIFTON, IL 60927 36-2841358	NURSING	IL	501(C)(3)	9	PLC		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, 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 K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BELMONT HARLEM SURG41-2237162	MEDICAL SERVICE	IL	RESUR SERVICES	RELATED				No			No	
RES HLTH SLEEP C 26- 1519627	MEDICAL SERVICE	IL	RESUR SERVICES	RELATED				No			No	
RES HLTH SLEEP C 26- 1519556	MEDICAL SERVICE	IL	RESUR SERVICES	RELATED				No			No	
RES HLTH SLEEP C 26- 1519667	MEDICAL SERVICE	IL	RESUR SERVICES	RELATED				No			No	
RES HLTH SLEEP C 26- 2189763	MEDICAL SERVICE	IL	RESUR SERVICES	RELATED				No			No	
ALVERNO LAB 20- 3240649	LAB SERVICE	IN	RESUR SERVICES	RELATED				No			No	
ALVERNO LAB 20- 3240648	LAB SERVICE	IN	PROVENA VENTURE	RELATED				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
L GILBRAITH INSURANCE SPC LTD 68 W BAY ROAD PO BOX 1109 GRAND CAYMAN CJ	INSURANCE	CJ	PRHCC	FOREIGN CORP	0	0			No
PROVENA HEALTH ASSURANCE SPC 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN CJ 98-0420054	INSURANCE	CJ	PPRVH	FOREIGN CORP	0	0			No
PRESENCE PROPERTIES 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423 36-3520630	medical	IL	PPRVH	c corp	0	0			No
PRESENCE SERVICE CORPORATION 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423 36-4314354	MEDICAL	IL	PHPRV	c corp	0	0	100 000 %	Yes	
PRESENCE VENTURES INC 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423 37-1168085	MEDICAL	IL	PPRVH	c corp	0	0			No
RESURRECTION MEDICAL CENTER AUXILIARY 745 WEST TALCOTT AVENUE CHICAGO, IL 60631 36-6109825	FUNDRAISING	IL	PR MED CTR	C Corp	0	0			No
RESURRECTION MINISTRIES OF NEW YORK 90 NORTH MAIN STREET CASTLETON, NY 12033 14-1720818	PARENT CORP	NY	PRHCC	c corp	0	0			No
PRESENCE HEALTH CARE PREFERRED 100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3974620	MGD CARE CONTRACT	IL	PRHCC	C CORP	0	0			No



**PRESENCE HEALTH NETWORK AND AFFILIATES**

Consolidated Financial Statements and Supplementary Information

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## **Table of Contents**

	<b>Page</b>
Independent Auditors' Report	1
Consolidated Statements of Financial Position	3
Consolidated Statements of Operations and Change in Unrestricted Net Assets	4
Consolidated Statements of Changes in Net Assets	5
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7
<b>Supplementary Information</b>	
1    Presence Health Network and Affiliates Consolidating Statement of Financial Position Information	54
2    Presence Health Network and Affiliates Consolidating Statement of Operations and Change in Unrestricted Net Assets Information	58



**KPMG LLP**  
Aon Center  
Suite 5500  
200 East Randolph Drive  
Chicago, IL 60601-6436

## **Independent Auditors' Report**

The Board of Directors  
Presence Health Network

### **Report on the Financial Statements**

We have audited the accompanying consolidated financial statements of Presence Health Network and its affiliates (Presence Health), which comprise the consolidated statements of financial position as of December 31, 2013 and 2012, and the related consolidated statements of operations and change in unrestricted net assets, changes in net assets, and cash flows for the years ended December 31, 2013 and 2012, and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly in all material respects, the financial position of Presence Health Network and its affiliates as of December 31, 2013 and



2012, and the results of their operations and their cash flows for the years ended December 31, 2013 and 2012, in accordance with U.S. generally accepted accounting principles.

***Other Matter***

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The supplementary information included in schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements themselves or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Chicago, Illinois  
May 16, 2014

# PRESENCE HEALTH NETWORK AND AFFILIATES

## Consolidated Statements of Financial Position

December 31, 2013 and 2012

(In thousands)

<b>Assets</b>	<b>2013</b>	<b>2012</b>
Current assets		
Cash and cash equivalents	\$ 192,672	192,066
Assets whose use is limited or restricted – required for current liabilities	44,148	39,323
Patient and resident accounts receivable, less allowance for uncollectible accounts of \$211,599 and \$203,629	428,671	438,027
Inventories	48,026	48,401
Prepaid expenses and other current assets	67,143	73,117
Assets held for sale	4,500	4,500
Total current assets	785,160	795,434
Assets whose use is limited or restricted	1,021,140	1,024,792
Land, buildings, and equipment, net	1,392,060	1,395,759
Other assets	79,338	91,786
Total assets	\$ 3,277,698	3,307,771
<b>Liabilities and Net Assets</b>		
Current liabilities		
Current installments of long-term debt	\$ 33,701	31,372
Current portion of obligations under capital leases	2,434	3,771
Current portion of estimated self-insurance liabilities	31,422	31,481
Accounts payable and accrued expenses	316,154	327,132
Estimated payables under third-party reimbursement programs	180,444	192,774
Deferred revenue and refundable deposits	36,840	39,403
Other	25,886	27,676
Total current liabilities	626,881	653,609
Long-term debt, excluding current installments and unamortized bond premiums and discounts	1,094,741	1,129,500
Obligations under capital leases, net of current portion	4,012	5,692
Pension benefit liability	210,746	355,410
Estimated self-insurance liabilities, excluding current portion	262,481	286,747
Other long-term liabilities	27,564	28,134
Total liabilities	2,226,425	2,459,092
Net assets		
Unrestricted		
Unrestricted net assets of Presence Health	998,402	799,974
Noncontrolling interest in subsidiaries	4,335	4,210
Total unrestricted net assets	1,002,737	804,184
Temporarily restricted	32,828	29,053
Permanently restricted	15,708	15,442
Total net assets	1,051,273	848,679
Total liabilities and net assets	\$ 3,277,698	3,307,771

See accompanying notes to consolidated financial statements



# PRESENCE HEALTH NETWORK AND AFFILIATES

## Consolidated Statements of Operations and Change in Unrestricted Net Assets

Years ended December 31, 2013 and 2012

(In thousands)

	<u>2013</u>	<u>2012</u>
Net patient and resident service revenue:		
Net patient and resident service revenue before bad debt	\$ 2,660,109	2,701,488
Provision for uncollectible accounts receivable	<u>208,781</u>	<u>210,604</u>
Net patient and resident service revenue	2,451,328	2,490,884
Other revenue:		
Other	<u>248,747</u>	<u>217,689</u>
Total revenue	<u>2,700,075</u>	<u>2,708,573</u>
Expenses:		
Salaries and benefits	1,417,324	1,419,073
Supplies	401,969	427,224
Purchased services	264,929	242,560
Insurance	29,849	1,806
Depreciation and amortization	156,956	145,137
Interest	46,089	50,932
Assessments and taxes	130,940	91,861
Restructuring costs	51,094	19,493
Other	<u>262,592</u>	<u>262,866</u>
Total expenses	<u>2,761,742</u>	<u>2,660,952</u>
Income (loss) from operations	<u>(61,667)</u>	<u>47,621</u>
Nonoperating gains (losses):		
Investment income and other, net	133,690	100,262
Loss on early extinguishment of debt	<u>(8,540)</u>	<u>(621)</u>
Nonoperating gains, net	<u>125,150</u>	<u>99,641</u>
Revenue and gains in excess of expenses and losses before discontinued operations	63,483	147,262
Net gains from discontinued operations	<u>2,198</u>	<u>4,542</u>
Revenue and gains in excess of expenses and losses	65,681	151,804
Other changes in unrestricted net assets:		
Net assets released from restrictions for purchase of land, buildings, and equipment	6,367	4,252
Recognition of change in pension funded status	<u>126,505</u>	<u>(29,092)</u>
Change in unrestricted net assets	<u>\$ 198,553</u>	<u>126,964</u>

See accompanying notes to consolidated financial statements.

# PRESENCE HEALTH NETWORK AND AFFILIATES

## Consolidated Statements of Changes in Net Assets

Years ended December 31, 2013 and 2012

(In thousands)

	<u>2013</u>	<u>2012</u>
Unrestricted net assets:		
Revenue and gains in excess of expenses and losses	\$ 65,681	151,804
Net assets released from restrictions for purchase of land, buildings, and equipment	6,367	4,252
Recognition of change in pension funded status	<u>126,505</u>	<u>(29,092)</u>
Change in unrestricted net assets	<u>198,553</u>	<u>126,964</u>
Temporarily restricted net assets:		
Pledges and contributions	13,711	15,431
Investment return	125	1,045
Reclassification of net assets based on donor intent	—	525
Net assets released from restrictions for purchase of land, buildings, and equipment	(6,367)	(4,252)
Net assets released from restrictions for operations-other revenue	<u>(3,694)</u>	<u>(4,207)</u>
Change in temporarily restricted net assets	<u>3,775</u>	<u>8,542</u>
Permanently restricted net assets:		
Contributions	266	232
Reclassification of net assets based on donor intent	<u>—</u>	<u>(525)</u>
Change in permanently restricted net assets	<u>266</u>	<u>(293)</u>
Change in net assets	202,594	135,213
Net assets at beginning of period	<u>848,679</u>	<u>713,466</u>
Net assets at end of period	<u>\$ 1,051,273</u>	<u>848,679</u>

See accompanying notes to consolidated financial statements.

**PRESENCE HEALTH NETWORK AND AFFILIATES**

Consolidated Statements of Cash Flows

Years ended December 31, 2013 and 2012

(In thousands)

	<u>2013</u>	<u>2012</u>
Cash flows from operating activities		
Change in net assets	\$ 202,594	135,213
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	156,956	145,137
Amortization of bond premium and discount, net	(69)	(41)
Amortization of deferred occupancy and care revenue	(274)	(184)
Provision for uncollectible accounts receivable	208,781	210,604
(Gain) loss on disposal of land, buildings, and equipment	(3,559)	413
Loss on early extinguishment of debt	8,540	621
Change in pension funded status	(126,505)	29,092
Equity gain in joint ventures	(1,109)	(60)
Cash distributions received from joint ventures	—	125
Change in net unrealized gains on investment securities	(50,148)	(38,541)
Net realized gain on sale of investments	(32,571)	(31,006)
Net assets released from restrictions for operations-other revenue	3,694	4,207
Restricted contributions and investment return	(14,102)	(16,708)
Changes in assets and liabilities		
Patient and resident accounts receivable	(199,425)	(243,252)
Estimated settlements under third-party reimbursement programs, net	(12,330)	(56,937)
Inventories	375	1,250
Prepaid expenses and other assets	1,518	26,537
Accounts payable and accrued expenses	(10,978)	23,636
Estimated self-insurance liabilities	(24,325)	(42,668)
Other current liabilities	(1,790)	8,756
Pension benefit liability	(18,159)	(10,680)
Other long-term liabilities	(570)	984
Net cash used in discontinued operating activities	—	(1,112)
Net cash provided by operating activities	<u>86,544</u>	<u>145,386</u>
Cash flows from investing activities		
Acquisition of land, buildings, and equipment, net	(151,292)	(190,560)
Net proceeds from sale of land, buildings, and equipment	6,214	72
Purchases of investment securities	(604,861)	(309,940)
Sales of investment securities	686,407	495,830
Change in other long-term assets	6,152	(14,668)
Net cash used in investing activities	<u>(57,380)</u>	<u>(19,266)</u>
Cash flows from financing activities		
Repayment of obligations under capital leases	(3,771)	(4,515)
Scheduled repayments of long-term debt	(32,631)	(50,106)
Redemptions and defeasance of long-term debt	(497,820)	(59,775)
Proceeds from issuance of long-term debt	497,545	59,775
Net (refunds) deposits of entrance fees and membership deposits	(2,289)	111
Net assets released from restrictions for operations-other revenue	(3,694)	(4,207)
Restricted contributions and investment return	14,102	16,708
Net cash used in financing activities	<u>(28,558)</u>	<u>(42,009)</u>
Net change in cash and cash equivalents	606	84,111
Cash and cash equivalents at beginning of period	<u>192,066</u>	<u>107,955</u>
Cash and cash equivalents at end of period	\$ <u>192,672</u>	\$ <u>192,066</u>
Supplemental disclosure of cash flow information		
Cash paid for interest, net of amounts capitalized	\$ 54,911	51,811
Supplemental disclosure of noncash transaction		
Assets acquired under capital leases	\$ 754	192

See accompanying notes to consolidated financial statements

## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

#### **(1) Presence Health Network and Affiliates**

Presence Health Network and its affiliates (referred to as Presence Health, herein) is the largest Catholic healthcare network in the State of Illinois, spanning 12 hospitals, 29 long-term care and senior residential facilities, more than 50 primary and specialty care clinics, and 6 home health agencies. The combined health system has hospital operations throughout Chicago, as well as in Des Plaines, Evanston, Aurora, Elgin, Joliet, Kankakee, Urbana, and Danville.

The accompanying consolidated financial statements include the accounts of Presence Health Network and the following affiliates:

- Presence Hospitals PRV (Presence Hospitals), an Illinois not-for-profit corporation that owns and operates six acute care hospitals and medical centers and more than 30 health centers. The six acute care hospitals owned and operated by Presence Hospitals are Presence Mercy Medical Center, Presence United Samaritans Medical Center, Presence Saint Joseph Hospital-Elgin, Presence Saint Joseph Medical Center, Presence Saint Mary's Hospital, and Presence Covenant Medical Center. Presence Hospitals' wholly owned subsidiary, Presence Service Corporation (d/b/a Presence Medical Group – PRV) (PSC), is a taxable Illinois not-for-profit corporation formed to manage Presence Hospitals' physician practices;
- Presence Resurrection Medical Center (PRMC), a not-for-profit corporation that owns an acute care hospital providing various inpatient and outpatient services and programs;
- Presence Our Lady of the Resurrection Medical Center (POLR), a not-for-profit corporation that owns an acute care hospital providing various inpatient and outpatient services and programs;
- Presence Holy Family Medical Center (PHFMC), a not-for-profit corporation that owns a long-term acute care hospital providing various services and programs to patients including outpatient services and addiction services;
- Presence Saint Francis Hospital (PSFH), a not-for-profit corporation that owns an acute care hospital providing various inpatient and outpatient services and programs;
- Presence Saint Joseph Hospital – Chicago (PSJH), a not-for-profit corporation that owns an acute care hospital providing various inpatient and outpatient services and programs;
- Presence Saints Mary and Elizabeth Medical Center (PSMEMC), a not-for-profit corporation that owns two acute care hospitals providing various inpatient and outpatient services and programs;
- Presence Healthcare Services (Services), a not-for-profit corporation that encompasses the following operating divisions: Presence Resurrection Properties, Presence Pharmacies, Presence Ambulatory Services, and Presence Medical Group – RHC; and the Presence Home Medical Equipment – RHC;
- Presence Life Connections, an Illinois not-for-profit corporation that owns and operates 11 nursing homes, four independent living facilities, four assisted living facilities, two adult

## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

daycare centers, two community service facilities, one child care center, and one outpatient pharmacy in northern and central Illinois and Indiana;

Presence Life Connections is the sole member of LaVerna Terrace Housing Corporation, an Illinois not-for-profit corporation doing business as Provena LaVerna Terrace Housing Corporation;

Presence Life Connections is the sole member of Presence Home Health, Inc., a not-for-profit organization that owns and operates five home health agencies and two hospice agencies in northern and central Illinois. Presence Care @ Home is the d/b/a name of an Illinois not-for-profit corporation formerly known as Will County Community Transitions Program, Inc.

During 2013, Presence Life Connections acquired control of Arthur Merkle—Clara Knipprath Nursing Home (Merkle) through a corporate membership substitution becoming Merkle's sole corporate member. As a part of the corporate member substitution, Presence Life Connections acquired \$6,058 of assets and assumed \$164 of liabilities, resulting in an inherent contribution of \$5,894, that was recorded as investment income and other, net, in the accompanying 2013 consolidated statement of operations and change in unrestricted net assets;

- Presence RHC Senior Services (Senior Services), a not-for-profit corporation that manages and owns various independent living and nursing services and programs including the following: Presence Resurrection Nursing and Rehabilitation Center, Presence Resurrection Retirement Community, Presence Resurrection Life Center, Presence Bethlehem Woods Retirement Community, Presence Casa San Carlo Retirement Community, Presence St. Benedict Nursing and Rehabilitation Center, Presence Villa Scalabrini Nursing and Rehabilitation Center, Presence Maryhaven Nursing and Rehabilitation Center, Presence St. Andrew Life Center, Resurrection Nursing Home, Mt. Loretto Nursing Home, Presence Nazarethville, and Presence Ballard Nursing Center;
- Resurrection Development Foundation Board of Trustees (Foundation), a not-for-profit corporation established to coordinate fund-raising activities that support the benevolent care and other programs at Presence Health;
- Presence Health Care Preferred (PHCP), a taxable not-for-profit corporation that serves as a system-wide managed care contracting organization for Presence Health that holds capitated risk contracts for which physicians and Presence Health hospitals and other facilities act as participating providers;
- Presence Home Care Services (Home Care), a not-for-profit corporation established to provide home care services. Home Care holds the Presence Health system's membership interest in Rainbow Hospice, not-for-profit corporation that is a 50/50 joint venture with Advocate Health and Hospitals Corporation;

## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

- Presence Ventures, Inc. (Ventures), an Illinois (for-profit) corporation, which is the sole shareholder of Presence Properties, Inc. as of December 31, 2013 and 2012, an Illinois business corporation that owns four parcels of land held for future use by Presence Health;
- Resurrection University, a not-for-profit corporation established to prepare students for professional careers in a health care environment;
- Presence Behavioral Health, f/k/a Proviso Family Services, a not-for-profit corporation established to provide behavioral health services;
- Presence PRV Health and Presence RHC Corporation (collectively, the Presence Health Corporate), not-for-profit tax-exempt corporations, incorporated for charitable, educational, and scientific purposes to support health and human services by providing management assistance and in all other relevant ways;
- Provena Health Assurance SPC, an insurance company incorporated in the Cayman Islands as of May 29, 2003, operates subject to the provisions of the Companies Law (2002 Revision) of the Cayman Islands. Provena Health Assurance SPC is a wholly owned subsidiary of Presence Health and is consolidated with Presence PRV Health. The principal business of Provena Health Assurance SPC is to procure excess commercial insurance coverage on behalf of Presence Health through reinsurance with AM Best highly rated reinsurers;
- L. Gilbraith Insurance SPC Ltd. – Resurrection Segregated Portfolio, an insurance company incorporated in the Cayman Islands on February 25, 1986, operates subject to the provisions of the Companies Law (2002 Revision) of the Cayman Islands. L. Gilbraith Insurance SPC Ltd. – Resurrection Segregated Portfolio is wholly owned by Presence RHC Corporation and is consolidated with Presence RHC Corporation. The principal business of L. Gilbraith Insurance SPC Ltd – Resurrection Segregated Portfolio is to procure excess commercial insurance coverage on behalf of Presence Health through reinsurance with AM Best highly rated reinsurers;
- Resurrection Ministries of New York, a not-for-profit tax exempt subsidiary of Presence RHC Corporation, which owns two nursing home facilities, the assets of which are presented as assets held for sale in the accompanying consolidated statements of financial position;
- Alverno Provena Hospital Laboratories, Inc. (APHL), a corporation operated as a cooperative hospital service organization providing laboratory services, and Alverno Clinical Laboratories, LLC (ACL), a venture created to expand the availability of lab services to patients in the communities serviced by the company, encourage further improvement in the quality of lab services, and support APHL (collectively herein, Alverno). Presence Health and its affiliates collectively own a 66.7% controlling interest in Alverno. Accordingly, the accompanying consolidated financial statements include the statements of financial position and results of operations of Alverno as of and for the years ended December 31, 2013 and 2012.

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The following represents a reconciliation of beginning and ending balances of Presence Health's interest and the noncontrolling interests for each class of net assets for which a noncontrolling interest exists during the years ended December 31, 2013 and 2012:

	Unrestricted net assets		
	Total	Controlling interest	Noncontrolling interest
Balance at December 31, 2011	\$ 677,220	673,124	4,096
Revenue and gains in excess of expenses and losses	151,804	151,690	114
Net assets released from restrictions used for the purchase of property and equipment	4,252	4,252	—
Recognition of change in pension funded status	(29,092)	(29,092)	—
Balance at December 31, 2012	804,184	799,974	4,210
Revenue and gains in excess of expenses and losses	65,681	65,556	125
Net assets released from restrictions used for the purchase of property and equipment	6,367	6,367	—
Recognition of change in pension funded status	126,505	126,505	—
Balance at December 31, 2013	\$ 1,002,737	998,402	4,335

The accompanying consolidated financial statements also include certain settlement transactions relating to Westlake Hospital (WH) and West Suburban Medical Center (WSMC)—two entities disposed of by sale in August 2010—which are presented as discontinued operations.

### (2) Summary of Significant Accounting Policies

A summary of significant accounting policies is as follows:

- The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates include: allowance for contractual adjustments, bad debt, and charity; third party payor settlements; valuation of investments; recoverability of land, buildings, and equipment; self-insurance liabilities; and accrued pension benefit liabilities.

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

- Transactions deemed by management to be ongoing, major, or central to the provision of health and long-term care services are reported as revenue and expenses. Peripheral or incidental transactions are reported as nonoperating gains and losses.
- The consolidated statements of operations and change in unrestricted net assets include revenue and gains in excess of expenses and losses. Changes in unrestricted net assets, which are excluded from revenue and gains in excess of expenses and losses, consistent with industry practice, include recognition of change in pension funded status and contributions of and for long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets).
- Cash and cash equivalents consist primarily of demand deposits with banks, cash on hand, overnight secured repurchase agreements, and securities with an original term of 90 days or less when purchased, excluding amounts included as assets whose use is limited or restricted. At December 31, 2013 and 2012, Presence Health maintained funds with financial institutions in amounts in excess of federally insured limits.
- Presence Health applies the provisions of Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 establishes a framework for measuring fair value and expands disclosures about fair value measurements (note 7).

Presence Health applies the measurement provisions of ASC Topic 820 to certain investments in mutual funds and alternative investments that do not have readily determinable fair values. This guidance allows for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable fair value using net asset value (NAV) per share or its equivalent. Interests in mutual funds and alternative investment funds are generally reported at the NAV reported by the fund managers, which is used as a practical expedient to estimate the fair value interest therein, unless it is probable that all or a portion of the investment will be sold for an amount different from NAV. As of December 31, 2013 and 2012, Presence Health had no plans or intentions to sell investments at amounts different from NAV.

- Presence Health applies the provisions of ASC Subtopic 825-10, *Financial Instruments – Overall*, which gives the irrevocable option to report most financial assets and liabilities at fair value on an instrument-by-instrument basis, with changes in fair value reported in earnings. Management has not elected to measure any additional eligible financial assets or financial liabilities at fair value subsequent to the adoption of ASC Subtopic 825-10.
- Inventories are stated at the lower of cost or market. Cost is determined on the basis of the most recent purchase price, which approximates the first-in, first-out method and the average cost method.
- Land, buildings, and equipment are stated at cost, or if donated, at fair value at the date of donation, net of allowances for depreciation and impairments. Depreciation is provided over the estimated



## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

useful life of each class of depreciable asset and is primarily computed using the straight-line method. Leasehold improvements are amortized over the shorter of the terms of the leases or the estimated useful lives of the improvements. Equipment under capital leases is recorded at the present value of minimum lease payments. Amortization of equipment under capital leases is over the shorter of the lease term or useful life of the equipment. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component cost of acquiring those assets. Presence Health capitalized interest cost of \$2,429 and \$2,478 for the years ended December 31, 2013 and 2012, respectively.

- Presence Health applies the provisions of ASC Subtopics 958-805, *Not-for-Profit Entities - Business Combinations* and 954-805, *Health Care Entities – Business Combinations*. ASC Subtopics 958-805 and 954-805 provide guidance on a transaction or other event in which a not-for-profit entity that is a reporting entity combines with one or more other not-for-profit, businesses, or nonprofit activities in a transaction that meets the definition of a merger of not-for-profit entities or an acquisition by a not-for-profit entity.
- Presence Health evaluates long-lived assets for impairment on an annual basis. Long-lived assets are considered to be impaired whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable from future cash flows. Recoverability of long-lived assets to be held and used is measured by a comparison of the carrying amount of an asset to future cash flows expected to be generated by the asset. When such assets are considered to be impaired, the impairment loss recognized is measured by the amount by which the carrying value of the asset exceeds the fair value of the asset. No such impairments were required for the years ended December 31, 2013 or 2012.
- Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted contributions, and are excluded from revenue and gains in excess of expenses and losses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted contributions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions is reported when the donated or acquired long-lived assets are placed in service.
- Assets whose use is limited or restricted include: assets set aside by the Board of Directors for future capital improvements, over which the Board of Directors retains control and may at its discretion subsequently use for other purposes; assets held by trustees under indenture agreements and resident agreements; assets set aside for self-insured liabilities; and donor-restricted investments. Assets whose use is limited or restricted are classified as current assets to the extent they are required to satisfy obligations classified as current liabilities in the accompanying consolidated statements of financial position.
- Deferred finance charges, bond discount, and bond premium are amortized on a straight-line basis over the periods the related obligations are outstanding.
- Deferred revenue and refundable deposits represent various types of entrance and membership fees received from residents of senior living facilities. Resident membership deposits are fully

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

refundable, net of applicable processing fees, to the resident upon termination of the lease agreement between Senior Services and the resident, with any interest earned on such deposits accruing to Senior Services. Senior Services offers a variety of partially refundable entrance fees. The nonrefundable portion of entrance fees is amortized to revenue using the straight-line method over the estimated remaining life expectancies of the residents. Total entrance payments subject to refund at December 31, 2013 and 2012 approximated \$34,255 and \$34,596, respectively, and are included in deferred revenue and refundable deposits in the accompanying consolidated statements of financial position.

- Presence Health applies the provisions of ASC Subtopic 954-450, *Health Care Entities - Contingencies*. ASC Subtopic 954-450 clarifies that healthcare entities should not net insurance recoveries against the related claim liability and that the claim liability amount should be determined without consideration of insurance recoveries. Presence Health reported a receivable of \$19,190 and \$21,969 at December 31, 2013 and 2012, respectively, in other assets in the accompanying consolidated statements of financial position.
- The provisions for estimated self-insured medical malpractice claims, workers' compensation claims, and employee health claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported.
- Unconditional promises to give cash or other assets are reported at fair value at the date the promise is received, and are considered a Level 3 financial instrument in the fair value hierarchy (note 7). All contributions are considered to be available for unrestricted use unless specifically restricted by donors. Contributions are reported as direct additions to temporarily restricted net assets if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and change in unrestricted net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are recorded as unrestricted contributions. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.
- Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Temporarily restricted net assets are restricted for various programs related to the provision of health and pastoral care and the acquisition of land, buildings, and equipment.
- Permanently restricted net assets represent donor-restricted contributions, the principal amount of which may not be expended. Amounts reported as permanently restricted net assets represent the cumulative amount of contributions received for permanent endowment. Investment return currently earned on permanently restricted investments is reported as either nonoperating investment income or a direct addition to temporarily restricted net assets based on donor intentions.

During 2012, Presence Health reclassified \$525 of contributions from permanently restricted net assets to temporarily restricted net assets based on clarification of donor intent.

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

ASC Topic 958, *Not-for-Profit Entities*, provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization and requires additional disclosure about endowment funds. Presence Health follows the guidance of ASC Topic 958.

Endowment funds are commingled in a pooled investment portfolio administered by Presence Health. Presence Health relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Presence Health targets a diversified asset allocation that places a greater emphasis on fixed income investments to achieve its long-term return objectives within prudent risk constraints. Investment return is allocated to endowment fund assets on a basis proportional to its percentage of the investment portfolio. Endowment fund assets are maintained at a level equivalent to the balance of permanently restricted net assets.

- Net patient and resident service revenue is reported at the estimated net realizable amounts from patients, residents, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- Presence Health provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because Presence Health does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Presence Health applies the provisions of ASC Subtopic 954-605, *Health Care Entities – Revenue Recognition*, the disclosure section of which requires that cost be used as the measurement basis for charity care disclosures purposes and that cost can be identified as direct and indirect costs of providing charity care.
- Presence Health accounts for discontinued operations under ASC guidance related to accounting for the impairment or disposal of long-lived assets. The guidance requires that a component entity that has been disposed of or is classified as held-for-sale and has operations and cash flows that can be clearly distinguished from the rest of the entity be reported as discontinued operations. In the period that a component entity has been disposed of or is classified as held-for-sale, the results of operations for current and prior periods are reclassified to discontinued operations in the accompanying consolidated statements of operations and change in unrestricted net assets.
- Investment income or loss (including realized gains and losses on investments, changes in unrealized gains and losses on trading securities, interest, and dividends) is included in unrestricted revenue and gains in excess of expenses and losses in the accompanying consolidated statements of operations and change in unrestricted net assets unless the income or loss is restricted by donors, in which case the investment income is recorded directly to temporarily or permanently restricted net assets. Investment returns of temporarily restricted investments are recorded directly to temporarily restricted net assets in accordance with donor intent.
- Presence Health recognizes liabilities when a legal obligation exists to perform an asset retirement obligation (ARO) in which the timing or method of settlement are conditional on a future event that may or may not be under the control of the entity. An ARO liability is recorded at its net present

## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

value with recognition of a related long-lived asset in a corresponding amount. The ARO liability is accreted through periodic charges to interest expense. Presence Health is legally liable to remove asbestos from existing buildings prior to future remodeling or demolishing of the existing buildings. The estimated asbestos removal cost at December 31, 2013 and 2012 was \$14,871 and \$14,653, respectively, and is included as other long-term liabilities in the accompanying consolidated statements of financial position.

- Ventures is an Illinois business (for-profit) corporation that recognizes deferred income taxes under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date.

Ventures tax effects of temporary differences that give rise to significant portions of the deferred tax assets at December 31, 2013 and 2012 are primarily the result of net operating loss carryforwards of \$6,611 and \$6,741 at December 31, 2013 and 2012, respectively, which expire at various future dates through 2032.

PSC is an Illinois not-for-profit taxable corporation that also recognizes deferred income taxes under the asset and liability method. PSC tax effects of temporary differences that give rise to significant portions of the deferred tax assets at December 31, 2013 and 2012 are primarily the result of net operating loss carryforwards of \$126,187 and \$125,825 at December 31, 2013 and 2012, respectively, which expire at various future dates through 2032.

In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not that Ventures and PSC will not realize the majority of the benefits of these deductible differences. The deferred tax assets attributable to the net operating loss carryforwards not realized as of December 31, 2013 and 2012 have been fully reserved in the accompanying consolidated financial statements due to the uncertainty of realization.

Presence Health recognizes the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of December 31, 2013 and 2012, Presence Health does not have any liabilities for unrecognized tax benefits.

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

- Presence Health primarily incurs expenses for the provision of health and residential care services and related general and administrative activities.
- The Medical Electronic Health Record (EHR) Incentive Program (the Program) provides incentive payments to eligible hospitals and professionals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology and demonstrate meaningful use. Presence Health accounts for the Program using International Accounting Standards 20 (IAS 20), *Accounting for Government Grants and Disclosures of Government Assistance*. Presence Health applies the “ratable recognition” approach, which states that the grant income can be recognized ratably over the entire EHR reporting period once the “reasonable assurance” income recognition threshold of IAS 20 is met. For the years ended December 31, 2013 and 2012, Presence Health recognized \$34,105 and \$19,774, respectively, as other revenue related to Medicare and Medicaid EHR incentives, which have been received or are expected to be received based on certifications prepared by management under the appropriate guidelines for attestation.
- Since the formation of Presence Health on November 1, 2011, Presence Health has undertaken various restructuring activities to bring together the two legacy organizations of Provena Health and Resurrection Health Care Corporation. The costs associated with these restructuring activities of \$51,094 and \$19,493 for the years ended December 31, 2013 and 2012, respectively, primarily consist of severance and consulting costs.

### (3) Net Patient and Resident Service Revenue

Presence Health has agreements with third-party payors that provide for reimbursement at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, capitation, and per diem payments. A summary of the basis of reimbursement with major third-party payors is as follows:

*Medicare* – Inpatient acute care services, outpatient services, physician services, home health, and long-term care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per case. These rates vary according to patient and resident classification systems that are based on clinical, diagnostic, and other factors. The prospectively determined rates are not subject to adjustment. Payment classification of patients and residents under the prospective payment systems, and the appropriateness of the services, are subject to validation reviews. Certain services related to Medicare beneficiaries are reimbursed based upon cost-reimbursement methodologies. Presence Health is reimbursed for cost-reimbursable items at tentative rates with final settlement determined after submission of annual reimbursement reports by Presence Health and audits thereof by the Medicare fiscal intermediary. As of December 31, 2013, annual Medicare reimbursement reports generally have been final settled through 2009.

*Medicaid* – Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under prospectively determined rates per discharge and fee schedules, respectively. Presence Health also receives incremental Medicaid reimbursement for specific programs and services at the discretion of the State of Illinois Medicaid Program. Medicaid reimbursement may be subject to periodic adjustment, as well as to changes in existing payment methodologies and rates, based on the amount of funding available to the State of Illinois Medicaid Program.

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The State of Illinois (the State) has an assessment program to assist in the financing of its Medicaid program, originally through June 30, 2013, which was extended by the State through December 31, 2013. Pursuant to this program, hospitals within the State are required to remit payment to the State Medicaid program under an assessment formula approved by the Centers for Medicare and Medicaid Services (CMS). Presence Health has included \$83,165 and \$83,315 as provider tax assessment expense for the years ended December 31, 2013 and 2012, respectively, in the accompanying consolidated statements of operations and change in unrestricted net assets.

The assessment program also provides hospitals within the State with additional Medicaid reimbursement based on funding formulas approved by CMS. Presence Health has included its additional related reimbursement of \$130,861 and \$132,935 for the years ended December 31, 2013 and 2012, respectively, within net patient and resident service revenue in the accompanying consolidated statements of operations and change in unrestricted net assets.

The State's Medicaid program entered its fiscal years beginning July 1, 2011 and 2012 with structural budget deficits. The deficits include the continued practice of deferring Medicaid bills to future periods, and have led to the State's slowdown in claims processing and payments. As of December 31, 2013 and 2012, Medicaid receivables were approximately \$419,000 and \$367,000, respectively, and represented approximately nine and eight months, respectively, of outstanding claims. Management continues to value these patient receivables using historical collection percentages.

As of and for the year ended December 31, 2013, Presence Health has included its related assessment of \$40,841 under the Enhanced Hospital Assessment Program, retroactive to June 10, 2012, within assessments and taxes in the accompanying 2013 consolidated statement of operations and change in unrestricted net assets. The Enhanced Hospital Assessment Program provides hospitals within the State with additional Medicaid reimbursement, based on funding formulas also approved by CMS. Presence Health has included its additional related reimbursements for the year ended December 31, 2013 of \$58,916, retroactive to June 10, 2012, within net patient and resident service revenue in the accompanying 2013 consolidated statement of operations and change in unrestricted net assets. The net effect of the assessment and reimbursement for the year ended December 31, 2013 is \$18,075.

*Blue Cross* – Presence Health participates as a provider of health care services under reimbursement agreements with Blue Cross. The provisions of the indemnity plan agreements stipulate that services will be reimbursed at a tentative reimbursement rate and that final reimbursement for these services is determined after the submission of annual cost reports and reviews by Blue Cross. As of December 31, 2013, the Blue Cross cost settlements for 2013 are subject to audit and retroactive adjustment.

*Managed Care* – Presence Health participates as a provider of health care services under various agreements with health maintenance organizations (HMOs) and preferred provider organizations (PPOs). The terms of each contract vary, but typically include a negotiated discount offered by Presence Health for services provided to contracted HMO and PPO patients.

*Capitation Revenue* – PHCP receives capitation payments based on the demographic characteristics of covered members in exchange for providing all primary care physician services, as well as certain outpatient diagnostic and specialist physician services. Additionally, PHCP is eligible for incentive

## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

**December 31, 2013 and 2012**

**(Dollars in thousands)**

payments based on favorable utilization experience. Capitation revenue related to risk-based contracts totaled \$56,204 and \$33,204 for the years ended December 31, 2013 and 2012, respectively, and is included within other revenue in the accompanying consolidated statements of operations and change in unrestricted net assets. Pursuant to risk-based contracts, PHCP estimates its liability for covered medical claims, including claims incurred but not reported as of the consolidated statements of financial position dates, based upon historical costs incurred and payment processing experience. This liability approximated \$4,591 and \$5,040 at December 31, 2013 and 2012, respectively, and is included within accounts payable and accrued expenses in the accompanying consolidated statements of financial position.

Net patient and resident service revenue for the years ended December 31, 2013 and 2012 includes \$5,555 and \$11,665, respectively, of net favorable retroactively determined reimbursement settlements from prior years with third-party payors. Also included in net patient and resident service revenue for the year ended December 31, 2013 is approximately \$18,200 received as part of a one-time lump sum agreement with one of its third-party payors as a retroactive rate adjustment. Net patient and resident service revenue for the year ended December 31, 2012 includes \$17,572 due to a settlement from Medicare for fiscal years 2007 – 2011 related to the Rural Floor Budget Neutrality Adjustment Appeal, which was ruled on in June 2012. Also included in net patient and resident service revenue for the year ended December 31, 2012 is approximately \$3,800 received as a supplemental clinical integration payment, \$11,000 related to a settlement of disputes on prior years' cost reports, and retroactive rate adjustments of \$4,700 with a third-party payor.

Patients' accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patients' accounts receivable, Presence Health analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for uncollectible accounts receivable. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients who have third-party coverage, Presence Health analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for uncollectible accounts receivable, if necessary. For receivables associated with patient responsibility (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the patients are screened against the Presence Health charity care policy and uninsured discount policy. For any remaining patient responsibility balance, Presence Health records a provision for uncollectible accounts receivable in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

Presence Health's allowance for uncollectible accounts for self-pay patients, which includes uninsured patients and residual copayments and deductibles for which managed care has already paid, decreased from 86.5% of self-pay accounts receivable at December 31, 2012 to 85.5% of self-pay accounts receivable at December 31, 2013. In addition, Presence Health's self-pay write-offs decreased from \$190,261 for the year ended December 31, 2012 to \$185,517 for the year ended December 31, 2013. Presence Health does

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

not maintain a material allowance for uncollectible accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Presence Health recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, Presence Health recognizes revenues for services provided (on the basis of discounted rates, as provided by policy). On the basis of historical experience, a portion of Presence Health's uninsured patients will be unable or unwilling to pay for the services provided. Thus, Presence Health records a provision for uncollectible accounts receivable in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts receivable), recognized in the period from these major payor sources is as follows:

	<u>2013</u>	<u>2012</u>
Medicare	\$ 1,044,624	1,178,612
Medicaid	373,017	319,965
Managed care/contract payors	950,255	847,532
Other	<u>292,213</u>	<u>355,379</u>
Net patient and resident service revenues	<u>\$ 2,660,109</u>	<u>2,701,488</u>

#### (4) Concentrations of Credit Risk

Presence Health grants credit without collateral to its patients and residents, most of whom are local residents in Presence Health's markets. The mix of receivables from patients, residents, and third-party payors at December 31, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Medicare	28%	24%
Medicaid	29	29
Managed care/contract payors	21	27
Other	<u>22</u>	<u>20</u>
	<u>100%</u>	<u>100%</u>

#### (5) Charity Care

During the years ended December 31, 2013 and 2012, the estimated costs of charity care provided were \$65,636 and \$55,954, respectively. Cost is estimated using an overall cost to charge ratio.



# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

### **(6) Investments**

A summary of the composition of Presence Health's investment portfolio at December 31, 2013 and 2012 is as follows:

	<b>2013</b>	<b>2012</b>
Cash and cash equivalents	\$ 93,677	80,087
Domestic common stocks	213,720	180,768
Foreign common stocks	76,010	72,122
Domestic equity mutual funds	103,517	100,392
Domestic fixed income mutual funds	34,541	35,336
U.S. government and agency obligations	107,060	115,347
Corporate debt securities	84,178	92,124
Mortgage-backed securities	134,255	170,705
Commercial mortgage backed securities	20,820	16,203
Asset-backed securities	24,326	29,966
Foreign debt securities	8,634	14,853
Other	2,965	1,870
Alternative investment – Lighthouse Global Long/Short Fund	83,741	77,534
Alternative investment – Aurora Offshore Fund Ltd II	77,844	76,808
	<u>\$ 1,065,288</u>	<u>1,064,115</u>

Presence Health has invested in alternative investments – hedge fund of funds that employ a long/short strategy. The funds are primarily invested in global equity markets and private investment funds. There are no additional funding requirements as of December 31, 2013 and 2012.

Investments are classified in the accompanying consolidated statements of financial position as follows:

	<b>2013</b>	<b>2012</b>
Assets whose use is limited or restricted, required for current liabilities	\$ 44,148	39,323
Assets whose use is limited or restricted, net of current portion	<u>1,021,140</u>	<u>1,024,792</u>
	<u>\$ 1,065,288</u>	<u>1,064,115</u>

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The composition of assets whose use is limited or restricted is as follows:

	<u><b>2013</b></u>	<u><b>2012</b></u>
Board-designated investments for reinvestment, self-insurance, and debt payments	\$ 975,094	959,622
Self-insurance trust	5,325	22,573
Held by trustee under bond indenture agreements	36,333	39,164
Restricted by donors	48,536	42,756
	<u><u>\$ 1,065,288</u></u>	<u><u>1,064,115</u></u>

The composition of investment return for the years ended December 31, 2013 and 2012 is as follows:

	<u><b>2013</b></u>	<u><b>2012</b></u>
Interest and dividend income, net of fees and expenses	\$ 36,869	31,278
Change in net unrealized gains on securities	50,148	38,541
Net realized gains on sale of investments	32,571	31,006
Total investment return	<u><u>\$ 119,588</u></u>	<u><u>100,825</u></u>

Investment returns are included in the accompanying consolidated statements of operations and change in unrestricted net assets for the years ended December 31, 2013 and 2012 as follows:

	<u><b>2013</b></u>	<u><b>2012</b></u>
Nonoperating:		
Investment income	\$ 119,463	99,780
Temporarily restricted net assets:		
Investment return	125	1,045
Total investment return	<u><u>\$ 119,588</u></u>	<u><u>100,825</u></u>

Presence Health is a member in the Premier purchasing group and maintains a cost basis investment of \$1,898 and \$2,063 as of December 31, 2013 and 2012, respectively, reported in other assets in the accompanying consolidated statements of financial position. Premier transacted an initial public offering (IPO) effective October 1, 2013. In connection with the IPO, Presence Health received cash proceeds of \$5,816, which have been reported as investment income in the 2013 consolidated statements of operations and change in unrestricted net assets along with approximately 1,204 Class B common units.

Beginning October 31, 2014, the Class B common units are eligible for exchange evenly over a seven year period to Class A shares that are publicly traded. In order to retain the Class B common units and have the ability to exchange them, the member owner must continue to be a party to a participation agreement with Premier. As the Class B shares are converted to Class A shares, Presence Health will reflect a realized gain for the value of the shares exchanged less the pro-rata cost basis of the original cost basis investment. For

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

subsequent reporting periods these Class A shares will be marked to market similar to other marketable equity securities.

#### **(7) Fair Value Measurements**

##### ***(a) Fair Value of Financial Instruments***

The following methods and assumptions were used in estimating the fair value of its financial instruments:

- The carrying amount reported in the consolidated statements of financial position for the following approximates fair value because of the short maturities of these instruments: cash and cash equivalents, patient and resident accounts receivable, accounts payable and accrued expenses, and estimated payables under third-party reimbursement programs.
- Assets whose use is limited or restricted: Common stocks and direct U.S. government obligations are measured using quoted market prices at the reporting date multiplied by the quantity held. Indirect U.S. government obligations, U.S. agency obligations, corporate debt securities, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities, and foreign debt securities are measured using other observable inputs. The carrying value equals fair value.
- Presence Health elected to apply the concepts of ASC Subtopic 820-10 to its mutual funds and alternative investments using NAV as a practical expedient in estimating fair value; however, it is possible that the redemption rights of certain alternative investments may be restricted by the funds in the future in accordance with the underlying fund agreements. Changes in market conditions and the economic environment may impact the NAV of the funds and consequently the fair value of Presence Health's interest in the funds.
- Long-term debt: The fair value of fixed rate long-term debt is estimated based on quoted market prices for the same or similar issues or on the current rates offered to Presence Health for debt of the same remaining maturities. For variable rate debt, carrying amounts approximate fair value. The estimated fair value of long-term debt instruments at December 31, 2013 and 2012 is approximately \$1,197,000 and \$1,256,000, respectively.
- Capital leases: The fair value of capital leases is estimated based on debt of the same remaining maturities using Presence Health's incremental borrowing rate at the measurement date. The fair value of capital leases at December 31, 2013 and 2012 is \$6,155 and \$9,199, respectively.

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

**(b) Fair Value Hierarchy**

ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that Presence has the ability to access at the measurement date.
- Level 2 are observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The following table presents assets and liabilities that are measured at fair value on a recurring basis at December 31, 2013:

	Total fair value	Fair value measurements at December 31, 2012 using			Redemption frequency	Days notice
		(Level 1)	(Level 2)	(Level 3)		
Assets						
Assets whose use is limited or restricted, excluding pledges and other totaling \$2.965 and cash and cash equivalents totaling \$93.677						
Domestic common stocks	\$ 213,720	213,720	—	—	Daily	One
Foreign common stocks	76,010	76,010	—	—	Daily	One
Domestic equity mutual funds	103,517	103,517	—	—	Daily	One
Domestic fixed income mutual funds	34,541	34,541	—	—	Daily	One
U S government and agency obligations	107,060	98,366	8,694		Daily	One
Corporate debt securities	84,178	—	84,178	—	Daily	One
Mortgage-backed securities	134,255	—	134,255	—	Daily	One
Commercial mortgage-backed securities	20,820	—	20,820	—	Daily	One
Asset-backed securities	24,326	—	24,326	—	Daily	One
Foreign debt securities	8,634	—	8,634	—	Daily	One
Alternative investment – Lighthouse Global Long/Short Fund	83,741	—	83,741	—	Monthly/ Quarterly	90/60
Alternative investment – Aurora Offshore Fund Ltd II	77,844	—	77,844	—	Quarterly	95
Total	\$ 968,646	526,154	442,492	—		

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The following table presents assets and liabilities that are measured at fair value on a recurring basis at December 31, 2012:

		Fair value measurements at December 31, 2012 using			Redemption frequency	Days notice
	Total fair value	(Level 1)	(Level 2)	(Level 3)		
Assets						
Assets whose use is limited or restricted, excluding pledges and other totaling \$1.870 and cash and cash equivalents totaling \$80.087						
Domestic common stocks	\$ 180,768	180,768	—	—	Daily	One
Foreign common stocks	72,122	72,122	—	—	Daily	One
Domestic equity mutual funds	100,392	100,392	—	—	Daily	One
Domestic fixed income mutual funds	35,336	35,336	—	—	Daily	One
U S government and agency obligations	115,347	94,634	20,713	—	Daily	One
Corporate debt securities	92,124	—	91,913	211	Daily	One
Mortgage-backed securities	170,705	—	170,705	—	Daily	One
Commercial mortgage-backed securities	16,203	—	16,203	—	Daily	One
Asset-backed securities	29,966	—	29,966	—	Daily	One
Foreign debt securities	14,853	—	14,853	—	Daily	One
Alternative investment – Lighthouse Global Long/Short Fund	77,534	—	77,534	—	Monthly/ Quarterly	90/60
Alternative investment – Aurora Offshore Fund Ltd II	76,808	—	76,808	—	Quarterly	95
Total	\$ 982,158	483,252	498,695	211		

Presence Health recognizes transfers between levels of the fair value hierarchy in the year of the event or change in circumstances that caused the transfer. There were no transfers into or out of Level 1, Level 2, or Level 3 for the years ended December 31, 2013 and 2012.

The Level 3 asset at December 31, 2012 is an Enhanced Equipment Trust Certificate (asset-backed security) issued by a major commercial airline and secured by commercial aviation jet aircraft. Inputs to determine fair value of the securities include structure specific items that influence the

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

bonds' principal and interest cash flows and their timing, which includes, but is not limited to principal prepayments, credit enhancements, loan to value ratios, and certain bankruptcy protections. The following table presents a reconciliation for Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Beginning balance	\$ 211	1,508
Net losses	—	(133)
Settlements	—	(258)
Purchases	—	224
Sales	(211)	(1,130)
Ending balance	<u>\$ —</u>	<u>211</u>

#### (8) Land, Buildings, and Equipment

A summary of land, buildings, and equipment at December 31, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Land	\$ 91,755	90,571
Land improvements	57,371	56,776
Buildings and leasehold improvements	1,754,648	1,752,180
Equipment and furnishings	1,432,704	1,249,060
	3,336,478	3,148,587
Less accumulated depreciation and amortization for capital leases	1,984,560	1,839,806
	1,351,918	1,308,781
Construction in progress	40,142	86,978
Land, buildings, and equipment, net	<u>\$ 1,392,060</u>	<u>1,395,759</u>

At December 31, 2013 and 2012, construction in progress related primarily to various information systems projects. Presence Health has outstanding contractual commitments of approximately \$41,800 as of December 31, 2013 relating to these projects, which will be funded through operations and with existing funds.

#### (9) Capital Leases

Presence Health leases certain equipment under capital leases. Included with equipment and furnishings is \$22,866 and \$21,959 of assets held under capital leases and \$15,265 and \$5,574 of related accumulated amortization at December 31, 2013 and 2012, respectively. Capital leases are secured by the underlying

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

equipment. A summary of future minimum lease payments and the present value of future minimum lease payments related to capital leases as of December 31, 2013 and 2012 are as follows:

Year:	
2014	\$ 2,605
2015	1,820
2016	738
2017	581
2018	571
Thereafter	704
Total future minimum lease payments	7,019
Less amount representing interest at rates from 5.25% to 27.60%	573
Present value of future minimum lease payments	6,446
Less current portion of obligations under capital leases	2,434
Obligations under capital leases, excluding current portion	\$ 4,012

#### (10) Long-Term Debt

In 1998 Presence PRV Health (the Provena Obligated Group Member) entered into the Provena Health Master Trust Indenture (Provena MTI), under which all future obligations could be secured using the collective borrowing power of Presence PRV Health. The Provena MTI was amended various times through 2009 to add obligated group members and to establish additional covenants and provide additional security in favor of all obligation holders. Security under the Provena MTI to obligation holders included a gross revenue pledge, a mortgage on Provena's six acute care hospital facilities and certain financial covenants. The Provena MTI required members to make principal and interest payments on notes issued for their benefit as well as for other members if the other members were unable to make such payments. As of December 31, 2012, Members of the Provena Obligated Group included Presence PRV Health, Presence Hospitals and Presence Life Connections.



## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

In 1999, Presence RHC Corporation entered into a Master Trust Indenture (RHC MTI) under which all future obligations could be secured using the collective borrowing power of Presence RHC Corporation. The RHC MTI was amended various times through 2009 to add obligated group members and to establish additional covenants and provide additional security in favor of all obligation holders. Security under the RHC MTI to obligation holders included mortgages on PRMC, PSJH and PSMEMC and certain financial covenants. The RHC MTI required members to make principal and interest payments on notes issued for their benefit as well as for other members if the other members were unable to make such payments. As of December 31, 2012, members of the RHC Obligated Group included Presence RHC Corporation, PRMC, POLR, PSFH, PSJH, and PSMEMC.

In 1997, PHFMC entered into a Master Trust Indenture (Holy Family MTI) under which all future obligations could be secured.

In May of 2013, the Provena MTI and the RHC MTI were consolidated into a single Master Trust Indenture for Presence Health (Presence Health MTI). The Presence Health MTI incorporates all covenants from the Provena MTI and RHC MTI. In instances where there were similar covenants between the Provena MTI and the RHC MTI, the Presence Health MTI incorporated the more stringent covenant. Security under the Presence Health MTI includes the pledged revenues of all Obligated Group members plus mortgages on nine acute care hospitals. The Presence Health MTI includes ten original Obligated Group Members, with Presence Health as the Obligated Group Agent. The other nine Obligated Group Members include Presence PRV Health, Presence Hospitals, Presence Life Connections, Presence RHC Corporation, PRMC, POLR, PSFH, PSJH, and PSMEMC. Unlimited Credit Group Participants include Presence Behavioral Health, Presence Ambulatory Services, Resurrection Development Foundation Board of Trustees, Presence Home Care Services, Presence RHC Senior Services, and Presence Healthcare Services.

In September 2013, the Holy Family MTI was defeased, and PHFMC was added as a member of the Presence Health Obligated Group. The Presence Health Obligated Group represents approximately 98% of consolidated operating revenues for the year ended December 31, 2013 and approximately 98% of consolidated assets as of December 31, 2013.

As of December 31, 2013, amounts outstanding under the Presence Health MTI totaled \$1,113,101. As of December 31, 2012, amounts outstanding under the Provena MTI, RHC MTI and the HFMC MTI totaled \$604,185, \$513,890 and \$27,865, respectively.

Bond issue premiums and costs are amortized over the term of the related bonds using a weighted-average method, based on outstanding debt. Bond issuance costs, net of amortization, are reported as other assets in the accompanying consolidated balance sheets.

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

A summary of long-term debt issued through the Illinois Finance Authority (IFA) and financial institutions at December 31, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Provena Series:		
IFA Revenue Bonds (Series 1998A) - interest was fixed at 5.125% to 5.75%. Redeemed in 2013.	—	101,685
IFA Revenue Bonds (Series 2009A) - payable annually beginning in 2026 through August 2034. Interest payable semiannually is fixed at 7.75%.	200,000	200,000
IFA Variable Rate Revenue Bonds (Series 2009B) - interest rate of 0.13% at December 31, 2012. Redeemed in 2013.	—	50,000
IFA Variable Rate Revenue Bonds (Series 2009C) - interest rate of 0.13% at December 31, 2012. Redeemed in 2013.	—	41,000
IFA Variable Rate Revenue Bonds (Series 2009D) - interest rate of 0.15% at December 31, 2012. Redeemed in 2013.	—	25,000
IFA Revenue Bonds (Series 2010A) - payable annually through May 2028. Interest payable semiannually is fixed at 5.00% to 6.25%.	100,415	104,480
IFA Revenue Bonds (Series 2010B) - interest was fixed at 6.00%. Defeased in 2013.	—	10,020
IFA Variable Rate Revenue Bonds (Series 2010C) - interest rate of 0.13% at December 31, 2012. Redeemed in 2013.	—	31,000
IFA Variable Rate Revenue Bonds (Series 2010D) - interest rate of 0.13% at December 31, 2012. Redeemed in 2013.	—	41,000
RHC Series:		
IFA Revenue Bonds (Series 1999A) - payable annually through June 2029. Interest is fixed at 4.00% to 5.50%.	91,900	96,200
IFA Revenue Bonds (Series 1999B) - payable annually through June 2029. Interest is fixed at 4.00% to 5.25%.	91,900	96,200
IFA Variable Rate Revenue Bonds (Series 2005B) - interest rate of 0.13% at December 31, 2012. Redeemed in 2013.	—	119,140
IFA Variable Rate Revenue Bonds (Series 2005C) - interest rate of 0.13% at December 31, 2012. Redeemed in 2013.	—	60,000
IFA Revenue Refunding Bonds (Series 2009) - payable annually through 2025. Interest is payable semi-annually at fixed rates ranging from 5.00% to 6.125%.	72,825	82,575
PHFMC Series:		
IFA Revenue Bonds (Series 1997B) - interest was fixed at rates ranging from 5.00% to 5.125%. Redeemed in 2013.	—	27,865

# PRESENCE HEALTH NETWORK AND AFFILIATES

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

	<u>2013</u>	<u>2012</u>
Presence Health Series:		
Variable Rate Direct Purchase Bonds (Series 2013A) - payable annually commencing in 2015 with final maturity in 2035. Interest rate of 1.38% at December 31, 2013.	60,000	—
Variable Rate Direct Purchase Bonds (Series 2013B) - payable annually commencing in 2035 with final maturity in 2044. Interest rate of 1.21% at December 31, 2013.	50,000	—
Variable Rate Direct Purchase Bonds (Series 2013C) - payable annually commencing in 2015 with final maturity in 2045. Interest rate of 1.28% at December 31, 2013.	55,850	—
Variable Rate Direct Purchase Bonds (Series 2013D) - payable annually commencing in 2014 with final maturity in 2045. Interest rate of 1.06% at December 31, 2013.	41,000	—
Variable Rate Direct Purchase Bonds (Series 2013E) - payable annually commencing in 2015 with final maturity in 2035. Interest rate of 1.02% at December 31, 2013.	119,140	—
Variable Rate Direct Purchase Bonds (Series 2013F) - payable annually commencing in 2035 with final maturity in 2044. Interest rate of 1.02% at December 31, 2013.	40,875	—
Bank of America Term Loan - payable annually ranging from \$1,259 to \$2,925 over ten years. Variable interest rates of 1.62% and 1.51% at December 31, 2013 and 2012, respectively.	95,121	59,775
PNC Term Loan - payable annually through 2023, bearing a fixed interest rate of 3.19%.	94,075	—
Other obligations:		
U.S. Department of Housing and Urban Development Mortgage Loan - payable monthly through November 2022, bearing interest at 9.25%.	967	1,034
Business Loan Agreements - payable annually starting in 2023 through 2041, bearing interest at 0.94%	14,000	14,000
Total long-term debt	1,128,068	1,160,974
Less current installments of long-term debt	33,701	31,372
Less unamortized bond premium	(4,946)	(5,472)
Less unamortized bond discount	4,572	5,574
Total long-term debt, net of current installments and unamortized bond premium/discount	\$ <u>1,094,741</u>	<u>1,129,500</u>

In May of 2013, Presence Health defeased the Provena Series 2010B bonds via an additional draw of \$10,020 proceeds on the Bank of America Term Loan. All future interest and principle payments due on

## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

the 2010B bonds through May 2020 (the first call date of these bonds) are on deposit in escrow with the bond trustee.

In September of 2013, Presence Health redeemed all existing variable rate demand bonds including Provena Series 2009B, 2009C, 2009D, 2010C and 2010D and RHC Series 2005B and 2005C. Each of these programs was reissued as a new tax-exempt Variable Rate Direct Purchase Bond (Presence Series 2013A through 2013F ("Series 2013 Bonds")), via a private placement offering having a bank as the bondholder. The initial purchase period of these six bond series ranges from five years to eight years, with new purchase dates extending from September 3, 2018 to September 1, 2021. Each of these series is in an Index Floating Rate Period. Under the bond documents, except for a default, there are no conditions under which the bonds can be put back to Presence Health in advance of the Initial Index Floating Rate Purchase Date. On or before the date 180 days prior to the Initial Index Floating Rate Purchase Date, Presence Health may submit, in writing, a request that the bank repurchase the bonds for an additional period. The bank may respond within 60 days. If the bank does not provide a written response to this request within 60 days, the bank is deemed to have refused the request. In connection with the Series 2013 Bonds, Presence Health entered into six separate, but substantially similar, Continuing Covenant Agreements (CCAs) with five banks. Under these CCAs, principal payments are made either in accordance with the underlying bonds or on a more accelerated basis under the CCAs. Interest is computed as a percent of one-month LIBOR plus a credit spread.

Also in September of 2013, Presence Health redeemed the PHFMC Series 1997B and Provena Series 1998A bonds. These obligations were refinanced with the proceeds of two taxable term loans. The PNC Term Loan refunded the Provena Series 1998A bonds and had original proceeds of \$94,075. The PHFMC Series 1997B bonds were refinanced via an additional draw on the Bank of America Term Loan in the amount of \$26,585.

As a result of the redemptions and defeasances in 2013 and 2012, a loss on refinancing was recorded amounting to \$8,540 and \$621, respectively, reported in the accompanying consolidated statements of operations and change in unrestricted net assets.

Presence Health's effective interest rates for variable rate debt for the years ended December 31, 2013 and 2012 are as follows:

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

	<u>2013</u>	<u>2012</u>
Provena Series		
2009 B	0.10%	0.16%
2009 C	0.10%	0.18%
2009 D	0.10%	0.18%
2010 C	0.10%	0.16%
2010 D	0.10%	0.18%
RHC Series		
2005 B	0.10%	0.17%
2005 C	0.11%	0.19%
Presence Health Series		
2013 A	1.38%	-
2013 B	1.21%	-
2013 C	1.28%	-
2013 D	1.07%	-
2013 E	1.02%	-
2013 F	1.02%	-
Bank of America Term Loan	1.54%	1.52%

Scheduled principal repayments on long-term debt based on the scheduled redemptions according to the Presence Health MTI, the CCA minimum period and the other loan agreements are as follows:

Year ending December 31:	
2014	\$ 33,701
2015	36,282
2016	27,969
2017	30,872
2018	186,111
Thereafter	<u>813,133</u>
	<u>\$ 1,128,068</u>

Presence Health has a Revolving Credit Agreement for \$25,000 with a commercial bank to provide a line of credit, secured under the Presence Health MTI through May 1, 2014. No draws under the Revolving Credit Agreement were outstanding at December 31, 2013 and 2012.

Under Section 148(f) of the Code, an issuer of tax-exempt bonds is required to rebate to the Internal Revenue Service the excess of investment income earned on all non-purpose investments made with the gross proceeds of tax-exempt bond issues over the amount, which would have been earned if such non-purpose investments had been invested at a rate equal to the interest yield on the related bond issue. There was no estimated rebate liability at December 31, 2013 and 2012.

## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

#### **(11) Employees' Retirement Plans**

Prior to September 1, 2013, the Presence Health Retirement Program consisted of the defined contribution money purchase plan (the Defined Contribution Plan), the Provena Employees' 403(b) Retirement Savings Plan (the Savings Plan), the Provena Ventures, Inc. 401(k) Retirement Savings Plan (the 401(k) Plan), the Resurrection Health Care Retirement Plan (Retirement Plan), the West Suburban Health Care Retirement Income Plan (Income Plan), and the Provena Employees' Pension Plan (the Plan). Effective September 1, 2013, Presence Health replaced the Defined Contribution Plan and the Savings Plan with the Presence Health Retirement Savings Plan (PH Plan), a defined contribution 403(b) plan. The account balances, investment elections, and contribution elections of participants of the legacy plans were automatically transferred to the PH Plan.

In conjunction with the formation of the PH Plan, Presence Health also amended the Retirement Plan to freeze benefit accruals for all nongrandfathered participants whose benefit accruals are specifically provided for in the supplements to the Retirement Plan, effective August 31, 2013. As a result of that amendment, the remaining unrecognized prior service cost of \$(289) was immediately recognized in expense.

Matching employer and base contributions under the cash balance plans (the Savings Plan, the 401(k) Plan, and the newly formed PH Plan) are funded currently and amounted to \$26,472 and \$19,232 for the years ended December 31, 2013 and 2012, respectively, and are included in salaries and benefits expense in the accompanying consolidated statements of operations and change in unrestricted net assets.

#### ***Resurrection Health Care Retirement Plan***

Presence Health records pension cost at an amount calculated by an independent consulting actuary. Presence Health recognizes the cost related to employee service using the projected unit credit cost method. Gains and losses, calculated as the difference between estimated and actual amounts of plan assets and the projected benefit obligation, and prior service cost are amortized over the expected future service period.

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The following tables set forth the consolidated funded status, assumptions, and amounts recognized in the accompanying consolidated financial statements as of and for the years ended December 31, 2013 and 2012 for the Retirement Plan:

	<u>2013</u>	<u>2012</u>
Change in benefit obligation:		
Projected benefit obligation at beginning of period	\$ (360,689)	(334,418)
Service cost	(13,219)	(18,390)
Interest cost	(14,009)	(14,703)
Actuarial gain (loss)	7,396	(25,620)
Benefits paid	<u>26,221</u>	<u>32,442</u>
Projected benefit obligation at end of period	<u>(354,300)</u>	<u>(360,689)</u>
Change in plan assets:		
Fair value of plan assets at beginning of period	187,737	167,688
Actual return on plan assets	33,245	21,260
Adjustments for transfers	—	(497)
Employer contributions	30,000	31,728
Benefits paid	<u>(26,221)</u>	<u>(32,442)</u>
Fair value of plan assets at end of period	<u>224,761</u>	<u>187,737</u>
Funded status	\$ <u><u>(129,539)</u></u>	<u><u>(172,952)</u></u>
Amounts recognized in the accompanying consolidated statements of financial position:		
Pension benefit liability	\$ (129,539)	(172,952)
Accumulated charge to unrestricted net assets	<u>53,239</u>	<u>82,779</u>
Net amount recognized	\$ <u><u>(76,300)</u></u>	<u><u>(90,173)</u></u>
Accumulated benefit obligation	\$ (353,994)	(360,378)

**PRESENCE HEALTH NETWORK AND AFFILIATES**

Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

	<u>2013</u>	<u>2012</u>
Components of net periodic benefit cost:		
Service cost	\$ 13,219	18,390
Expense load	509	497
Interest cost	14,009	14,703
Expected return on plan assets	(14,316)	(12,888)
Amortization of unrecognized net loss	3,737	3,631
Amortization of unrecognized prior service credit	(233)	(444)
Curtailment credit	(289)	—
Net periodic benefit cost	\$ <u>16,636</u>	<u>23,889</u>
Other changes in plan assets and benefit obligation recognized in unrestricted net assets:		
Net actuarial (loss) gain	\$ (26,325)	17,248
Reversal of amortization items:		
Net actuarial loss	(3,737)	(3,631)
Prior service credit	522	444
Total recognized in unrestricted net assets	\$ <u>(29,540)</u>	<u>14,061</u>
Estimated future benefit payments:		
Calendar year 2014	27,053	
Calendar year 2015	25,175	
Calendar year 2016	24,191	
Calendar year 2017	23,521	
Calendar year 2018	22,876	
Calendar years 2019 – 2023	102,188	
Expected contribution during calendar year 2014	\$ 30,000	



# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

Presence Health contributed \$30,000 to the Retirement Plan during 2013, of which \$16,636 is the expense of the Retirement Plan. The estimated net actuarial loss for the Retirement Plan that will be amortized from unrestricted net assets into net periodic benefit cost during the 2014 fiscal year is \$600.

	<u>2013</u>	<u>2012</u>
Weighted average assumptions used to determine benefit obligations at period end:		
Settlement (discount) rate	4.26%	3.75%
From January 1, 2013 to August 31, 2013	3.75%	
From September 1, 2013 to December 31, 2013	4.60%	
Weighted average rate of increase in future compensation levels	2.00	2.00
Weighted average assumptions used to determine net periodic benefit cost		
Discount rate	3.75%/4.60%*	4.60%
Expected return on plan assets	7.50	7.50
Rate of compensation increase	2.00	3.00

\* Based on a discount rate of 3.75% as of January 1, 2013 and 4.60% as of August 31, 2013.

Presence Health's overall expected long-term rate of return on assets is 7.5%. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The return is based exclusively on historical returns, without adjustments.

Presence Health has developed a plan investment policy for the Retirement Plan, which has been reviewed and approved by the Presence Health Finance Committee and its Board of Directors. The policy established goals and objectives of the fund, asset allocations, asset classifications, and manager guidelines. The policy dictates a specific asset allocation between equity and fixed income securities. Investments are managed by independent advisers who are monitored by management and the Finance Committee. Presence Health monitors the asset allocation and executes required recalibrations of the portfolio allocation on a regular basis in response to fluctuations in market conditions and the overall portfolio composition.

The table below shows the target allocation and acceptable ranges and actual asset allocations as of December 31, 2013 and 2012:

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

<b>Asset</b>	<b>Target allocation</b>	<b>Acceptable range</b>	<b>Actual allocation December 31, 2013</b>	<b>Actual allocation December 31, 2012</b>
Common stocks and mutual funds	60%	50%-70%	64.0%	60.8%
Fixed income securities	40%	30%-50%	33.7%	37.3%
Cash and cash equivalents	—	0%-5%	2.3%	1.9%

**(a) Fair Value of Financial Instruments**

Valuation methodologies used to measure fair value of plan assets for the Retirement Plan are consistent with those used by Presence Health for its general investments as previously disclosed (note 7).

**(b) Fair Value Hierarchy**

The Retirement Plan applies the provisions of ASC Topic 715, *Compensation – Retirement Benefits*, for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Topic 715 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The following table presents the Retirement Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31, 2013:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Redemption frequency</u>	<u>Days notice</u>
Investments, excluding cash and cash equivalents of \$5,244						
Domestic common stocks	\$ 109,470	109,470	—	—	Daily	One
Foreign common stocks	33,321	33,321	—	—	Daily	One
Equity mutual funds	956	956	—	—	Daily	One
U S government and agency obligations	14,963	14,963	—	—	Daily	One
Corporate debt securities	31,642	—	31,642	—	Daily	One
Foreign debt securities	372	—	372	—	Daily	One
Mortgage-backed securities	19,930	—	19,799	131	Daily	One
Commercial mortgage-backed securities	7,783	—	7,783	—	Daily	One
Asset-backed securities	1,080	—	1,080	—	Daily	One
Total assets at fair value	<u>\$ 219,517</u>	<u>158,710</u>	<u>60,676</u>	<u>131</u>		

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The following table presents the Retirement Plan's fair value hierarchy for those assets measured at fair value on a recurring basis as of December 31, 2012:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Redemption frequency</u>	<u>Days notice</u>
Investments, excluding cash and cash equivalents of \$3,590						
Domestic common stocks	\$ 83,681	83,681	—	—	Daily	One
Foreign common stocks	30,447	30,447	—	—	Daily	One
U S government and agency obligations	13,335	13,335	—	—	Daily	One
Corporate debt securities	26,743	—	26,743	—	Daily	One
Foreign debt securities	556	—	556	—	Daily	One
Mortgage-backed securities	21,298	—	21,083	215	Daily	One
Commercial mortgage-backed securities	7,088	—	7,088	—	Daily	One
Asset-backed securities	999	—	999	—	Daily	One
Total assets at fair value	<u>\$ 184,147</u>	<u>127,463</u>	<u>56,469</u>	<u>215</u>		

The Retirement Plan recognizes transfers between levels of the fair value hierarchy in the year of the event or change in circumstances that caused the transfer. There were no transfers into or out of Level 1, Level 2, or Level 3 for the years ended December 31, 2013 and 2012.

The Level 3 asset is a mortgage-backed security issued by the National Credit Union Association and is secured by residential mortgages. Inputs to determine fair value of the security include loan level and structure specific items that influence the bonds' principal and interest cash flows and their timing, which includes, but is not limited to, assumptions about prepayments, defaults, severities, credit enhancement, and discount rate. There are no redemption frequency or notice restrictions with this security. The following table presents a reconciliation for Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Beginning balance	\$ 215	302
Net gains	1	15
Settlements	(85)	(97)
Purchases	—	10
Sales	—	(15)
Ending balance	<u>\$ 131</u>	<u>215</u>

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

### ***West Suburban Health Care Retirement Income Plan***

The Income Plan is a noncontributory defined benefit pension plan, for which the board of directors of WSMC authorized the curtailment of the Income Plan effective January 1, 2002. As a result of the curtailment, participation in the Income Plan is limited to participants entering on or before January 1, 2002, and no new benefits will accrue to participants subsequent to that date. Gains and losses, calculated as the difference between estimated and actual amounts of plan assets and the projected benefit obligation, are amortized over the expected future service period. Presence Health has maintained responsibility for the Income Plan subsequent to the asset divestitures.

A summary of the changes in the projected benefit obligation and plan assets and the resulting funded status of the Income Plan is as follows at December 31, 2013 and 2012 (measurement date):

	<u>2013</u>	<u>2012</u>
Change in benefit obligation:		
Projected benefit obligation at beginning of period	\$ (90,040)	(79,405)
Interest cost	(3,705)	(3,930)
Actuarial gain (loss)	6,463	(9,726)
Benefits paid	3,321	3,021
Projected benefit obligation at end of period	<u>\$ (83,961)</u>	<u>(90,040)</u>
Change in plan assets:		
Fair value of plan assets at beginning of period	\$ 65,411	55,850
Actual return on plan assets	11,204	6,897
Employer contributions	4,105	5,685
Benefits paid	(3,321)	(3,021)
Fair value of plan assets at end of period	<u>\$ 77,399</u>	<u>65,411</u>
Funded status	\$ (6,562)	(24,629)
Amount recognized in the accompanying consolidated statements of financial position:		
Pension benefit liability	\$ (6,562)	(24,629)
Accumulated charge to unrestricted net assets	26,848	41,152
Net amount recognized	<u>\$ 20,286</u>	<u>16,523</u>
Components of net periodic benefit cost:		
Interest cost	\$ 3,705	3,930
Expected return on plan assets	(4,539)	(3,969)
Amortization of unrecognized net loss	1,173	973
Net periodic benefit cost	<u>\$ 339</u>	<u>934</u>

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

	<u>2013</u>	<u>2012</u>
Other changes in plan assets and benefit obligation recognized in unrestricted net assets:		
Net actuarial (loss) gain	\$ (13,131)	6,798
Reversal of amortization item:		
Net actuarial loss	(1,173)	(973)
Total recognized in unrestricted net assets	\$ <u>(14,304)</u>	<u>5,825</u>
Estimated future benefit payments:		
Calendar year 2014	\$ 3,857	
Calendar year 2015	4,065	
Calendar year 2016	4,279	
Calendar year 2017	4,421	
Calendar year 2018	4,645	
Calendar years 2019 – 2023	25,878	
Expected contributions during calendar year 2014:		
Minimum required contribution	\$ 1,453	
Weighted average assumptions used to determine benefit obligations:		
Settlement (discount) rate	4.75%	4.20%
Weighted average assumptions used to determine net periodic benefit cost:		
Discount rate	4.20%	5.05%
Expected return on plan assets	7.00	7.00

Presence Health contributed \$4,105 to the Income Plan during 2013, of which \$339 is the expense of the Income Plan. The estimated net actuarial loss for the Income Plan that will be amortized from unrestricted net assets into net periodic benefit cost during the 2014 fiscal year is \$700.

The Income Plan's overall expected long-term rate of return on assets is 7.0%. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The return is based exclusively on historical returns, without adjustments.

Presence Health has developed a plan investment policy for the Income Plan, which has been reviewed and approved by the Presence Health Finance Committee and its Board of Directors. The policy established goals and objectives of the fund, asset allocations, asset classifications, and manager guidelines. The policy dictates a specific asset allocation between equity and fixed income securities. Investments are managed by independent advisers who are monitored by management and the Finance Committee. Presence Health monitors the asset allocation and executes required recalibrations of the portfolio allocation on a regular basis in response to fluctuations in market conditions and the overall portfolio composition.

The table below shows the target allocation and acceptable ranges and actual asset allocations as of December 31, 2013 and 2012:

# PRESENCE HEALTH NETWORK AND AFFILIATES

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

Asset	Target allocation	Acceptable range	Actual allocation December 31, 2013	Actual allocation December 31, 2012
Common stocks and mutual funds	60%	50%-70%	63.3%	57.5%
Fixed income securities	40%	30%-50%	34.8%	39.7%
Cash and cash equivalents	—	0%-5%	1.9%	2.6%

**(a) Fair Value of Financial Instruments**

Valuation methodologies used to measure fair value of plan assets for the Income Plan are consistent with those used by Presence Health for its general investments as previously disclosed (note 7).

**(b) Fair Value Hierarchy**

The Income Plan applies the provisions of ASC Topic 715.

The following table presents the Income Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2013:

	Total	Level 1	Level 2	Level 3	Redemption frequency	Days notice
Investments, excluding cash and cash equivalents of \$1,498						
Domestic common stocks	\$ 37,418	37,418	—	—	Daily	One
Foreign common stocks	11,221	11,221	—	—	Daily	One
Equity mutual funds	317	317			Daily	One
U.S. government and agency obligations	5,665	5,268	397	—	Daily	One
Corporate debt securities	10,339	—	10,339	—	Daily	One
Foreign debt securities	111	—	111	—	Daily	One
Mortgage-backed securities	7,202	—	7,202	—	Daily	One
Commercial mortgage-backed securities	2,460	—	2,460	—	Daily	One
Asset-backed securities	1,168	—	1,168	—	Daily	One
	<u>\$ 75,901</u>	<u>54,224</u>	<u>21,677</u>	<u>—</u>		

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The following table presents the Income Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2012:

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Redemption frequency</u>	<u>Days notice</u>
Investments, excluding cash and cash equivalents of \$1,714						
Domestic common stocks	\$ 27,785	27,785	—	—	Daily	One
Foreign common stocks	9,921	9,921	—	—	Daily	One
U S government and agency obligations	4,630	4,414	216	—	Daily	One
Corporate debt securities	8,709	—	8,709	—	Daily	One
Foreign debt securities	120	—	120	—	Daily	One
Mortgage-backed securities	8,737	—	8,737	—	Daily	One
Commercial mortgage-backed securities	2,222	—	2,222	—	Daily	One
Asset-backed securities	1,573	—	1,573	—	Daily	One
	<u>\$ 63,697</u>	<u>42,120</u>	<u>21,577</u>	<u>—</u>		

The Income Plan recognizes transfers between levels of the fair value hierarchy in the year of the event or change in circumstances that caused the transfer. There were no transfers into or out of Level 1, Level 2, or Level 3 for the years ended December 31, 2013 and 2012.

### **Provena Health Employees' Pension Plan**

The Plan was frozen effective December 31, 2003 and only specified grandfathered employees remained as active participants in the Plan. Presence Health recognizes the cost related to the Plan using the Projected Unit Credit cost method. Gains and losses, calculated as the difference between estimates and actual amounts of plan assets and the projected benefit obligation, were amortized over the expected future service period through 2004. Effective January 1, 2005, the amortization period was changed to the average remaining life expectancy of inactive participants.

Presence Health accounts for the Plan in accordance with ASC Topic 715.



# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The following table sets forth the Plan's funded status, amounts recognized in the accompanying consolidated financial statements, and assumptions at the Plan's measurement date, December 31:

	<u>2013</u>	<u>2012</u>
Change in benefit obligation:		
Projected benefit obligation at beginning of period	\$ (532,625)	(501,479)
Service cost	(1,917)	(2,011)
Interest cost	(19,221)	(20,195)
Actuarial gain (loss)	39,300	(30,942)
Benefits paid	<u>24,894</u>	<u>22,002</u>
Projected benefit obligation at end of period	\$ <u><u>(489,569)</u></u>	<u><u>(532,625)</u></u>
Change in plan assets:		
Fair value of plan assets at beginning of period	\$ 374,796	354,766
Actual return on plan assets	65,609	42,032
Expenses paid	(587)	—
Benefits paid	<u>(24,894)</u>	<u>(22,002)</u>
Fair value of plan assets at end of period	\$ <u><u>414,924</u></u>	<u><u>374,796</u></u>
Funded status	\$ (74,645)	(157,829)

# PRESENCE HEALTH NETWORK AND AFFILIATES

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

	<u>2013</u>	<u>2012</u>
Amounts recognized in the accompanying consolidated statements of financial position:		
Pension benefit liability	\$ (74,645)	(157,829)
Accumulated charge to unrestricted net assets:	<u>211,601</u>	<u>294,262</u>
Net amount recognized	<u>\$ 136,956</u>	<u>136,433</u>
Components of net periodic benefit cost (benefit):		
Service cost	\$ 1,917	2,011
Interest cost	19,221	20,195
Expected return on plan assets	(30,847)	(29,223)
Amortization of unrecognized net actuarial loss	<u>9,186</u>	<u>8,927</u>
Net periodic benefit cost	<u>\$ (523)</u>	<u>1,910</u>
Changes in plan assets and benefit obligations recognized in unrestricted net assets:		
Net actuarial (loss) gain	\$ (73,475)	18,133
Amortization of actuarial loss	<u>(9,186)</u>	<u>(8,927)</u>
Total recognized in unrestricted net assets	<u>\$ (82,661)</u>	<u>9,206</u>
Estimate of amounts that will be amortized from unrestricted net assets to net pension cost in 2014:		
Net actuarial loss	\$ 5,900	9,276
Estimated future benefit payments:		
Calendar year 2014	\$ 25,076	23,719
Calendar year 2015	26,622	25,029
Calendar year 2016	28,045	26,408
Calendar year 2017	29,317	27,705
Calendar year 2018	30,436	28,862
Calendar year 2019 – 2023	164,381	156,876
Weighted average assumptions used to determine benefit obligations:		
Discount rate – benefit obligations	4.50%	3.61%
Rate of compensation increase	2.00	2.00
Weighted average assumptions used to determine net periodic benefit cost:		
Discount rate	3.61	4.15
Expected return on plan assets	8.50	8.50
Rate of compensation increase	2.00	2.00

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

Presence Health's overall expected long-term rate of return on assets is 8.5%. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The return is based exclusively on historical returns, without adjustments.

Presence Health does not expect to make any contributions to the Plan during 2014.

Presence Health has developed a plan investment policy for the Plan, which has been reviewed and approved by the Presence Health Finance Committee and its Boards of Directors. The policy established goals and objectives of the fund, asset allocations, asset classifications, and manager guidelines. The policy dictates a specific asset allocation between equity and fixed income securities. Investments are managed by independent advisers who are monitored by management and the Finance Committee. Presence Health monitors the asset allocation and executes required recalibrations of the portfolio allocation on a regular basis in response to fluctuations in market conditions and the overall portfolio composition.

The table below shows the target allocation and acceptable ranges and actual asset allocations as of December 31, 2013:

Asset	Target allocation	Acceptable range	Actual allocation December 31, 2013	Actual allocation December 31, 2012
Common stocks and mutual funds	60%	55%-65%	68%	65%
Fixed income securities and cash equivalents	40%	35%-45%	32%	35%

Presence Health monitors the asset allocation and executes required recalibrations of the portfolio allocation on a regular basis in response to fluctuations in market conditions and the overall portfolio composition.

#### *(a) Fair Value of Financial Instruments*

Valuation methodologies used to measure fair value of plan assets for the Plan are consistent with those used by Presence Health for its general investments as previously disclosed (note 7).

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

**(b) Fair Value Hierarchy**

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2013:

		<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Redemption frequency</u>	<u>Days notice</u>
Investments, excluding cash and cash equivalents of \$4.264							
Domestic equity common stocks	\$	65,024	65,024	—	—	Daily	One
Foreign common stocks		2,364	2,364	—	—	Daily	One
Domestic equity mutual funds		212,251	212,251	—	—	Daily	One
U S government and agency obligations		36,997	33,504	3,493	—	Daily	One
Corporate debt securities		20,605	—	20,605	—	Daily	One
Foreign debt securities		4,093	—	4,093	—	Daily	One
Mortgage-backed securities		57,311	—	57,311	—	Daily	One
Commercial mortgage-backed securities		6,432	—	6,432	—	Daily	One
Asset-backed securities		5,583	—	5,583	—	Daily	One
Total	\$	<u>410,660</u>	<u>313,143</u>	<u>97,517</u>	<u>—</u>		

# **PRESENCE HEALTH NETWORK AND AFFILIATES**

## Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2012:

		<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Redemption frequency</u>	<u>Days notice</u>
Investments, excluding cash and cash equivalents of \$6,886							
Domestic equity common stocks	\$	55,360	55,360	—	—	Daily	One
Foreign common stocks		1,094	1,094	—	—	Daily	One
Domestic equity mutual funds		190,869	190,869	—	—	Daily	One
U S government and agency obligations		34,165	28,943	5,222	—	Daily	One
Corporate debt securities		22,526	—	22,450	76	Daily	One
Foreign debt securities		4,940	—	4,940	—	Daily	One
Mortgage-backed securities		51,442	—	51,442	—	Daily	One
Commercial mortgage-backed securities		4,483	—	4,483	—	Daily	One
Asset-backed securities		3,031	—	3,031	—	Daily	One
Total	\$	<u>367,910</u>	<u>276,266</u>	<u>91,568</u>	<u>76</u>		

The Plan recognizes transfers between levels of the fair value hierarchy in the year of the event or change in circumstances that caused the transfer. There were no transfers into or out of Level 1, Level 2, or Level 3 for the years ended December 31, 2013 and 2012.

## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

The Level 3 asset at December 31, 2012 is a corporate bond security issued by Consolidated Edison Company of New York (Con Ed of NY), a regulated utility. The bonds are unsecured general obligations of Con Ed of NY ranking equally and ratably in right of payment with other unsecured debt securities of Con Ed of NY issued under the Indenture that are not subordinated obligations of Con Ed of NY and the unsecured promissory notes of Con Ed of NY issued by New York State Energy Research and Development Authority. Inputs to determine fair value of the security include structure specific items that influence the bonds' principal and interest cash flows and their timing, which includes, but is not limited to, assumptions about repayment, defaults, and severities. There are no redemption frequency or notice restrictions with this security. The following table presents a reconciliation for Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Beginning balance	\$ 76	—
Net gains	—	2
Settlements	—	—
Purchases	—	74
Sales	(76)	—
Ending balance	<u>\$ —</u>	<u>76</u>

#### (12) Self-Insurance

##### (a) *Professional and General Liability*

Presence Health is self-insured for professional and general liability claims up to specified limits arising from incidents occurring after dates of entry into the program, which vary by corporation. Excess insurance coverage was occurrence based through various dates, which over time has been changed to claims-made-based coverage. There are no assurances that Presence Health will be able to renew existing excess policies or procure coverage on similar terms in the future.

Presence Health is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted and are currently in various stages of litigation. Provisions for professional and general liability claims include the ultimate cost of known claims and claims incurred but not reported as of the respective consolidated statements of financial position dates. It is the opinion of management that the estimated malpractice liabilities accrued at December 31, 2013 and 2012 are adequate to provide for the ultimate cost of potential losses resulting from pending or threatened litigation; however, such estimates may be more or less than the amounts ultimately paid when claims are resolved. Accruals for professional and general liabilities are recorded on an undiscounted basis. Professional and general liability expense amounted to \$21,678 and \$(9,398) for the years ended December 31, 2013 and 2012, respectively, and is included in insurance expense in the accompanying consolidated statements of operations and change in unrestricted net assets.

The accrued liability estimated for self-insured professional and general liability claims is \$262,481 and \$286,747 at December 31, 2013 and 2012, respectively. All self-insured malpractice and general

## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

claim liabilities are reported as long-term liabilities as the portion expected to be paid within one year is not readily determinable.

Professional insurance consultants have been retained to determine funding requirements for the Provena self-insurance program. The amounts funded have been placed in an irrevocable trust account administered by a trustee. The trust assets are included within assets whose use is limited or restricted in the accompanying consolidated statements of financial position.

#### **(b) *Workers' Compensation***

Presence Health administers self-insurance programs for workers' compensation coverage that covers all entities except for two long-term care and residential facilities in Indiana, which are commercially insured. These programs limit the self-insured retention to specific amounts on a per occurrence basis. Coverage from commercial insurance carriers is maintained for claims in excess of the self-insured retention. Accrued workers' compensation claims amounted to \$25,895 and \$24,742 at December 31, 2013 and 2012, respectively. Management believes the estimated self-insured workers' compensation claims liability at December 31, 2013 and 2012 is adequate to cover the ultimate liability; however, such estimate may be more or less than the amounts ultimately paid when claims are resolved. The portion of workers' compensation claims expected to be paid beyond one year of the consolidated statements of financial position dates is not readily determinable, and therefore, the entire accrual is classified as a current liability included within current portion of estimated self-insurance liabilities in the accompanying consolidated statements of financial position. Workers' compensation self-insurance expense amounted to \$13,199 and \$11,891 for the years ended December 31, 2013 and 2012, respectively, and is included in salaries and benefits expense in the accompanying consolidated statements of operations and change in unrestricted net assets.

Professional insurance consultants have been retained to determine funding requirements for the Provena workers' compensation self-insurance program. The trust assets and the related liabilities are included in the accompanying consolidated statements of financial position.

#### **(c) *Health Care***

Presence Health maintains a program of self-insurance for employee health coverage. Stop-loss reinsurance coverage is maintained for claims in excess of stop-loss limits. Accrued self-insured employee health care claims amounted to \$5,527 and \$6,739 December 31, 2013 and 2012, respectively, and are included within the current portion of estimated self-insurance liabilities in the accompanying consolidated statements of financial position based on the short term payment cycle related to health claims. It is the opinion of management that the estimated health care costs accrued at December 31, 2013 and 2012 are adequate to provide for the ultimate liability; however, final payouts as claims are paid may vary significantly from estimated claim liabilities.

## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

#### **(13) Commitments and Contingencies**

##### ***(a) Medicare Reimbursement***

For the years ended December 31, 2013 and 2012, Presence Health recognized \$1,044,624 and \$1,178,612, respectively, of net patient and resident service revenue from services provided to Medicare beneficiaries. Federal legislation has routinely included provisions to reduce Medicare payments to health care providers.

Presence Health has received and responded to requests from the Medicare program requiring that Presence Health provide Medicare with documentation for claims to carry out the Recovery Audit Contracting (RAC) program.

##### ***(b) Litigation***

Presence Health is involved in litigation and regulatory investigations arising in the normal course of business. In consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the consolidated financial position or results from operations.

##### ***(c) Regulatory Investigations and Overpayments***

The U.S. Department of Justice (DOJ) and other federal agencies routinely conduct regulatory investigations and compliance audits of health care providers. Presence Health is subject to these regulatory efforts. Additionally, the laws and regulations governing the Medicare, Medicaid, and other government health care programs are extremely complex and subject to interpretation, making compliance an ongoing challenge for Presence Health and other health care organizations. Recently the federal government has increased its enforcement activity, including audits and investigations related to billing practices, clinical documentation, and related matters. Presence Health maintains a system-wide compliance program and conducts audits and other activities to identify potential compliance issues, including overpayments to governmental payors.

##### ***(d) The Patient Protection and Affordable Care Act and Other Enacted Legislation***

The Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (often referred to, collectively, as the Affordable Care Act of the health care reform law), was signed into law on March 23, 2010. The statute will change how health care services are delivered and reimbursed through a variety of mechanisms. The law contains stronger anti-fraud enforcement provisions and provides additional funding for enforcement activity.

On May 6, 2011, the Centers for Medicare and Medicaid Services issued the final rule establishing a hospital value-based purchasing program (VBP) for acute care hospitals paid under the Medicare Inpatient Prospective Payment System. Beginning in federal fiscal year 2013, value-based incentive payments are made based upon a provider's achievement of or improvement in a set of clinical and quality measures designed to foster improved clinical outcomes. The VBP will start with a 1% reduction in Medicare inpatient payments in federal fiscal year 2013 that will increase annually by



## PRESENCE HEALTH NETWORK AND AFFILIATES

### Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in thousands)

0.25% up to 2% of payments by federal fiscal year 2017. These value based incentives are withheld and redistributed based on the hospital performance.

The Budget Control Act of 2011 (BCA) mandated significant reductions and spending caps on the federal budget for fiscal years 2012 through 2021. The BCA also created a joint select committee on deficit reduction (the Super Committee) to develop a plan to further reduce the federal deficit. Since the Super Committee failed to act before the mandatory deadline, a 2% reduction in Medicare spending, among other reductions, was to take effect January 1, 2013 in a process known as Sequestration. The BCA also required a 26.5% reduction in the sustainable growth rate formula regarding physician reimbursement under Medicare to be effective January 1, 2013.

On January 2, 2013, the President signed into law the American Taxpayers Relief Act (ATRA), which delayed Sequestration until March 1, 2013 and is now in effect as of March 1, 2013 and will continue until Congress takes further action. The ATRA delays the reduction in physician reimbursement until the end of 2013. As such, only the 2% reduction for nonphysician payments was effective April 1, 2013. On April 1, 2014, the President signed into law the Protecting Access to Medicare Act of 2014, which further delayed any cuts to Medicare reimbursement rates until March, 2015.

Presence Health continues to monitor the impact of these regulations.

#### **(e) Operating Leases**

Presence Health leases various equipment and facilities under operating leases expiring at various dates through 2023. Total lease expense for the years ended December 31, 2013 and 2012 for all operating leases was approximately \$21,065 and \$16,895, respectively.

The following is a schedule by year of future minimum lease payments for the next five years and thereafter under operating leases as of December 31, 2013 and 2012 that have initial or remaining lease terms in excess of one year:

2014	\$	14,915
2015		12,172
2016		9,811
2017		8,118
2018		7,417
Thereafter		33,546
	\$	<u>85,979</u>

## **PRESENCE HEALTH NETWORK AND AFFILIATES**

### **Notes to Consolidated Financial Statements**

December 31, 2013 and 2012

(Dollars in thousands)

#### **(f) *Property and Sales Tax Exemption Legislation***

On June 14, 2012, the Governor of Illinois signed into law *Public Act 97-068*, which creates new standards for property and sales tax exemptions for hospitals and hospital affiliates in Illinois. The law establishes new eligibility standards for the issuance of such exemptions, including requirements for a nonprofit hospital to certify annually that in the prior year it provided an amount of qualified services and activities to low-income and underserved individuals having a value at least equal to the hospital's estimated property tax liability. Presence Health expects that local assessors will begin requesting that its hospital and certain affiliated corporations begin certifying in 2015 and has not recorded a liability for related property taxes based upon management's current determination that such hospital entities will remain eligible for property and sales tax exemption based on the amount of qualified services provided.

Presence Health entities are exempt from sales tax and property tax based on their not-for-profit charitable status, except for Presence Ambulatory Services, which has applied for but not yet received approval of its exemption for sales tax. Under *Public Act 97-608*, the test for both sales tax exemption for hospital corporations and certain affiliated corporations will be the same, as described above. Management believes that its hospitals and hospital affiliated corporations qualify for both property and sales tax exemption under the new law.

#### **(g) *Investment Risks and Uncertainties***

Presence Health invests in various investment securities. Investment securities are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities and current market conditions, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying consolidated statements of financial position.

#### **(14) Subsequent Events**

In connection with the preparation of the consolidated financial statements and in accordance with ASC Topic 855, *Subsequent Events*, Presence Health evaluated subsequent events after the consolidated statements of financial position date of December 31, 2013 through May 16, 2014, which was the date the financial statements were issued.

## Schedule 1

## PRESENCE HEALTH NETWORK AND AFFILIATES

Consolidating Statement of Financial Position Information

December 31, 2013

(In thousands)

Assets	Presence Mercy Medical Center	Presence United Samaritans Medical Center	Presence Saint Joseph Hospital - Elgin	Presence Saint Joseph Medical Center	Presence Saint Mary's Hospital	Presence Covenant Medical Center	Presence Resurrection Medical Center
Current assets							
Cash and cash equivalents	\$ 6,486	5,553	6,576	18,576	7,839	9,650	32,074
Assets whose use is limited or restricted – required for current liabilities	—	—	—	—	—	—	—
Patient and resident accounts receivable, less allowance for uncollectible accounts	32,982	16,143	22,614	72,291	27,720	25,628	39,753
Inventories	4,303	2,165	4,151	7,949	3,441	3,906	3,802
Prepaid expenses and other current assets	2,069	2,431	1,082	3,335	2,453	3,758	1,737
Assets held for sale	—	—	—	—	—	—	—
Due from affiliates	2,983	1,263	1,945	5,054	1,531	339	764,735
Total current assets	48,823	27,555	36,368	107,205	42,984	43,281	842,101
Assets whose use is limited or restricted	6,418	5,923	3,396	2,929	3,169	7,075	—
Land, buildings, and equipment, net	65,653	26,541	48,673	227,898	48,722	44,017	21,905
Other assets	956	1,271	511	2,833	189	90	4,196
Total assets	\$ 121,850	61,290	88,948	340,865	95,064	94,463	868,202
Liabilities and Net Assets							
Current liabilities							
Current installments of long-term debt	\$ —	—	—	—	—	—	—
Current portion of obligations under capital leases	111	163	101	946	344	195	—
Current portion of estimated self-insurance liabilities	—	—	—	—	—	—	9,259
Accounts payable and accrued expenses	12,557	8,471	9,269	23,701	8,694	14,675	78,628
Estimated payables under third-party reimbursement programs	13,708	4,282	10,994	36,494	7,453	9,000	27,985
Deferred revenue and refundable deposits	—	—	—	—	—	—	—
Other	1,724	775	1,337	1,211	479	2,150	—
Due to affiliates	9,530	7,598	11,068	14,382	10,294	3,471	310,518
Total current liabilities	37,630	21,289	32,769	76,734	27,264	29,491	426,390
Long-term debt, excluding current installments and unamortized bond premiums and discounts	—	—	—	—	—	—	—
Obligations under capital leases, net of current portion	548	138	447	981	1,750	148	—
Pension benefit liability	—	—	—	—	—	—	136,101
Estimated self-insurance liabilities, excluding current portion	—	—	—	—	—	—	46,717
Other long-term liability	2,944	360	337	3,330	931	389	—
Total liabilities	41,122	21,787	33,553	81,045	29,945	30,028	609,208
Net assets							
Unrestricted							
Unrestricted net assets (deficit) of Presence Health	78,327	37,838	53,503	257,441	61,950	62,677	258,994
Noncontrolling interest in subsidiaries	—	—	—	—	—	—	—
Total unrestricted net assets (deficit)	78,327	37,838	53,503	257,441	61,950	62,677	258,994
Temporarily restricted	1,960	1,513	1,271	2,184	3,150	1,631	—
Permanently restricted	441	152	621	195	19	127	—
Total net assets (deficit)	80,728	39,503	55,395	259,820	65,119	64,435	258,994
Total liabilities and net assets (deficit)	\$ 121,850	61,290	88,948	340,865	95,064	94,463	868,202

(Continued)

## PRESENCE HEALTH NETWORK AND AFFILIATES

Consolidating Statement of Financial Position Information

December 31, 2013

(In thousands)

Assets	Presence Our Lady of the Resurrection Medical Center	Presence Holy Family Medical Center	Presence Saint Francis Hospital	Presence Saint Joseph Hospital - Chicago	Presence Saints Mary and Elizabeth Medical Center	Presence Medical Group – PRV	Presence Healthcare Services
Current assets							
Cash and cash equivalents	\$ 36	7	3,872	86	481	119	311
Assets whose use is limited or restricted – required for current liabilities	—	—	—	—	—	—	—
Patient and resident accounts receivable, less allowance for uncollectible accounts	21,105	16,869	23,963	29,001	35,885	4,292	12,690
Inventories	1,743	1,086	4,198	3,955	3,988	—	446
Prepaid expenses and other current assets	1,154	93	40	658	4,067	2,270	5,853
Assets held for sale	—	—	—	—	—	—	—
Due from affiliates	10,278	336	132,371	9,973	178,459	668	310,548
Total current assets	34,316	18,391	164,444	43,673	222,880	7,349	329,848
Assets whose use is limited or restricted	—	—	—	—	2,541	—	—
Land, buildings, and equipment, net	24,630	22,472	53,026	70,899	91,139	1,653	92,575
Other assets	1,281	369	2,885	2,821	4,232	591	4,321
Total assets	\$ 60,227	41,232	220,355	117,393	320,792	9,593	426,744
<b>Liabilities and Net Assets</b>							
Current liabilities							
Current installments of long-term debt	\$ —	—	—	—	—	—	—
Current portion of obligations under capital leases	—	—	—	—	—	—	—
Current portion of estimated self-insurance liabilities	—	—	—	—	—	—	—
Accounts payable and accrued expenses	1,208	326	1,899	1,382	7,502	6,044	7,558
Estimated payables under third-party reimbursement programs	7,736	6,827	12,728	32,720	10,004	—	—
Deferred revenue and refundable deposits	—	—	—	—	—	—	—
Other	—	—	—	—	—	433	—
Due to affiliates	620	48,587	1,774	1,594	1,905	2,077	523,499
Total current liabilities	9,564	55,740	16,401	35,696	19,411	8,554	531,057
Long-term debt, excluding current installments and unamortized bond premiums and discounts	—	—	—	—	14,000	—	—
Obligations under capital leases, net of current portion	—	—	—	—	—	—	—
Pension benefit liability	—	—	—	—	—	—	—
Estimated self-insurance liabilities, excluding current portion	16,456	3,760	27,168	22,598	35,418	—	—
Other long-term liability	—	—	—	—	11	176	—
Total liabilities	26,020	59,500	43,569	58,294	68,840	8,730	531,057
Net assets							
Unrestricted							
Unrestricted net assets (deficit) of Presence Health	34,207	(18,268)	176,786	59,099	244,952	863	(104,313)
Noncontrolling interest in subsidiaries	—	—	—	—	—	—	—
Total unrestricted net assets (deficit)	34,207	(18,268)	176,786	59,099	244,952	863	(104,313)
Temporarily restricted	—	—	—	—	7,000	—	—
Permanently restricted	—	—	—	—	—	—	—
Total net assets (deficit)	34,207	(18,268)	176,786	59,099	251,952	863	(104,313)
Total liabilities and net assets (deficit)	\$ 60,227	41,232	220,355	117,393	320,792	9,593	426,744

(Continued)

## PRESENCE HEALTH NETWORK AND AFFILIATES

Consolidating Statement of Financial Position Information

December 31, 2013

(In thousands)

Assets	Presence Life Connections	Presence RHC Senior Services	Resurrection Development Foundation	Presence Health Care Preferred	Presence Home Care Services	Presence Ventures, Inc.	Resurrection University
Current assets							
Cash and cash equivalents	\$ 18,534	2,502	657	—	—	1,298	184
Assets whose use is limited or restricted – required for current liabilities	—	—	—	—	—	—	—
Patient and resident accounts receivable, less allowance for uncollectible accounts	18,140	23,116	—	—	1,991	—	3,231
Inventories	800	665	—	—	—	—	—
Prepaid expenses and other current assets	704	708	1,112	687	—	113	44
Assets held for sale	—	4,500	—	—	—	—	—
Due from affiliates	4	158,000	31,000	4,241	—	1	1,865
Total current assets	38,182	189,491	32,769	4,928	1,991	1,412	5,324
Assets whose use is limited or restricted	9,512	1	386	—	—	—	—
Land, buildings, and equipment, net	57,329	103,037	—	9,411	319	5,607	154
Other assets	334	2,554	82	—	4,540	—	—
Total assets	\$ 105,357	295,083	33,237	14,339	6,850	7,019	5,478
<b>Liabilities and Net Assets</b>							
Current liabilities							
Current installments of long-term debt	\$ 73	—	—	—	—	—	—
Current portion of obligations under capital leases	—	—	—	—	—	—	—
Current portion of estimated self-insurance liabilities	—	—	—	—	—	—	—
Accounts payable and accrued expenses	16,209	6,292	—	21,558	1,366	192	253
Estimated payables under third-party reimbursement programs	(729)	3,533	—	—	—	—	—
Deferred revenue and refundable deposits	—	32,982	—	—	—	—	3,507
Other	2,059	—	—	—	—	304	—
Due to affiliates	9,155	63,414	176	—	11,150	—	11
Total current liabilities	26,767	106,221	176	21,558	12,516	496	3,771
Long-term debt, excluding current installments and unamortized bond premiums and discounts	894	—	—	—	—	—	—
Obligations under capital leases, net of current portion	—	—	—	—	—	—	—
Pension benefit liability	—	—	—	—	—	—	—
Estimated self-insurance liabilities, excluding current portion	—	—	—	—	—	—	—
Other long-term liability	1,107	656	—	—	—	—	—
Total liabilities	28,768	106,877	176	21,558	12,516	496	3,771
Net assets							
Unrestricted							
Unrestricted net assets (deficit) of Presence Health	75,143	188,206	6,625	(7,219)	(5,666)	6,523	1,707
Noncontrolling interest in subsidiaries	—	—	—	—	—	—	—
Total unrestricted net assets (deficit)	75,143	188,206	6,625	(7,219)	(5,666)	6,523	1,707
Temporarily restricted	1,203	—	12,526	—	—	—	—
Permanently restricted	243	—	13,910	—	—	—	—
Total net assets (deficit)	76,589	188,206	33,061	(7,219)	(5,666)	6,523	1,707
Total liabilities and net assets (deficit)	\$ 105,357	295,083	33,237	14,339	6,850	7,019	5,478

(Continued)

**PRESENCE HEALTH NETWORK AND AFFILIATES**

Consolidating Statement of Financial Position Information

December 31, 2013

(In thousands)

Schedule 1 (Continued)

Assets	Presence Behavioral Health	Presence Health Corporate	Alverno	Eliminations	Consolidated totals
Current assets					
Cash and cash equivalents	\$ 607	76,608	616	—	192,672
Assets whose use is limited or restricted – required for current liabilities	—	44,148	—	—	44,148
Patient and resident accounts receivable, less allowance for uncollectible accounts	1,257	—	—	—	428,671
Inventories	—	—	1,428	—	48,026
Prepaid expenses and other current assets	26	29,518	8,063	(4,832)	67,143
Assets held for sale	—	—	—	—	4,500
Due from affiliates	14,509	145,879	—	(1,775,982)	—
Total current assets	16,399	296,153	10,107	(1,780,814)	785,160
Assets whose use is limited or restricted	17	975,756	22,109	(18,092)	1,021,140
Land, buildings, and equipment, net	2,648	366,703	7,049	—	1,392,060
Other assets	—	81,991	—	(36,709)	79,338
Total assets	\$ 19,064	1,720,603	39,265	(1,835,615)	3,277,698
<b>Liabilities and Net Assets</b>					
Current liabilities					
Current installments of long-term debt	\$ —	33,628	—	—	33,701
Current portion of obligations under capital leases	—	574	—	—	2,434
Current portion of estimated self-insurance liabilities	—	22,163	—	—	31,422
Accounts payable and accrued expenses	385	71,791	16,194	—	316,154
Estimated payables under third-party reimbursement programs	148	(2,439)	—	—	180,444
Deferred revenue and refundable deposits	573	—	—	(222)	36,840
Other	—	28,273	10,065	(22,924)	25,886
Due to affiliates	14,704	730,445	—	(1,775,972)	—
Total current liabilities	15,810	884,435	26,259	(1,799,118)	626,881
Long-term debt, excluding current installments and unamortized bond premiums and discounts	—	1,079,847	—	—	1,094,741
Obligations under capital leases, net of current portion	—	—	—	—	4,012
Pension benefit liability	—	74,645	—	—	210,746
Estimated self-insurance liabilities, excluding current portion	—	110,364	—	—	262,481
Other long-term liabilities	—	17,323	—	—	27,564
Total liabilities	15,810	2,166,614	26,259	(1,799,118)	2,226,425
Net assets					
Unrestricted					
Unrestricted net assets (deficit) of Presence Health	3,254	(446,401)	8,671	(36,497)	998,402
Noncontrolling interest in subsidiaries	—	—	4,335	—	4,335
Total unrestricted net assets (deficit)	3,254	(446,401)	13,006	(36,497)	1,002,737
Temporarily restricted	—	390	—	—	32,828
Permanently restricted	—	—	—	—	15,708
Total net assets (deficit)	3,254	(446,011)	13,006	(36,497)	1,051,273
Total liabilities and net assets (deficit)	\$ 19,064	1,720,603	39,265	(1,835,615)	3,277,698

See accompanying independent auditors' report.

## PRESENCE HEALTH NETWORK AND AFFILIATES

## Consolidating Statement of Operations and Change in Unrestricted Net Assets Information

Year ended December 31, 2013

(In thousands)

	Presence Mercy Medical Center	Presence United Samaritans Medical Center	Presence Saint Joseph Hospital - Elgin	Presence Saint Joseph Medical Center	Presence Saint Mary's Hospital	Presence Covenant Medical Center	Presence Resurrection Medical Center
Net patient and resident service revenue							
Net patient and resident service revenue before bad debt	\$ 196 064	109 257	141 486	414 316	129 980	137 174	258 487
Provision for uncollectible accounts receivable	16 428	7 859	8 216	28 910	7 887	4 558	13 376
Net patient and resident service revenue	179 636	101 398	133 270	385 406	122 093	132 616	245 111
Other revenue							
Other revenue	10 758	6 233	4 412	9 660	4 828	3 954	4 835
Services provided to affiliates	—	—	—	—	—	6	—
Total revenue	190 394	107 631	137 682	395 066	126 921	136 576	249 946
Expenses							
Salaries and benefits	62 698	41 196	58 484	160 167	47 853	48 381	111 838
Supplies	32 555	14 842	21 454	62 820	20 236	19 993	45 618
Management services	15 667	10 768	12 945	33 904	12 553	13 216	26 840
Purchased services	27 565	14 010	17 302	39 137	18 459	20 323	27 119
Insurance	1 324	2 076	1 337	6 027	1 131	2 177	2 517
Depreciation and amortization	9 671	5 079	6 414	27 104	8 056	8 037	13 242
Interest	3 581	1 941	5 061	10 864	3 270	3 257	2 824
Assessments and taxes	11 102	6 215	8 993	19 940	7 178	8 343	10 226
Restructuring costs	3 022	1 795	2 131	5 905	2 018	2 338	5 171
Other	13 789	4 721	7 253	18 406	7 235	7 650	12 033
Total expenses	180 974	102 643	141 374	384 274	127 989	133 715	257 428
Income (loss) from operations	9 420	4 988	(3 692)	10 792	(1 068)	2 861	(7 482)
Investment income (loss) and other net	1 966	784	294	2 524	1 467	1 816	2 661
Loss on early extinguishment of debt	—	—	—	—	—	—	—
Nonoperating gains (losses) net	1 966	784	294	2 524	1 467	1 816	2 661
Revenue and gains in excess (deficient) of expenses and losses before discontinued operations	11 386	5 772	(3 398)	13 316	399	4 677	(4 821)
Net gains from discontinued operations	—	—	—	—	—	—	—
Revenue and gains in excess (deficient) of expenses and losses	11 386	5 772	(3 398)	13 316	399	4 677	(4 821)
Other changes in unrestricted net assets							
Net assets released from restrictions for purchase of land, buildings and equipment	1 062	—	312	114	382	37	73
Transfers from (to) affiliates	(15 341)	(10 140)	(2 627)	(32 436)	(8 543)	(9 635)	54
Recognition of change in pension funded status	—	—	—	—	—	—	43 844
Increase (decrease) in unrestricted net assets	\$ (2 893)	(4 368)	(5 713)	(19 006)	(7 762)	(4 921)	39 150

(Continued)

## PRESENCE HEALTH NETWORK AND AFFILIATES

Consolidating Statement of Operations and Change in Unrestricted Net Assets Information

Year ended December 31, 2013

(In thousands)

	Presence Our Lady of the Resurrection Medical Center	Presence Holy Family Medical Center	Presence Saint Francis Hospital	Presence Saint Joseph Hospital - Chicago	Presence Saints Mary and Elizabeth Medical Center	Presence Medical Group – PRV	Presence Healthcare Services
Net patient and resident service revenue							
Net patient and resident service revenue before bad debt	\$ 136,136	69,774	162,811	205,671	304,972	26,017	86,259
Provision for uncollectible accounts receivable	28,454	230	23,096	9,753	30,853	3,730	19,266
Net patient and resident service revenue	107,682	69,544	139,715	195,918	274,119	22,287	66,993
Other revenue							
Other revenue	4,045	1,364	6,797	7,342	9,074	4,140	36,934
Services provided to affiliates	—	—	—	—	—	—	—
Total revenue	111,727	70,908	146,512	203,260	283,193	26,427	103,927
Expenses							
Salaries and benefits	54,326	38,233	63,353	91,377	114,747	32,428	76,477
Supplies	16,507	8,040	19,960	26,750	32,524	1,121	14,330
Management services	17,313	9,284	17,768	20,800	34,362	3,999	9,197
Purchased services	15,112	4,887	20,078	22,681	34,283	5,696	13,590
Insurance	(6,327)	(374)	826	7,332	8,424	1,331	951
Depreciation and amortization	6,145	4,705	11,336	12,040	14,244	1,197	8,959
Interest	1,086	1,001	2,067	1,997	2,820	514	1,648
Assessments and taxes	5,788	3,289	8,415	10,713	23,803	—	3,017
Restructuring costs	2,347	1,587	3,782	3,921	4,542	710	5,322
Other	3,102	3,660	4,966	6,925	7,743	2,723	11,913
Total expenses	115,399	74,312	152,551	204,536	277,492	49,719	145,404
Income (loss) from operations	(3,672)	(3,404)	(6,039)	(1,276)	5,701	(23,292)	(41,477)
Investment income (loss) and other, net	3,171	59	6,769	265	5,015	27	3,335
Loss on early extinguishment of debt	—	—	—	—	—	—	—
Nonoperating gains (losses), net	3,171	59	6,769	265	5,015	27	3,335
Revenue and gains in excess (deficient) of expenses and losses before discontinued operations	(501)	(3,345)	730	(1,011)	10,716	(23,265)	(38,142)
Net gains from discontinued operations	—	—	—	—	—	—	—
Revenue and gains in excess (deficient) of expenses and losses	(501)	(3,345)	730	(1,011)	10,716	(23,265)	(38,142)
Other changes in unrestricted net assets							
Net assets released from restrictions for purchase of land, buildings, and equipment	—	—	—	80	—	—	—
Transfers from (to) affiliates	—	48	544	418	180	20,104	—
Recognition of change in pension funded status	—	—	—	—	—	—	—
Increase (decrease) in unrestricted net assets	\$ (501)	(3,297)	1,274	(513)	10,896	(3,161)	(38,142)

(Continued)



## PRESENCE HEALTH NETWORK AND AFFILIATES

Consolidating Statement of Operations and Change in Unrestricted Net Assets Information

Year ended December 31, 2013

(In thousands)

	Presence Life Connections	Presence RHC Senior Services	Resurrection Development Foundation	Presence Health Care Preferred	Presence Home Care Services	Presence Ventures, Inc.	Resurrection University
Net patient and resident service revenue							
Net patient and resident service revenue before bad debt	\$ 121,908	132,612	—	—	12,464	—	—
Provision for uncollectible accounts receivable	1,257	4,010	—	—	527	—	—
Net patient and resident service revenue	120,651	128,602	—	—	11,937	—	—
Other revenue							
Other revenue	3,913	2,406	597	56,204	8	199	9,121
Services provided to affiliates	—	8,760	—	—	—	—	—
Total revenue	124,564	139,768	597	56,204	11,945	199	9,121
Expenses							
Salaries and benefits	74,014	71,066	1,201	5,164	7,820	—	5,906
Supplies	16,208	25,119	95	184	680	—	158
Management services	2,242	11,038	65	183	1,226	5	135
Purchased services	13,237	12,580	299	1,403	301	7	1,128
Insurance	1,427	(363)	—	36	(86)	—	—
Depreciation and amortization	5,037	7,369	—	1,068	179	—	46
Interest	2,240	1,810	—	—	52	—	—
Assessments and taxes	—	3,839	—	—	—	—	—
Restructuring costs	4,159	—	34	1,641	23	—	—
Other	10,298	4,619	380	48,488	546	161	1,741
Total expenses	128,862	137,077	2,074	58,167	10,741	173	9,114
Income (loss) from operations	(4,298)	2,691	(1,477)	(1,963)	1,204	26	7
Investment income (loss) and other net	7,246	9,512	1,516	—	843	—	(29)
Loss on early extinguishment of debt	—	—	—	—	—	—	—
Nonoperating gains (losses) net	7,246	9,512	1,516	—	843	—	(29)
Revenue and gains in excess (deficient) of expenses and losses before discontinued operations	2,948	12,203	39	(1,963)	2,047	26	(22)
Net gains from discontinued operations	—	—	—	—	—	—	—
Revenue and gains in excess (deficient) of expenses and losses	2,948	12,203	39	(1,963)	2,047	26	(22)
Other changes in unrestricted net assets							
Net assets released from restrictions for purchase of land, buildings and equipment	2,834	—	1,473	—	—	—	—
Transfers from (to) affiliates	(7,172)	226	(1,473)	—	—	(4,160)	—
Recognition of change in pension funded status	—	—	—	—	—	—	—
Increase (decrease) in unrestricted net assets	\$ (1,390)	12,429	39	(1,963)	2,047	(4,134)	(22)

(Continued)

## Schedule 2 (Continued)

## PRESENCE HEALTH NETWORK AND AFFILIATES

## Consolidating Statement of Operations and Change in Unrestricted Net Assets Information

Year ended December 31, 2013

(In thousands)

	Presence Behavioral Health	Presence Health Corporate	Alverno	Eliminations	Consolidated totals
Net patient and resident service revenue					
Net patient and resident service revenue before bad debt	\$ 17,581	—	—	(2,860)	2,660,109
Provision for uncollectible accounts receivable	371	—	—	—	208,781
Net patient and resident service revenue	17,210	—	—	(2,860)	2,451,328
Other revenue					
Other revenue	958	1,227	155,217	(95,479)	248,747
Services provided to affiliates	—	257,574	—	(266,340)	—
Total revenue	18,168	258,801	155,217	(364,679)	2,700,075
Expenses					
Salaries and benefits	11,799	149,441	89,355	—	1,417,324
Supplies	480	(4,436)	35,455	(8,724)	401,969
Management services	717	—	—	(254,227)	—
Purchased services	2,591	30,445	8,866	(86,170)	264,929
Insurance	(109)	(260)	452	—	29,849
Depreciation and amortization	245	5,083	1,700	—	156,956
Interest	56	—	—	—	46,089
Assessments and taxes	5	74	—	—	130,940
Restructuring costs	296	350	—	—	51,094
Other	1,690	78,090	20,018	(15,558)	262,592
Total expenses	17,770	258,787	155,846	(364,679)	2,761,742
Income (loss) from operations	398	14	(629)	—	(61,667)
Investment income (loss) and other, net	7	83,438	1,004	—	133,690
Loss on early extinguishment of debt	—	(8,540)	—	—	(8,540)
Nonoperating gains (losses), net	7	74,898	1,004	—	125,150
Revenue and gains in excess (deficient) of expenses and losses before discontinued operations	405	74,912	375	—	63,483
Net gains from discontinued operations	—	2,198	—	—	2,198
Revenue and gains in excess (deficient) of expenses and losses	405	77,110	375	—	65,681
Other changes in unrestricted net assets					
Net assets released from restrictions for purchase of land, buildings, and equipment	—	—	—	—	6,367
Transfers from (to) affiliates	3	65,740	—	4,210	—
Recognition of change in pension funded status	—	82,661	—	—	126,505
Increase (decrease) in unrestricted net assets	\$ 408	225,511	375	4,210	198,553

See accompanying independent auditors' report