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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 4936 Laverna Road | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Springfield, IL 62707

D Employer identification number
37-1186514

E Telephone number
(217) 523-4747

G Gross receipts $ 15,682,187

F Name and address of principal officer
DANIEL MCCORMACK
4936 Laverna Road
Springfield, IL 62707

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 ▶ 0928

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

J Website: ▶ WWW HSHS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE FINANCIAL SUPPORT, THROUGH PHILANTHROPY, TO THE MANY HEALING ENDEAVORS OF THE HOSPITAL SISTERS OF ST FRANCIS

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,727,078	8,929,559
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,269,953	5,543,162
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	626,215	977,306
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,623,246	15,450,027
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,885,172	8,865,250
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,351,117	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,656,143		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,257,179	3,404,652
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,493,468	12,269,902
19	Revenue less expenses Subtract line 18 from line 12	2,129,778	3,180,125

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	98,250,767	105,199,407
21	Total liabilities (Part X, line 26)	2,062,222	1,119,372
22	Net assets or fund balances Subtract line 21 from line 20	96,188,545	104,080,035

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

****** | 2015-04-03
Signature of officer | Date

MICHAEL W COTTRELL TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN V WOODHULL				P01305268

Firm's name ▶ CROWE HORWATH LLP | Firm's EIN ▶

Firm's address ▶ 225 WEST WACKER DRIVE SUITE 2600 CHICAGO, IL 606061224 | Phone no (312) 899-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO SEEK, INVITE, WELCOME AND INVOLVE ALL THOSE WHO WISH TO SHARE, BY THEIR GIFT OF TIME, TALENT AND PURSE IN THE HEALING MISSION OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS, AND TO PROVIDE FINANCIAL SUPPORT, THROUGH PHILANTHROPY, TO THE MANY HEALING ENDEAVORS OF THE HOSPITAL SISTERS OF ST FRANCIS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 8,865,250 including grants of $ 8,865,250) (Revenue $)

TO AID PERSONS WHO ARE UNABLE TO PROVIDE COMPLETELY FOR THEMSELVES IN OBTAINING HEALTH CARE SERVICES, SUPPLEMENT AND ENHANCE PROGRAMS IN HEALTH SERVICES WITH SPECIAL DEFERENCE TO PROGRAMS OF HOSPITALS SPONSORED BY THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS, AMERICAN PROVINCE, AND TO PROVIDE FINANCIAL ASSISTANCE IN DEVELOPING, MAINTAINING AND IMPROVING VARIOUS TYPES OF HEALTH SERVICES INCLUDING EDUCATION AND RESEARCH

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

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 8,865,250

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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	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		
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		No
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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	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	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part 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? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** 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	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ 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		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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? **Note.** 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? *If "No," provide an explanation in Schedule O* . .	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	**1a**	13		
	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	**1b**	8		
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**		No
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**		
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**		No
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**		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

▶Michael Cottrell 4936 Laverna Road
Springfield,IL 62707 (217)523-4747

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(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			
(1) DANIEL MCCORMACK PRESIDENT & CEO	60 00 0 00	X		X				0	277,443	92,114
(2) GARY D LEACH SECRETARY	1 00 0	X		X				0	0	0
(3) MICHAEL W COTTRELL TREASURER	2 50 59 50	X		X				0	692,004	156,526
(4) RICK MCGRAW CHAIRPERSON	1 00 0	X		X				0	0	0
(5) SR MARYBETH CULNAN OSF VICE CHAIRPERSON	1 00 10 00	X		X				0	0	0
(6) FRANK L MIKELL BOARD MEMBER	1 00 60 00	X						0	861,574	146,370
(7) JAMES COLLER BOARD MEMBER	1 00 0	X						0	0	0
(8) JOHN LUBS BOARD MEMBER	1 00 0	X						0	0	0
(9) KEVIN BREHENY BOARD MEMBER	1 00 1 00	X						0	0	0
(10) LAWRENCE SCHUMACHER BOARD MEMBER	1 00 60 00	X						0	1,234,818	204,518
(11) MARY STARMANN-HARRISON BOARD MEMBER	1 00 61 00	X						0	1,209,196	250,120
(12) P MICHAEL SCHUETTE BOARD MEMBER	1 00 0	X						0	0	0
(13) SARAH PHALEN BOARD MEMBER	1 00 0	X						0	0	0
(14) STEPHANIE S MCCUTCHEON FORMER VICE CHAIRPERSON	0 00 0 00						X	0	320,555	0

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

(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	4,595,590	849,648

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 ▶0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

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	348,250			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,581,309			
	g	Noncash contributions included in lines 1a-1f $		97,265			
	h	**Total.** Add lines 1a-1f . . . . . ▶		8,929,559			
Program Service Revenue			Business Code				
	2a			0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		0			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		675,009			675,009
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) . . . . . ▶		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	4,868,153				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	4,868,153	0			
	d	Net gain or (loss) . . . . . ▶		4,868,153			4,868,153
Other Revenue	8a	Gross income from fundraising events (not including $ 348,250 of contributions reported on line 1c) See Part IV, line 18 . . a	1,156,634				
	b	Less direct expenses . . . b	230,315				
	c	Net income or (loss) from fundraising events . . ▶		926,319			926,319
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	52,832				
	b	Less direct expenses . . . b	1,845				
	c	Net income or (loss) from gaming activities . . ▶		50,987			50,987
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a			0			
	b			0			
	c			0			
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶		0			
	12	**Total revenue.** See Instructions . . . . . ▶		15,450,027	0	0	6,520,468

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	8,865,250	8,865,250		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
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	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	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
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)	386,469	0	148,839	237,630
12 Advertising and promotion	0			
13 Office expenses	27,339		2,200	25,139
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	20,099			20,099
23 Insurance	0			
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 ALLOCATED HSHS & AFFILIATES COMPENSATION	2,821,563		597,470	2,224,093
b				
c				
d				
e All other expenses	149,182	0	0	149,182
25 **Total functional expenses.** Add lines 1 through 24e	12,269,902	8,865,250	748,509	2,656,143
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		2,716,769	2	2,042,435
	3	Pledges and grants receivable, net		6,684,951	3	6,148,390
	4	Accounts receivable, net		0	4	
	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			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 254,690			
	b	Less accumulated depreciation	10b 0	334,305	10c	254,690
	11	Investments—publicly traded securities		87,930,646	11	96,069,899
	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			14	
	15	Other assets See Part IV, line 11		584,096	15	683,993
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		98,250,767	16	105,199,407
Liabilities	17	Accounts payable and accrued expenses		2,041,322	17	1,098,472
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		20,900	25	20,900
	26	**Total liabilities.** Add lines 17 through 25		2,062,222	26	1,119,372
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		48,092,137	27	53,411,251
	28	Temporarily restricted net assets		25,024,550	28	26,211,914
	29	Permanently restricted net assets		23,071,858	29	24,456,870
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		96,188,545	33	104,080,035
	34	Total liabilities and net assets/fund balances		98,250,767	34	105,199,407

Part XI Reconcilliation 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	15,450,027
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,269,902
3	Revenue less expenses Subtract line 2 from line 1	3	3,180,125
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,188,545
5	Net unrealized gains (losses) on investments	5	4,711,364
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	104,080,035

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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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*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

Employer identification number
37-1186514

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

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

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

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

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

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

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

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

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

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

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

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

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

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?

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of 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 ")			10,189,571	7,727,078	8,929,560	26,846,209
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	0	0	10,189,571	7,727,078	8,929,560	26,846,209
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)						0
6 **Public support.** Subtract line 5 from line 4						26,846,209

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	0	0	10,189,571	7,727,078	8,929,560	26,846,209
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,589,363	1,167,304	675,009	3,431,676
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	1,209,466	1,209,466
11 **Total support** (Add lines 7 through 10)						31,487,351

12 Gross receipts from related activities, etc (see instructions) **12** 0

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** 85 260 %

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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 A, Part II, Line 10, Other Income	DESCRIPTION - FUNDRAISING REVENUE, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 1156634, COLUMN F - 1156634, DESCRIPTION - GAMING REVENUE, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 52832, COLUMN F - 52832,

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

Employer identification number
37-1186514

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or 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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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 ▶ $ _____

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

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

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

b If "Yes," explain the arrangement in Part 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	32,068,409	30,325,726	30,346,237	25,816,918	25,227,613
b	Contributions	1,397,523	329,402	392,039	1,333,506	318,281
c	Net investment earnings, gains, and losses	3,187,060	2,065,737	485,636	3,834,791	2,127,674
d	Grants or scholarships	1,777,272	652,456	898,186	638,978	1,856,650
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	34,875,720	32,068,409	30,325,726	30,346,237	25,816,918

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 29 900 %
- b Permanent endowment ▶ 69 100 %
- c Temporarily restricted endowment ▶ 1 000 %

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

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

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		254,690		254,690
b Buildings				0
c Leasehold improvements				0
d Equipment				0
e Other				0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				254,690

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
TRUST OBLIGATION	20,900
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	20,900

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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, Intended uses of endowment funds	THE FOUNDATION INTENDS TO USE ALL ENDOWMENT FUNDS TO SUPPORT NURSING SCHOOLS AND SPECIFIC OPERATIONS OF THE HOSPITAL SISTERS HEALTH SYSTEM FUNDS WHOSE USE HAS BEEN RESTRICTED BY A DONOR WILL BE SET ASIDE FOR SUCH PURPOSE UNTIL THE TERMS OF THE RESTRICTION HAVE BEEN MET, IF APPLICABLE ALL OTHER FUNDS SHALL BE DISBURSED IN ACCORDANCE WITH THE PROGRAM TRANSFER PROCEDURE DISCUSSED IN SCHEDULE O
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	HSHS AND THE FOUNDATION ARE ILLINOIS NOT FOR PROFIT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501 (A) OF THE CODE DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE CONSOLIDATED FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASIS AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING THE ENACTED TAX 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 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 KIARA, INC 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 JUNE 30, 2014 AND 2013 HAVE BEEN FULLY RESERVED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS DUE TO THE UNCERTAINTY OF REALIZATION HSHS 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 JUNE 30, 2014 AND 2013, HSHS DOES NOT HAVE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

Employer identification number
37-1186514

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

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

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? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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.

		(a) Event #1 ELIZABETHAN (event type)	(b) Event #2 GALA (event type)	(c) Other events 16 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	228,955	225,807	1,050,122	1,504,884
	2 Less Contributions	90,805	23,457	233,988	348,250
	3 Gross income (line 1 minus line 2)	138,150	202,350	816,134	1,156,634
Direct Expenses	4 Cash prizes			4,174	4,174
	5 Noncash prizes			27,382	27,382
	6 Rent/facility costs				0
	7 Food and beverages	18,427	17,469	96,157	132,053
	8 Entertainment	1,800	220	13,438	15,458
	9 Other direct expenses	4,024	5,768	41,456	51,248
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(230,315)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				926,319

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			52,832	52,832
Direct Expenses	2 Cash prizes			150	150
	3 Non-cash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses			1,695	1,695
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 90 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				1,845
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				50,987

9 Enter the state(s) in which the organization operates gaming activities IL, WI

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

11

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

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	100 %
b	An outside facility	13b	%

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

Name ▶ NA

Address ▶ 4936 LAVERNA ROAD
SPRINGFIELD,IL 62707

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 ▶ NA

Gaming manager compensation ▶ $

Description of services provided ▶ N/A

☐ 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

Employer identification number
37-1186514

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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

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
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	HOSPITALS SUBMIT COMPLETED PROGRAM TRANSFER REQUEST FORMS AND SUPPORTING DOCUMENTATION BY THE 25TH DAY OF EACH MONTH THE PHILANTHROPY DEPARTMENT ADMINISTRATIVE ASSISTANT REVIEWS EACH PROGRAM TRANSFER REQUEST FOR COMPLETENESS AND ACCURACY, AND VERIFIES THAT THE REQUEST HAS BEEN SIGNED BY THE HOSPITAL CEO THE PHILANTHROPY DEPARTMENT ADMINISTRATIVE ASSISTANT THEN ENTERS THE TITLE AND AMOUNT OF EACH PROGRAM TRANSFER ON THE CORRESPONDING HOSPITAL'S MONTHLY PROGRAM TRANSFER TOTALS SPREADSHEET BY CATEGORY THE VICE PRESIDENT OF PHILANTHROPY REVIEWS EACH PROGRAM TRANSFER REQUEST PROGRAM TRANSFERS UP TO $50,000 ARE SIGNED BY THE PRESIDENT AND/OR TREASURER OF HOSPITAL SISTERS OF ST FRANCIS FOUNDATION ("HSSF"), GRANTS UP TO $100,000 ARE SIGNED BY THE CHAIRPERSON OF HSSF, PROGRAM TRANSFERS OVER $100,000 ARE SUBMITTED TO THE FOUNDATION BOARD OF DIRECTORS FOR APPROVAL UPON APPROVAL BY THE FOUNDATION BOARD, THE TREASURER OF THE FOUNDATION SIGNS THE PROGRAM TRANSFER REQUEST AFTER ALL APPROPRIATE SIGNATURES, THE FOUNDATION ACCOUNTANT REVIEWS EACH PROGRAM TRANSFER REQUEST TO DETERMINE THAT THE EXPENSES HAVE BEEN INCURRED, THE SUPPORTING DOCUMENTATION IS VALID, AND THE RECEIPTS TOTAL THE AMOUNT BEING REQUESTED FOR EACH PROGRAM TRANSFER THE ACCOUNTANT ALSO REVIEWS EACH HOSPITAL'S MONTHLY PROGRAM TRANSFER TOTALS SPREADSHEET FOR ACCURACY OF PROGRAM TRANSFER TITLE, CATEGORY AND AMOUNT THE PHILANTHROPY ADMINISTRATIVE ASSISTANT PREPARES A PROGRAM TRANSFER SHEET FOR EACH HOSPITAL WITH THE MONTH AND AMOUNT FOR TREASURY TO POST THE FOUNDATION TREASURER REVIEWS AND SIGNS PROGRAM TRANSFER SHEETS FOR TREASURY THE PROGRAM TRANSFER SHEETS ARE SUBMITTED TO THE TREASURY DEPARTMENT FOR POSTING BY THE LAST DAY OF THE MONTH EACH MONTHLY PROGRAM TRANSFER TOTALS SPREADSHEET IS SENT TO THE RESPECTIVE HOSPITAL FOR ITS RECORDS THE PROGRAM TRANSFER TOTALS SHEETS ARE PRESENTED TO THE FOUNDATION BOARD OF DIRECTORS AT EACH QUARTERLY FOUNDATION BOARD MEETING AND REVIEWED AT EACH MEETING

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 37-1186514
Name: HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST ELIZABETH'S HOSPITAL 211 SOUTH THIRD STREET BELLEVILLE,IL 62220	37-0663567	501(C)(3)	223,681				HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARY'S HOSPITAL 1800 E LAKE SHORE DRIVE DECATUR,IL 62521	37-0661244	501(C)(3)	1,112,177	2,000	FMV	ART	HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST ANTHONY'S MEMORIAL HOSPITAL 503 N MAPLE STREET EFFINGHAM,IL 62401	37-0661233	501(C)(3)	279,990				HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH'S HOSPITAL 1515 MAIN STREET HIGHLAND,IL 62249	37-0663568	501(C)(3)	2,593,308				HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST FRANCIS HOSPITAL 1215 FRANCISCAN DRIVE LITCHFIELD,IL 62056	37-0661236	501(C)(3)	598,952				HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOHN'S HOSPITAL 500 EAST CARPENTER STREET SPRINGFIELD,IL 62769	37-0661238	501(C)(3)	1,232,018				HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARY'S HOSPITAL 111 SPRING STREET STREATOR,IL 61364	36-2169181	501(C)(3)	60,480				HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH'S HOSPITAL 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729	39-0810545	501(C)(3)	44,705				HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SACRED HEART HOSPITAL 900 WEST CLAIREMONT EAU CLAIRE, WI 54701	39-0807060	501(C)(3)	341,821				HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST MARY'S HOSPITAL 1726 SHAWANO AVENUE GREEN BAY, WI 54303	39-0818682	501(C)(3)	515,699				HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST VINCENT HOSPITAL 835 S VAN BUREN GREEN BAY, WI 51301	39-0817529	501(C)(3)	1,238,706				HOSPITAL ACTIVITES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST NICHOLAS HOSPITAL 3100 SUPERIOR AVENUE SHEBOYGAN, WI 53081	39-0808480	501(C)(3)	610,478	11,235	FMV	EQUIPMENT AND SUPPLIES	HOSPITAL ACTIVITES

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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*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

Employer identification number
37-1186514

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	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	**1b**		
2	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?	**2**		
3	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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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				
(1)STEPHANIE S MCCUTCHEON FORMER VICE CHAIRPERSON	(i)	0	0	0	0	0	0	0
	(ii)	0	0	320,555	0	0	320,555	0
(2)DANIEL MCCORMACK PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	229,792	36,689	10,962	66,309	25,805	369,557	0
(3)MICHAEL W COTTRELL TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	526,475	128,573	36,956	128,311	28,215	848,530	0
(4)MARY STARMANN-HARRISON BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	899,825	250,364	59,007	229,922	20,198	1,459,316	0
(5)LAWRENCE SCHUMACHER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	658,748	185,209	390,861	178,777	25,741	1,439,336	332,388
(6)FRANK L MIKELL BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	601,604	121,094	138,876	125,950	20,420	1,007,944	82,259

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
Schedule J, Part I, Line 3, Arrangement used to establish the top management official's compensation	PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A IN SCHEDULE O
Schedule J, Part I, Line 4a, Severance or change-of-control payment	STEPHANIE MCCUTCHEON RECEIVED A SEVERANCE PACKAGE DURING THE YEAR IN THE AMOUNT OF $320,555 FOR HER SERVICES AS PRESIDENT AND CEO OF HOSPITAL SISTERS HEALTH SYSTEM
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	HSHS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSHS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSHS COMPENSATION COMMITTEE THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN DOCUENTS FOR THE PLAN YEAR PARTICIPANTS CONSTRUCTIVELY RECEIVE A DISTRIBUTION FROM THE PLAN NO LATER THAN MARCH 15TH OF THE CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH AN AMOUNT IS VESTED AND TAXABLE PURSUANT TO A VESTING SCHEDULE AS SPECIFIED IN THE PLAN DOCUMENT THE ACTUAL DISTRIBUTION OF THE VESTED BENEFIT UNDER THE PLAN IS PAID IN A SINGLE LUMP SUM TO THE PARTICIPANT OR THE PARTICIPANT'S BENEFICIARY UPON THE EARLIER OF THE PARTICIPANT'S TERMINATION OF EMPLOYMENT, DEATH, OR TOTAL AND PERMANENT DISABILITY THE FOLLOWING INTERESTED PERSONS CONSTRUCTIVELY RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2013, THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) LAWRENCE SCHUMACHER -- $121,580 MICHAEL COTTRELL -- $68,239 MARY STARMANN-HARRISON -- $176,127 FRANK MIKELL -- $74,691 DANIEL MCCORMACK -- $27,420 THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2013, THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE LAWRENCE SCHUMACHER -- $332,388 FRANK MIKELL -- $82,259

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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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

Employer identification number
37-1186514

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	X	1	2,000	MARKET VALUE
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	X	31	84,030	MARKET VALUE
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 ▶ (SUPPLIES/MISCELLANEOUS)	X	4	1,521	MARKET VALUE
26 Other ▶ (TELEVISION)	X	1	650	MARKET VALUE
27 Other ▶ (ICE/WATER DISPENSER)	X	1	9,064	MARKET VALUE
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 . . . **29** 0

		Yes	No
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**		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	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**		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			

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, Explanations of reporting method for number of contributions	OTHER NUMBER OF CONTRIBUTIONS SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS ART - WORKS OF ART NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=SUPPLIES/MISCELLANEOUS NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line 9, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=TELEVISION NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=ICE/WATER DISPENSER NUMBER OF CONTRIBUTIONS

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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
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

Employer identification number
37-1186514

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 6, Classes of members or stockholders	THE SENIOR GOVERNING BODY OF HOSPITAL SISTERS OF ST FRANCIS FOUNDATION, INC (THE "CORPORATION") IS THE MEMBER OF THE CORPORATION, WHICH IS HOSPITAL SISTERS HEALTH SYSTEM ("HSHS"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7a, Members or stockholders electing members of governing body	PURSUANT TO SECTION 2 3 OF THE CORPORATION'S BYLAWS, THE ORGANIZATION'S MEMBER, HOSPITAL SISTERS HEALTH SYSTEM ("HSHS"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, HAS THE RIGHT TO APPOINT AND REMOVE THE CORPORATION'S BOARD OF DIRECTORS, CHAIRPERSON OF THE BOARD, AND PRESIDENT

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7b, Decisions requiring approval by members or stockholders	RESPONSIBILITY FOR THE POLICY AND OPERATIONS OF HOSPITAL SISTERS OF ST FRANCIS FOUNDATION, INC (THE "CORPORATION") IS VESTED IN ITS BOARD OF DIRECTORS, EXCEPT WITH RESPECT TO SPECIFIC POWERS RESERVED IN THE CORPORATION'S BYLAWS TO THE CORPORATION'S MEMBER, HOSPITAL SISTERS HEALTH SYSTEM ("HSHS"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE MEMBERS OF HSHS ARE THE INDIVIDUAL SISTERS WHO FROM TIME TO TIME ARE THE DULY ELECTED PROVINCIAL SUPERIOR AND PROVINCIAL COUNCILORS, RESPECTIVELY OF THE AMERICAN PROVINCE OF THE HOSPITAL SISTERS OF ST FRANCIS ("AMERICAN PROVINCE") THE AMERICAN PROVINCE IS THE UNITED STATES ORGANIZATION OF THE CONGREGATION OF THE HOSPITAL SISTERS OF THE THIRD ORDER REGULAR OF ST FRANCIS, A RELIGIOUS INSTITUTE OF THE ROMAN CATHOLIC CHURCH THE GOVERNANCE AND OPERATIONS OF THE CORPORATION ARE SUBJECT TO HSHS'S RIGHT TO EXERCISE THESE RESERVED POWERS WITH RESPECT TO THE CORPORATION AND ORGANIZATIONS OF WHICH THE CORPORATION IS EITHER, DIRECTLY OR INDIRECTLY, A CONTROLLING MEMBER OR A CONTROLLING SHAREHOLDER ("AFFILIATES") THE RESERVED POWERS INCLUDE ALL RIGHTS GRANTED TO HSHS BY LAW AND THE RIGHT TO (A) ADOPT, APPROVE AMENDMENTS TO, OR AMEND ANY STATEMENT OF PHILOSOPHY, MISSION, MISSION INTEGRATION OR VALUES OR ANY NAME, LOGO, OR MARK OF THE CORPORATION OR OF ANY AFFILIATE, (B) ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION OR OF ANY AFFILIATE, (C) ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE BYLAWS OF THE CORPORATION OR OF ANY AFFILIATE, (D) APPOINT AND REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE OF THE DIRECTORS OF THE CORPORATION OR OF ANY AFFILIATE, AND THE CHAIRPERSON AND PRESIDENT OF THE CORPORATION OR OF ANY AFFILIATE, (E) APPROVE THE RECOMMENDATION OF THE BOARD OF DIRECTORS TO APPOINT OR REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE DIRECTORS OF THE CORPORATION OR OF ANY AFFILIATE, OR THE CHAIRPERSON AND PRESIDENT OF THE CORPORATION OR OF ANY AFFILIATE (F) WITH RESPECT TO THE CORPORATION OR ANY AFFILIATE, APPROVE THE PURCHASE, SALE, ALIENATION, EXCHANGE, LEASE OR ENCUMBRANCE OFNY REAL PROPERTY OF THE CORPORATION OR OF ANY AFFILIATE, WHICH PROPERTY HAS A VALUE IN EXCESS OF LIMITS SET FROM TIME TO TIME BY HSHS, (G) APPROVE THE OPERATING AND CAPITAL BUDGETS OF THE CORPORATION OR OF ANY AFFILIATE, AND ANY DEVIATIONS BY THE CORPORATION OR OF ANY AFFILIATE FROM SUCH BUDGETS IN AN AMOUNT OR PERCENTAGE SPECIFIED BY HSHS FROM TIME TO TIME, (H) APPROVE THE STRATEGIC PLAN AND GOALS OF THE CORPORATION OR OF ANY AFFILIATE, (I) APPROVE THE SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR OF ANY AFFILIATE, (J) APPROVE THE MERGER OR DISSOLUTION OF THE CORPORATION OR OF ANY AFFILIATE, (K) ADOPT OR AMEND THE PLAN FOR MINISTRY EDUCATION AND GOVERNANCE FOR THE CORPORATION AND ITS AFFILIATES, (L) APPROVE THE CORPORATION'S MISSION ACCOUNTABILITY REPORTS AND THOSE OF ANY AFFILIATE, (M) APPROVE THE FINANCIAL POLICIES AND PROCEDURES OF THE CORPORATION OR OF ANY AFFILIATE AND APPROVE ANY DEVIATIONS FROM SUCH POLICIES AND PROCEDURES BY THE CORPORATION OR ANY AFFILIATE, AND (N) ADOPT POLICIES TO IMPLEMENT THE RESERVED POWERS OF HSHS

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	THE ORGANIZATION EMPLOYS CROWE HORWATH TO ASSIST IN THE OVERALL REVIEW AND ELECTRONIC SUBMISSION OF ITS FORM 990 CROWE PROVIDES GUIDANCE IN IDENTIFYING CRITICAL ERRORS IN THE RETURN SUBMISSION AND FEEDBACK ON QUANTITATIVE AND QUALITATIVE RESPONSES ADDITIONALLY, THE ORGANIZATION'S CFO PERFORMS A THOROUGH REVIEW OF THE RETURN AND REVIEWS IT WITH THE ORGANIZATION'S CEO AND/OR SENIOR LEADERS BEFORE PRESENTING IT IN ITS ENTIRETY TO THE BOARD FOR QUESTIONING AND REVIEW PRIOR TO THE RETURN'S SIGNING AND SUBMISSION TO THE IRS

Return Reference	Explanation	
	Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	THE ORGANIZATION IS SUBJECT TO THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST P OLICY ("POLICY") OF HOSPITAL SISTERS HEALTH SYSTEM, AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. A REVI SED CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY HAS BEEN USED SINCE JANUA RY, 2009 TO ESTABLISH THE PRACTICE OF MANAGING CONFLICTS OF INTEREST USING A SYSTEM-WIDE P ROTOCOL FOR DISCLOSURE STATEMENTS. IN ACCORDANCE WITH OUR CONFLICT OF INTEREST POLICY ALL COVERED PERSONS HAVE A DUTY TO COMPLY WITH THE CONFLICT OF INTEREST POLICY FOR ANY CONTRAC T, TRANSACTION, RELATIONSHIP OR ACTIVITY CONTEMPLATED, ENTERED INTO OR CONDUCTED AT HSHS. THE POLICY DEFINES COVERED PERSONS AS BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS, BO ARD DESIGNEES, SENIOR MANAGEMENT, MEMBERS OF ANY COMMITTEE THAT OVERSEES THE APPROVAL OF P HARMACEUTICALS AND MEDICAL DEVICES, ANY OTHER INDIVIDUAL WHO HOLDS A POSITION OF TRUST. ON AN ANNUAL BASIS HSHS DISCLOSES A COPY OF THE CONFLICT OF INTEREST POLICY, (AND ALL CORRES PONDING PROCEDURES, GUIDELINES, FORMS AND TOOLS), TO ALL COVERED PERSONS AND ADVISES ALL C OVERED PERSONS IN WRITING OF ANY SUBSTANTIVE CHANGES TO THIS POLICY AND SUCH RELATED MATER IALS. THE COVERED PERSONS ARE REQUIRED TO REVIEW AND COMPLETE THE CORRESPONDING CONFLICT O F INTEREST STATEMENT. THE SYSTEM OFFICE VICE PRESIDENT, SYSTEM RESPONSIBILITY OR MEMBERS O F THE AUDIT AND INTEGRITY COMMITTEE ("COMMITTEE") ARE AVAILABLE TO ANSWER ANY QUESTIONS A COVERED PERSON MAY HAVE. IN ADDITION, IF, AT ANY TIME AFTER SUBMITTING AN ANNUAL CONFLICT OF INTEREST STATEMENT, A COVERED PERSON BECOMES AWARE OF AN INTEREST THAT HE OR SHE WOULD HAVE HAD TO DISCLOSE AT THE ANNUAL INTERVAL, THE COVERED PERSON SHALL PROMPTLY DISCLOSE TH E INTEREST TO THE COMMITTEE USING THE HSHS CONFLICT OF INTEREST DISCLOSURE STATEMENT. COMP LETED CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED TO THE COMMITTEE OF HSHS WHICH IS RESP ONSIBLE FOR IDENTIFYING, ASSESSING, AND MANAGING CONFLICTS OF INTEREST THAT ARISE IN THE C OURSE OF CONDUCTING THE AFFAIRS OF HSHS AND ITS AFFILIATES. IF THE COMMITTEE DETERMINES TH AT A CONFLICT OF INTEREST EXISTS, HSHS SHALL NOT ENGAGE IN OR ENTER INTO A PROPOSED CONTRA CT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY UNLESS THE COMMITTEE OR, WHERE NEC ESSARY, THE BOARD OF DIRECTORS (ACTING THROUGH ITS DISINTERESTED MEMBERS), HAS INVESTIGATE D ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT OR ACTIVIT Y AND, IN THE ABSENCE OF ALTERNATIVES THAT ARE IN THE BEST INTERESTS OF HSHS, HAS DETERMIN ED: 1 THAT, REGARDLESS OF WHETHER THE COVERED PERSON PARTICIPATES IN THE IMPLEMENTATION O F THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY, 2. THE CONTR ACT, TRANSACTION, ARRANGEMENT OR ACTIVITY IS IN THE BEST INTEREST OF HSHS, 3. THE CONTRACT , TRANSACTION, ARRANGEMENT OR ACTIVITY IS FAIR AND REASONABLE FROM THE PERSPECTIVE OF HSHS , AND 4. HSHS CANNOT OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION, ARRANGEMENT OR ACTI VITY WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES. IN DETERMINING WHETHER A CONTRACT, T RANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO HSHS, THE COMMITTEE SHALL CONSIDER, WH ERE APPLICABLE: 1. APPRAISALS OR OTHER INDEPENDENT VALUATIONS OF THE FAIR MARKET VALUE OF THE CONTRACT, TRANSACTION OR ARRANGEMENT, 2. INFORMATION REGARDING COMPARABLE CONTRACTS, T RANSACTIONS OR ARRANGEMENTS BETWEEN UNRELATED PARTIES, 3. OFFERS FROM COMPARABLE COMPETING ENTITIES, AND/OR 4. STUDIES OF COMPARABLE COMPENSATION ARRANGEMENTS IN ANY CASE IN WHICH THE COMMITTEE FINDS, AFTER TAKING THE STEPS DESCRIBED ABOVE, THAT HSHS SHOULD PARTICIPATE IN A PROPOSED TRANSACTION OR ARRANGEMENT DESPITE THE EXISTENCE OF A CONFLICT OF INTEREST, THE COMMITTEE SHALL DEVELOP, IMPLEMENT, MONITOR, AND ENFORCE COMPLIANCE WITH, A CONFLICT MANAGEMENT PLAN FOR MANAGING THE CONFLICT OF INTEREST AS IT CONSIDERS NECESSARY FOR SUCH F INDINGS TO REMAIN VALID THROUGHOUT THE LIFE OF THE CONTRACT, TRANSACTION, RELATIONSHIP, AR RANGEMENT OR ACTIVITY. ALL CONFLICT MANAGEMENT PLANS SHALL: 1 STATE THAT THE COMMITTEE WI LL OVERSEE, MONITOR AND ENFORCE COMPLIANCE WITH THE PLAN THROUGHOUT THE COURSE OF THE STUD Y AND SPECIFY MEANS FOR DOING SO, INCLUDING, WITHOUT LIMITATION, THAT THE APPROPRIATE INDI VIDUALS MUST PROVIDE THE COMMITTEE WITH WRITTEN REPORTS PERTAINING TO COMPLIANCE WITH THE CONFLICT MANAGEMENT PLAN, THAT THE COMMITTEE SHALL HAVE THE RIGHT TO AUDIT THE STUDY FOR S UCH COMPLIANCE AND THE RIGHT TO IMPOSE SANCTIONS FOR NON-COMPLIANCE, 2. STATE THAT THE PLA N MUST BE SHARED WITH COVERED PERSON WHOSE INTERESTS IT WAS DEVELOPED TO MANAGE, 3. STATE THAT THE PLAN MUST BE SHARED WITH, AND PERIODIC REPORTS ON COMPLIANCE WITH THE PLAN MUST B E PROVIDED TO, THE BOARD, SENIOR MANAGEMENT AND/OR GOVERNMENT AGENCIES, AND 4. PROVIDE FOR SUCH OTHER MANAGEMENT STEPS AND MECHANISMS THE COMMITTEE CONSIDERS NECESSARY AND APPROPRI ATE. IN ADDITION TO THE COMMITTEE, THE SYSTEM OFFI

Return Reference	Explanation	
	Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	CE VICE PRESIDENTS OF SYSTEM RESPONSIBILITY AND RISK & COMPLIANCE MAY RETAIN SUCH INDEPEND ENT ADVISORS OR EXPERTS AS DEEMED NECESSARY TO ASSIST IN MAKING ITS DETERMINATIONS AND DEC ISIONS IF THE COMMITTEE DETERMINES THAT THE CONTEMPLATED TRANSACTION, RELATIONSHIP ARRANG EMENT OR ACTIVITY CANNOT PROCEED DUE TO A CONFLICT OF INTEREST, THE COMMITTEE SHALL INFORM THE APPLICABLE COVERED PERSON OR DECISION-MAKING BODY OF SUCH DETERMINATION WITHIN ONE WE EK OF THE COMMITTEE MEETING AT WHICH THE CONTEMPLATED TRANSACTION WAS DISCUSSED THE COMMI TTEE SHALL DOCUMENT ITS REJECTION OF THE CONTEMPLATED TRANSACTION IN THE COMMITTEE'S MEETI NG MINUTES

Return Reference	Explanation
FORM 990, PART VI, LINE 13, WHISTLEBLOWER POLICY	PROVISIONS WITHIN THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY PROVIDE PROTECTIONS FOR WHISTLEBLOWER TYPE ACTIVITIES

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	HOSPITAL SISTERS OF ST FRANCIS FOUNDATION DEFERS TO THE HSHS COMPENSATION POLICY FOR DETERMINATION OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES HSHS COMPENSATION POLICY IS AS FOLLOWS THE COMPENSATION COMMITTEE (''COMMITTEE'') IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS THE COMMITTEE DEVELOPS A COMPENSATION PHILOSOPHY FOR THE SYSTEM AND ALL AFFILIATES THE COMMITTEE SELECTS AND HIRES THE INDEPENDENT COMPENSATION CONSULTANT TO DEVELOP COMPARABILITY DATA AND ADVISE THE COMMITTEE DURING ITS DELIBERATIONS REGARDING ALL ELEMENTS OF TOTAL COMPENSATION FOR ALL DISQUALIFIED INDIVIDUALS INTEGRATED HEALTHCARE STRATEGIES (''IHS''), THE CONSULTANTS UTILIZED BY THE COMMITTEE, USE DATA FROM MULTIPLE TAX-EXEMPT PEER GROUP SOURCES TO DETERMINE SALARY RANGES, INCENTIVE OPPORTUNITY RANGES AND BENEFITS FOR THE DISQUALIFIED INDIVIDUALS IHS THEN ASSISTS THE COMMITTEE IN PREPARING CONTEMPORANEOUS DOCUMENTATION OF ALL ACTIONS EACH COMMITTEE MEETING IS CONDUCTED WITH THE INTENT TO CREATE A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL ELEMENTS OF EXECUTIVE TOTAL COMPENSATION FOR THE DISQUALIFIED INDIVIDUALS THE CHAIRMAN MAKES THIS DECLARATION AND ALSO INQUIRES IF THERE ARE ANY CONFLICTS OF INTEREST BY ANY ATTENDEES ANY CONFLICTS ARE DISCLOSED AND THE COMMITTEE THEN ACTS IN A MANNER TO AVOID ANY CONFLICTED INDIVIDUAL PARTICIPATING IN ANY MANNER WHERE A CONFLICT MIGHT EXIST AT THE END OF THE MEETING, THE COMMITTEE PREPARES CONTEMPORANEOUS MINUTES THAT RECORD ALL ACTIONS TAKEN DURING THE MEETING

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	BOARD-APPROVED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC AT THIS TIME.

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

Return Reference	Explanation
Schedule M, part I, column (b), Line 1, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=SUPPLIES/MISCELLANEOUS NUMBER OF CONTRIBUTIONS

Return Reference	Explanation
Schedule M, part I, column (b), Line 9, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=TELEVISION NUMBER OF CONTRIBUTIONS

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=ICE/WATER DISPENSER NUMBER OF CONTRIBUTIONS

Return Reference	Explanation
Schedule M, part I, column (b), Line 1, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS

Return Reference	Explanation	
	SCHEDULE O, AFFILIATED HEALTH SYSTEM	HOSPITAL SISTERS OF ST FRANCIS FOUNDATION IS AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYST EM (HSHS), A HEALTH CARE MINISTRY THAT INCLUDES 13 HOSPITALS, NUMEROUS COMMUNITY-BASED HEAL TH CENTERS AND CLINICS, AND HUNDREDS OF PHYSICIAN PARTNERS ACROSS ILLINOIS AND WISCONSIN THE MISSION OF HSHS IS "TO REVEAL AND EMBODY CHRIST'S HEALING LOVE FOR ALL PEOPLE THROUGH OUR HIGH QUALITY FRANCISCAN HEALTH CARE MINISTRY " WE LIVE OUR MISSION BY PROVIDING HOLIST IC HEALING TO ALL WHO SEEK OUR CARE, AS WELL AS THROUGH COMMUNITY BENEFIT WORKING COLLABO RATIVELY WITH OTHERS IN THE COMMUNITIES WE SERVE, OUR COMMUNITY BENEFIT INITIATIVES ARE ST RATEGICALLY AND SUCCESSFULLY EXPANDING ACCESS TO CARE, IMPROVING THE HEALTH STATUS OF RESI DENTS, AND FURTHERING MEDICAL EDUCATION AND KNOWLEDGE IN FY2014, OUR 13 HOSPITALS RESPOND ED TO NEEDS IDENTIFIED IN EACH OF THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) COMPLET ED IN FY2012 THE INFORMATION GATHERED FROM THESE ASSESSMENTS WAS USED TO DEVELOP NEW AND ENHANCE EXISTING COMMUNITY BENEFIT PROGRAMS AND SERVICES THAT BEST ADDRESSED COMMUNITY NEE DS INCLUDED AMONG THE MANY PRIORITY NEEDS IDENTIFIED IN OUR CHNAS WERE CHRONIC DISEASE PR EVENTION AND MANAGEMENT, OBESITY, ADEQUATE FOOD AND NUTRITION, MENTAL HEALTH, AND ACCESS T O HEALTH CARE SERVICES HSHS HOSPITALS ARE PROACTIVELY ADDRESSING THESE AND OTHER NEEDS TH ROUGH PATIENT, PROVIDER AND COMMUNITY EDUCATION, PREVENTATIVE SCREENINGS, SELF-MANAGEMENT CLASSES, AND NEW OR ENHANCED CLINICAL SERVICES ACROSS HSHS, WE COLLECTIVELY PROVIDED $174 0 MILLION IN COMMUNITY BENEFIT (OR 9 3% OF TOTAL HOSPITAL EXPENSES) IN FY2014 INCLUDED I N THIS AMOUNT WAS $39 9 MILLION PROVIDED FOR FINANCIAL ASSISTANCE (I E CHARITY CARE) AND $95 8 MILLION FOR UNREIMBURSED CARE PROVIDED UNDER THE MEDICAID PROGRAM IN ADDITION, HSHS HOSPITALS COMMITTED SIGNIFICANT RESOURCES TO CARE FOR MEDICARE PATIENTS THE COST OF PROV IDING SERVICES TO PRIMARILY ELDERLY BENEFICIARIES OF THE MEDICARE PROGRAM - IN EXCESS OF G OVERNMENTAL AND MANAGED CARE CONTRACT PAYMENTS - WAS $175 2 MILLION HSHS HOSPITALS ALSO R ECORDED $94 2 MILLION IN UNCOLLECTIBLE ACCOUNTS WHILE THE LATTER TWO AMOUNTS ARE NOT COUN TED AS COMMUNITY BENEFIT, THEY NONETHELESS REFLECT OUR COMMITMENT TO ALL PERSONS IN NEED O F CARE IN ADDITION TO THE DOLLARS INVESTED IN OUR COMMUNITY BENEFIT PROGRAMS, HSHS ALSO C ONTINUES TO REINVEST ANY SURPLUS REVENUE FROM OPERATIONS AND INVESTMENTS INTO NEW MEDICAL TECHNOLOGY, FACILITY INFRASTRUCTURE AND HEALTH CARE SERVICES IN OUR COMMUNITIES BY DOING SO, WE ENSURE WE ARE ABLE TO MEET THE ONGOING DEMAND FOR HIGH QUALITY, EFFICIENT AND EASIL Y ACCESSIBLE HEALTH CARE RECOGNIZING THAT THE HEALTH CARE DELIVERY MODEL IN THE UNITED ST ATES IS EVOLVING, HSHS REMAINS FOCUSED ON IMPLEMENTING OUR CARE INTEGRATION STRATEGY CARE INTEGRATION COORDINATES THE DELIVERY OF CARE AROUND THE NEEDS OF EACH PATIENT DURING FY2 014, WE MADE SIGNIFICANT PROGRESS WITH THIS STRATEGY AS WE FURTHER IMPLEMENTED INTEROPERAB LE HEALTH INFORMATION TECHNOLOGIES, EXPANDED THE NUMBER OF MEDICAL HOMES, AND STRENGTHENED OUR ALIGNMENT WITH PHYSICIANS GREATER ACCESS TO CARE AS A FRANCISCAN HEALTH CARE MINISTR Y, HSHS IS DEEPLY COMMITTED TO SERVING THOSE WHO ARE MOST IN NEED WE NOT ONLY PROVIDE CAR E TO EVERY PATIENT WHO WALKS THROUGH OUR DOORS, BUT ALSO REACH OUT BEYOND THE WALLS OF OUR HOSPITALS AND CLINICS TO CARE FOR THOSE IN OUR COMMUNITIES OUR EFFORTS TO ENSURE RESIDEN TS IN THE COMMUNITIES WE SERVE RECEIVE THE RIGHT CARE AT THE RIGHT TIME IN THE RIGHT SETTI NG OFTEN INVOLVE PARTNERING WITH OTHERS TO ACHIEVE THIS GOAL ACROSS OUR TWO-STATE SYSTEM, THERE ARE NUMEROUS EXAMPLES OF HSHS COLLABORATING WITH OTHER ORGANIZATIONS TO ENHANCE ACC ESS TO CARE FOR THOSE IN NEED IN FY2014, HSHS AND OUR 13 HOSPITALS INVESTED A CONSIDERABL E AMOUNT OF COMMUNITY BENEFIT RESOURCES TO EDUCATE THE UNINSURED ABOUT HISTORIC NEW OPPORT UNITIES TO ENROLL IN AFFORDABLE HEALTH CARE COVERAGE AND TO FACILITATE THE ENROLLMENT PROC ESS STUDIES HAVE SHOWN THAT PEOPLE WITHOUT INSURANCE COVERAGE ARE MORE LIKELY THAN THEIR INSURED COUNTERPARTS TO POSTPONE CARE AND TO DEVELOP MORE SEVERE AND EXPENSIVE CONDITIONS IT IS FOR THIS REASON THAT THE CATHOLIC CHURCH, CATHOLIC HEALTH CARE AND HSHS HAVE LONG P ROMOTED "COVERAGE AND ACCESS FOR ALL " HSHS AND OUR 13 HOSPITALS IN PARTNERSHIP WITH LOCAL HEALTH DEPARTMENTS, SOCIAL SERVICE AGENCIES AND OTHER HEALTH CARE PROVIDERS PLAYED A VITA L ROLE IN EDUCATING ELIGIBLE PEOPLE IN THEIR LOCAL COMMUNITIES, IN REFERRING PEOPLE TO CER TIFIED APPLICATION COUNSELORS AND/OR IN ENROLLING THEM IN THE HEALTH INSURANCE EXCHANGES O R IN SECURING COVERAGE THROUGH MEDICAID EXPANSION OF THE EIGHT STATES WITH THE HIGHEST CO NCENTRATION OF UNINSURED, ILLINOIS WAS AMONG 25 STATES THAT MOVED TOWARD MEDICAID EXPANSIO N UNDER THE AFFORDABLE CARE ACT WITH THE SUPPORT OF ST MARY'S HOSPITAL MEDICAL CENTER AN D ST VINCENT HOSPITAL IN GREEN BAY, WISCONSIN, THE NEW COMMUNITY CLINIC DENTAL PROGRAM ON THE CAMPUS OF NORTHEAST WISCONSIN (NEW) TECHNICAL

Return Reference	Explanation	
	SCHEDULE O, AFFILIATED HEALTH SYSTEM	COLLEGE WAS ABLE TO PURCHASE EQUIPMENT TO ENABLE LOCAL ORAL SURGEONS TO PROVIDE CARE (ON A VOLUNTEER BASIS) AT THE CLINIC - THE SITE THAT ST MARY'S AND ST VINCENT HOSPITALS HELP ED TO ESTABLISH IN 2013 ANNUALLY, THE CLINIC PROVIDES DENTAL SERVICES TO APPROXIMATELY 6, 000 LOW-INCOME AND UNINSURED PERSONS INCLUDING THE HOMELESS IN BROWN COUNTY ST FRANCIS H OSPITAL IN LITCHFIELD, ILLINOIS PARTNERED WITH LEWIS & CLARK COMMUNITY COLLEGE AND LOCAL D ENTAL PROVIDERS TO BRING THE COLLEGE'S MOBILE DENTAL HEALTH UNIT TO THE LITCHFIELD AREA, T HE UNIT PROVIDES EXAMS AND SCREENINGS, X-RAYS AND HYGIENE TO THOSE IN NEED IN WESTERN WIS CONSIN, A PARTNERSHIP BETWEEN ST JOSEPH'S HOSPITAL IN CHIPPEWA FALLS, THE CHIPPEWA HEALTH IMPROVEMENT PARTNERSHIP (CHIP), LE PHILLIPS-LIBERTAS TREATMENT CENTER AND THE OPEN DOOR C LINIC (A FREE CLINIC SUPPORTED BY ST JOSEPH'S HOSPITAL AND CHIP) WAS DEVELOPED IN FY2014 TO PROVIDE FREE BEHAVIORAL HEALTH SERVICES TO ELIGIBLE PATIENTS OF THE OPEN DOOR CLINIC T HIS INITIATIVE IS IN DIRECT RESPONSE TO THE IDENTIFIED NEED TO PROVIDE BETTER ACCESS TO ME NTAL HEALTH SERVICES FOR THOSE WITHOUT INSURANCE COVERAGE IN FY2014, 105 REFERRALS WERE M ADE FROM THE OPEN DOOR CLINIC TO LE PHILLIPS-LIBERTAS TREATMENT CENTER IN TOTAL, 950 VISI TS WERE PROVIDED TO REFERRED PATIENTS INCLUDING INITIAL INTAKE AND FOLLOW UP THERAPY SESSI ONS - MENTAL HEALTH SERVICES THAT WOULD NOT HAVE BEEN RECEIVED HAD THE PROGRAM NOT BEEN DE VELOPED AND IMPLEMENTED IN SOUTHEAST ILLINOIS, AREA RESIDENTS CAN GET HELP FILLING A PRES CRIPTION THROUGH THE LONG-TERM COLLABORATION BETWEEN ST ANTHONY'S MEMORIAL HOSPITAL IN EF FINGHAM AND CATHOLIC CHARITIES IN FY2014, ST ANTHONY'S HELPED UNDERWRITE THE COST OF PRE SCRIPTION MEDICATIONS FOR 311 RESIDENTS, A 10% INCREASE OVER FY2013 ST ANTHONY'S AND CAT HOLIC CHARITIES BELIEVE THAT NO ONE SHOULD BE WITHOUT PRESCRIBED MEDICATIONS BECAUSE OF IN ABILITY TO PAY IN SOUTHWEST ILLINOIS, ST JOSEPH'S HOSPITAL IN HIGHLAND ENHANCED THEIR OF FERINGS TO THEIR SENIOR POPULATION BASED ON THEIR CHNA "SENIOR RENEWAL" IS AN OUTPATIENT COUNSELING PROGRAM FOR SENIOR ADULTS WHO MAY BE FACING EMOTIONAL AND PHYSICAL PROBLEMS UNI QUE TO THE AGING PROCESS SUCH AS FEELINGS OF LONELINESS, ISOLATION AND ANXIETY CLIENTS RE CEIVE AN INTENSIVE LEVEL OF TREATMENT WITHOUT INPATIENT HOSPITALIZATION THROUGH COUNSELING STRATEGIES AND EDUCATION IN ADDITION, ST JOSEPH'S HOSPITAL IN COLLABORATION WITH THE IL LINOIS DEPARTMENT OF INSURANCE PARTICIPATES IN THE SENIOR HEALTH INSURANCE PROGRAM (SHIP), A FREE HEALTH INSURANCE COUNSELING SERVICE FOR MEDICARE BENEFICIARIES AND THEIR CAREGIVER S IN ADDITION TO PROGRAMS DESIGNED TO INCREASE ACCESS TO CARE, HSHS MAKES SURE THAT THOSE WHO NEED FINANCIAL ASSISTANCE RECEIVE IT HSHS'S FINANCIAL ASSISTANCE (CHARITY CARE) POLI CY WAS MODIFIED EFFECTIVE JANUARY 1, 2014 TO OFFER A 25% SELF-PAY DISCOUNT TO ALL PATIENTS WHO REGISTER WITHOUT INSURANCE. HSHS FINANCIAL ASSISTANCE PROGRAMS HAVE A SLIDING SCALE, IN SOME INSTANCES PROVIDING UP TO A 55% REDUCTION OFF BILLED CHARGES IF AN UNINSURED PATIE NT'S FAMILY INCOME LEVEL IS DETERMINED TO BE ABOVE 500% BUT EQUAL TO OUR LESS THAN 600% OF THE CURRENT FEDERAL POVERTY GUIDELINES ALL CHARGES ARE WAIVED FOR PATIENTS BELOW 200% OF THE FEDERAL POVERTY LEVELS COUNSELORS ARE AVAILABLE IN OUR HOSPITALS TO EXPLAIN OUR FINA NCIAL ASSISTANCE POLICY TO PATIENTS, PROVIDE THEM WITH ASSISTANCE IN FILLING OUT A SIMPLE APPLICATION FORM, OR HELP THEM ENROLL IN PUBLICLY FUNDED HEALTH CARE PROGRAMS

Return Reference	Explanation	
	SCHEDULE O, AFFILIATED HEALTH SYSTEM (CONTINUED)	BETTER COMMUNITY HEALTH AS PART OF OUR MISSION TO EMBODY CHRIST'S HEALING LOVE, WE UNDERST AND THAT WE HAVE A RESPONSIBILITY TO IMPROVE THE OVERALL QUALITY OF LIFE IN OUR COMMUNITIE S BY SUPPORTING INITIATIVES THAT PROMOTE HEALTH AND WELLNESS WE RECOGNIZE WE ARE MOST SUC CESSFUL WHEN WE WORK TOGETHER WITH A WIDE ARRAY OF PUBLIC AND PRIVATE ORGANIZATIONS THAT S HARE OUR COMMITMENT TO IMPROVING LIVES BY DOING SO, WE MAXIMIZE OUR EFFORTS AND REDUCE TH E DUPLICATION OF SERVICES HSHS HOSPITALS ALSO UNDERSTAND WE NEED TO LISTEN CLOSELY TO THE RESIDENTS OF THE COMMUNITIES WE SERVE TO ENSURE THE HEALTH CARE NEEDS OF ALL ARE BEING ME T TO THAT END, EACH OF OUR 13 HOSPITALS COMPLETED COMMUNITY HEALTH NEEDS ASSESSMENTS (CHN A) DURING FY2012 THE INFORMATION GATHERED FROM THESE ASSESSMENTS IS BEING USED TO HELP US DEVELOP NEW, AND ENHANCE EXISTING, PROGRAMS AND SERVICES THAT BEST ADDRESS THE NEEDS OF T HE COMMUNITY SEVERAL PRIORITY NEEDS WERE IDENTIFIED IN THE CHNAS INCLUDING METABOLIC AND CARDIOVASCULAR DISEASE MANAGEMENT, ADEQUATE FOOD AND NUTRITION, AND MENTAL HEALTH HSHS HO SPITALS ARE ADDRESSING THESE AND OTHER NEEDS BY PROACTIVELY OFFERING EDUCATIONAL OPPORTUNI TIES, PREVENTATIVE SCREENINGS, AND NEW OR ENHANCED CLINICAL SERVICES IN MANY CASES, THE H OSPITALS COLLABORATE WITH OTHER COMMUNITY ORGANIZATIONS TO ADDRESS IDENTIFIED NEEDS IN PA RTNERSHIP WITH THE SANGAMON COUNTY HEALTH DEPARTMENT AND LOCAL FARMERS, ST JOHN'S HOSPITA L IN SPRINGFIELD, ILLINOIS TOOK A LEAD ROLE IN BRINGING A FARMERS MARKET TO THE EAST SIDE OF SPRINGFIELD THE EAST SIDE FARMERS MARKET (ESFM) ADDRESSES THREE COMMUNITY NEEDS CHILD HOOD OBESITY, CHILDHOOD POVERTY (26% OF CHILDREN IN SANGAMON COUNTY LIVE IN POVERTY VS 18 % IN THE STATE) AND PROVIDING FRESH PRODUCE TO PERSONS LIVING IN A KNOWN "FOOD DESERT " OV ER THE LAST THREE SUMMERS (JUNE - OCTOBER), ESFM HAS SERVED 3,074 FAMILIES WIC CLIENTS, S ENIOR CITIZENS AND DISABLED PERSONS HAVE ESPECIALLY BENEFITTED DUE TO ESFM BEING OFFERED O N THE SAME DAY AS WIC EDUCATION CLASSES, AND THE CLOSE PROXIMITY OF PARKING TO VENDORS IN ADDITION, THE FARMERS CREATED A "DRIVE THROUGH" TO MAKE SHOPPING EASIER FOR SENIORS AND D ISABLED PERSONS ST MARY'S HOSPITAL IN STREATOR, ILLINOIS TEAMED UP WITH THE STREATOR YMC A TO OFFER A 12-WEEK WEIGHT LOSS PROGRAM - HEALTHY YOU - TO MOTIVATE MORE THAN 300 PARTICI PANTS, 80% OF WHOM WERE RETURNING PARTICIPANTS FROM FY2013, TO LOSE WEIGHT AND MAINTAIN A HEALTHY LIFESTYLE. THE PROGRAM INCLUDED AEROBICS CLASSES, COOKING CLASSES, AND A MAINTENAN CE PROGRAM TO ENCOURAGE PARTICIPANTS TO WEIGH IN MONTHLY SURVEYS WERE COLLECTED AT REGIST RATION TO QUANTIFY PROGRESS FOR REPEAT PARTICIPANTS - 53% STATED THEY WERE ABLE TO MAINTAI N THEIR WEIGHT LOSS AND 74% WERE ABLE TO CONTINUE TO LOSE WEIGHT IN FY2014, HEALTHY YOU P ARTICIPANTS COLLECTIVELY LOST 2,853 POUNDS OR 4 42% OF TOTAL BODY WEIGHT IN FY2014, ST M ARY'S HOSPITAL IN DECATUR, ILLINOIS PARTNERED WITH LOCAL PROVIDERS TO PROMOTE THE LEARN MO RE, BREATHE BETTER CAMPAIGN IN COORDINATION WITH THE NATIONAL HEART, LUNG AND BLOOD INSTIT UTE TO EDUCATE THE COMMUNITY ABOUT COPD AND OTHER BREATHING ISSUES AND TO PROMOTE BEHAVIOR S THAT IMPROVE HEALTH BREATHING ISSUES ARE PREVALENT IN THE DECATUR AREA DUE TO THE CONCE NTRATION OF MANUFACTURING AND POOR AIR QUALITY ST MARY'S HAS RESEARCHED AND COMPILED ADM ISSIONS DATA RELATED TO COPD AND HAS INCREASED PATIENT, PROVIDER AND COMMUNITY EDUCATION T O BETTER COORDINATE CARE ACROSS THE CONTINUUM FOR BETTER PATIENT OUTCOMES IN ADDITION, ST MARY'S HOSPITAL'S MODEL FOR COPD CORE MEASURES HAS BEEN SHARED AT NATIONAL BEST PRACTICE S SEMINARS TO BENEFIT OTHER COMMUNITIES ACCORDING TO THE NATIONAL ASSESSMENT OF ADULT LIT ERACY, ONLY 12% OF ADULTS HAVE "PROFICIENT" HEALTH LITERACY, I E. NINE OUT OF 10 ADULTS LA CK THE SKILLS NEEDED TO MANAGE THEIR HEALTH HEALTH LITERACY WAS IDENTIFIED IN THE CHNA CO MPLETED BY ST NICHOLAS HOSPITAL IN SHEBOYGAN AND THE DEPARTMENT OF PUBLIC HEALTH IN FY201 2 IN TURN, ST NICHOLAS HOSPITAL SPONSORED A SY MPOSIUM FOR HEALTH CARE PROVIDERS AND SOCI AL SERVICES ORGANIZATIONS AND A COMMUNITY-WIDE CME FOR ALL SHEBOYGAN PHY SICIANS AS WELL AS STAFF TRAINING AS FIRST STEPS IN ADDRESSING THE HEALTH LITERACY NEEDS OF THE SHEBOYGAN CO MMUNITY IN FY2013 IN FY2014, THE HEALTHY SHEBOYGAN COUNTY 2020 HEALTH LITERACY COMMITTEE HOSTED FIVE FOCUS GROUPS (HISPANIC, HMONG, LOW-INCOME, SENIOR CITIZENS AND YOUNG ADULTS) A ND AN EXECUTIVE BRIEFING FOR HEALTH CARE LEADERS TO SHARE THE RESULTS OF THE COMMUNITY SUR VEY AND FOCUS GROUPS WITH THE SUPPORT OF ST NICHOLAS HOSPITAL, A HEALTH LITERACY COMMUNI TY AWARENESS CAMPAIGN IS BEING DEVELOPED SACRED HEART HOSPITAL IN EAU CLAIRE, WISCONSIN A DDRESSED THE NEED FOR MENTAL AND BEHAVIORAL HEALTH SERVICES THROUGH THE HEALING PLACE FRE E GRIEF AND HOLISTIC SUPPORT SERVICES SUCH AS ONE ON ONE COUNSELING, WORKSHOPS AND PRESENT ATIONS ARE PROVIDED FOR INDIVIDUALS AND FAMILIES DEALING WITH LOSS AND MAJOR LIFE TRANSITI ONS DUE TO MILITARY SERVICE, ILLNESS, DEATH, DIVOR

Return Reference	Explanation	
	SCHEDULE O, AFFILIATED HEALTH SYSTEM (CONTINUED)	CE, ETC EXPANDED MEDICAL KNOWLEDGE HSHS WORKS TO ADVANCE MEDICAL KNOWLEDGE BY SUPPORTING RESEARCH INITIATIVES AND EDUCATIONAL OPPORTUNITIES IN FY2014, HSHS HOSPITALS AND AFFILIAT ED PHYSICIAN GROUPS CONTRIBUTED MORE THAN $18 5 MILLION TOWARD RESEARCH AND EDUCATION HIG HLIGHTS OF THIS COMMITMENT INCLUDE SUBSIDIZING MEDICAL SCHOOL RESIDENCY PROGRAMS, OFFERING ONGOING MEDICAL EDUCATION TO PHYSICIANS AND CLINICIANS, AND PROVIDING JOB SHADOWING PROGR AMS FOR HIGH SCHOOL STUDENTS ANOTHER EXAMPLE OF THIS COMMITMENT INCLUDES ST JOHN'S COLLE GE OF NURSING IN SPRINGFIELD, ILLINOIS, WHICH OFFERS THE LAST TWO YEARS OF THE BACCALAUREA TE DEGREE IN NURSING, AS WELL AS CONTINUING EDUCATION PROGRAMS FOR NURSES AND HEALTH PROFE SSIONALS ST JOHN'S COLLEGE HAS BEEN CITED AS THE OLDEST CATHOLIC HOSPITAL-BASED SCHOOL O F NURSING IN THE UNITED STATES FOUNDED IN 1886, THE COLLEGE HAS REMAINED DEDICATED THROUG HOUT ITS RICH HISTORY TO THE EDUCATION OF PROFESSIONAL NURSES WHOSE PRACTICE EXEMPLIFIES E XCELLENCE IN AN INTEGRATED HEALTH CARE SYSTEM THE COLLEGE IS ALSO HELPING TO ADDRESS THE SHORTAGE OF PRIMARY CARE PROFESSIONALS IN DOWNSTATE ILLINOIS ST ELIZABETH'S HOSPITAL IN BELLEVILLE, ILLINOIS PROVIDED CLINICAL EDUCATION IN NURSING, RADIOLOGY, SURGERY, RESPIRATO RY, DIETARY, PHYSICAL AND OCCUPATIONAL THERAPY, PHARMACY AND BEHAVIORAL HEALTH TO 637 AREA COMMUNITY COLLEGE AND UNIVERSITY STUDENTS THIS MENTORING IS VALUED AT MORE THAN $440,000 IN ADDITION, TO ADDRESS A SHORTAGE OF PRIMARY CARE FAMILY PRACTICE DOCTORS IN ST CLAIR COUNTY, ST ELIZABETH'S SUBSIDIZED THE ST LOUIS UNIVERSITY FAMILY MEDICINE RESIDENCY PROG RAM, A UNIQUE MERGER OF A COMMUNITY-BASED SETTING, AN ACADEMIC CENTER AND A MILITARY-BASED RESIDENCY CLINICAL EDUCATION SITES INCLUDED ST ELIZABETH'S HOSPITAL, CARDINAL GLENNON C HILDREN'S HOSPITAL, AREA PHYSICIANS' OFFICES AND SCOTT AIR FORCE BASE OUTPATIENT CLINICS ALSO IN SOUTHERN ILLINOIS, ST JOSEPH'S HOSPITAL IN BREESE, HOSTED MEMBERS OF THE HEALTH O CCUPATIONS STUDENTS OF AMERICA ONSITE TO LEARN ABOUT JOB OPPORTUNITIES IN HEALTH CARE FROM HEALTH CARE PROFESSIONALS, ST JOSEPH'S HOSPITAL WAS RECENTLY RECOGNIZED BY THE ILLINOIS PRINCIPALS ASSOCIATION - KASKASKIA REGION FOR SPONSORING THE PROGRAM FOR MORE THAN 30 YEAR S ST JOSEPH'S HOSPITAL ALSO PROVIDES CLINICAL EXPERIENCE FOR KASKASKIA COLLEGE STUDENTS ENROLLED IN THE NURSING, PHYSICAL THERAPY AND RADIOLOGY PROGRAMS PHARMACY STUDENTS HAVE A LSO COMPLETED THEIR CLINICAL TRAINING AT ST JOSEPH'S HOSPITAL HIGHER LEVEL OF CARE HSHS COMMUNITY BENEFIT INITIATIVES ARE A VITAL PART OF OUR OVERALL MISSION WE BELIEVE THAT THR OUGH OUR WORK TO CREATE GREATER ACCESS TO CARE, BETTER COMMUNITY HEALTH, AND EXPANDED MEDI CAL KNOWLEDGE, WE MADE A POSITIVE DIFFERENCE IN THE LIVES OF TENS OF THOUSANDS OF PEOPLE I N ILLINOIS AND WISCONSIN IN FY2014 HOSPITAL SISTERS HEALTH SYSTEM'S COMMITMENT TO COMMUNI TY BENEFIT STEMS FROM THE FRANCISCAN AND CATHOLIC VALUES SHARED BY OUR 14,000 COLLEAGUES A CROSS WISCONSIN AND ILLINOIS CATHOLIC HEALTH CARE IS COMMITTED TO PROMOTING AND DEFENDING HUMAN DIGNITY, CARING FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE POPULATIONS, AND PROMOTING THE COMMON GOOD WE REMAIN DEDICATED TO CONTINUOUSLY IMPROVE COMMUNITY HEALTH T HROUGH OUR STRATEGIC, WELL-DEFINED COMMUNITY BENEFIT INITIATIVES SO THAT WE CAN HELP MORE PEOPLE LIVE HEALTHIER LIVES

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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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

Employer identification number
37-1186514

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) SPRINGFIELD HEALTH PARTNERS LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1364419	HEALTHCARE (DISSOLVED 03/22/13)	IL	0	0	HSHS MG
(2) KIARA CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1417684	HEALTHCARE	IL	-3,651,339	7,292,316	HSSI
(3) PHYSICIAN CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1668647	HEALTHCARE	IL	-779,271	1,233,121	KCIN

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	(g) 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) Disproprtionate 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	
See Additional Data Table												

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.

		Yes	No
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 orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
PART II, COLUMN (F), DIRECT CONTROLLING ENTITY (CMH)	ON SEPTEMBER 1, 2014, HSSI BECAME THE SOLE CORPORATE MEMBER OF COMMUNITY MEMORIAL HOSPITAL (CMH) IN OCONTO FALLS, WISCONSIN EFFECTIVE ON THE ACQUISITION DATE, CMH BECAME A CATHOLIC ENTITY AND THE HOSPITAL NAME WAS CHANGED TO ST CLARE MEMORIAL HOSPITAL, INC PREVIOUS TO THE ACQUISITION, TWO HSSI AFFILIATES HELD A COMBINED 24% MINORITY INTEREST IN CMH REVISED GOVERNING DOCUMENTS ARE CONSISTENT WITH HSHS POLICIES APPLICABLE TO AFFILIATES HSSI WILL RETAIN CERTAIN RESERVE POWERS OVER ST CLAIRE MEMORIAL HOSPITAL, INC CONSISTENT WITH OTHER HSSI SUBSIDIARIES
PART V, LINE 2, TRANSACTIONS WITH RELATED ENTITIES	THE TRANSACTIONS REPORTED IN QUESTION 1 ARE BETWEEN RELATED 501(C)(3) PUBLIC CHARITIES AND ARE NOT REPORTED IN THIS SECTION

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 37-1186514
Name: HOSPITAL SISTERS OF ST FRANCIS FOUNDATION INC

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) HOSPITAL SISTERS HEALTH SYSTEM 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1058692	HEALTHCARE	IL	501(C)(3)	11 - Type III - FI	NA		No
(1) HSHS HEALTHCARE PLAN TRUST FUND 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1137724	HEALTHCARE	IL	501(C)(9)	N/A	HSHS	Yes	
(2) HSHS SELF INSURANCE TRUST 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1120626	INSURANCE	IL	501(C)(3)	11 - Type I	HSHS	Yes	
(3) HOSPITAL SISTERS HEALTHCARE WEST INC 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 51-0157933	HEALTHCARE	WI	501(C)(3)	11 - Type III - FI	HSSI	Yes	
(4) SACRED HEART HOSPITAL 990 WEST CLAIREMONT AVENUE EAU CLAIRE, WI 54701 39-0807060	HEALTHCARE	WI	501(C)(3)	3	HSSI	Yes	
(5) ST ANTHONY'S HOSPITAL 503 N MAPLE STREET EFFINGHAM, IL 62401 37-0661233	HEALTHCARE	IL	501(C)(3)	3	HSSI	Yes	
(6) ST ELIZABETH'S HOSPITAL 211 SOUTH THIRD STREET BELLEVILLE, IL 62220 37-0663567	HEALTHCARE	IL	501(C)(3)	3	HSSI	Yes	
(7) ST NICHOLAS HOSPITAL 3100 SUPERIOR AVENUE SHEBOYGAN, WI 53081 39-0808480	HEALTHCARE	WI	501(C)(3)	3	HSSI	Yes	
(8) ST JOHN'S HOSPITAL 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-0661238	HEALTHCARE	IL	501(C)(3)	3	HSSI	Yes	
(9) ST JOSEPH'S HOSPITAL 9515 HOLY CROSS LANE BREESE, IL 62230 37-1208459	HEALTHCARE	IL	501(C)(3)	3	HSSI	Yes	
(10) ST JOSEPH'S HOSPITAL 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 39-0810545	HEALTHCARE	WI	501(C)(3)	3	HSSI	Yes	
(11) ST MARY'S HOSPITAL 1800 E LAKE SHORE DRIVE DECATUR, IL 62521 37-0661244	HEALTHCARE	IL	501(C)(3)	3	HSSI	Yes	
(12) ST MARY'S HOSPITAL 111 SPRING STREET STREATOR, IL 61364 36-2169181	HEALTHCARE	IL	501(C)(3)	3	HSSI	Yes	
(13) ST MARY'S MEDICAL CENTER 1762 SHAWANO AVENUE GREEN BAY, WI 54303 39-0818682	HEALTHCARE	WI	501(C)(3)	3	HSSI	Yes	
(14) ST VINCENT HOSPITAL 835 S VAN BUREN GREEN BAY, WI 51301 39-0817529	HEALTHCARE	WI	501(C)(3)	3	HSSI	Yes	
(15) ST JOSEPH'S HOSPITAL 12866 TROXLER AVENUE HIGHLAND, IL 62249 37-0663568	HEALTHCARE	IL	501(C)(3)	3	HSSI	Yes	
(16) ST FRANCIS HOSPITAL 1215 FRANCISCAN DRIVE LITCHFIELD, IL 62056 37-0661236	HEALTHCARE	IL	501(C)(3)	3	HSSI	Yes	
(17) HOSPITAL SISTERS SERVICES INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163402	HEALTHCARE	IL	501(C)(3)	11 - Type III - FI	HSHS	Yes	
(18) HSHS MEDICAL GROUP INC 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-3956318	HEALTHCARE	IL	501(C)(3)	11 - Type III - FI	HSSI	Yes	
(19) HSHS WISCONSIN MEDICAL GROUP INC 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-4515959	HEALTHCARE	WI	501(C)(3)	11 - Type III - FI	HSSI	Yes	

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) ORANGE CROSS AMBULANCE INC 919 ASHLAND AVENUE SHEBOYGAN, WI 53081 39-1860942	HEALTHCARE	WI	501(C)(3)	9	ST NICHOLAS	Yes	
(1) WISCONSIN UPPER PENINSULA ONCOLOGY MGMT 835 S VAN BUREN GREEN BAY, WI 54301 39-1677100	HEALTHCARE	WI	501(C)(3)	3	ST VINCENT	Yes	
(2) UNITY LIMITED PARTNERSHIP 2366 OAK RIDGE CIRCLE DE PERE, WI 54115 39-1750729	HEALTHCARE	WI	501(C)(3)	9	HSSI	Yes	
(3) PRAIRIE EDUCATION & RESEARCH COOPERATIVE 317 NORTH 5TH STREET SPRINGFIELD, IL 62701 37-1157915	HEALTHCARE	IL	501(C)(3)	4	HSSI	Yes	
(4) COMMUNITY MEMORIAL HOSPITAL 855 S MAIN STREET OCONTO FALLS, WI 54154 39-0848401	HEALTHCARE	WI	501(C)(3)	3	HSSI (SEE PART VII)	Yes	

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) Disproprtionate 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	
MEMORIAL AND ST ELIZABETH'S HEALTHCARE CANCER TREATMENT CENTER 4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 37-1312961	HEALTHCARE	IL	ST ELIZABETH'S	RELATED	599,299	4,931,271		No			No	0 %
PRAIRIE HEART INSTITUTE ST JOHN'S 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	RELATED	-1,018	47,055		No			No	0 %
NORTHEAST WISCONSIN RADIATION THERAPY SERVICES LLC 1726 SHAWANO AVE GREEN BAY, WI 543079047 26-3749065	HEALTHCARE	WI	SMGB	RELATED	147,184	514,563		No		Yes		0 %
PAIN CENTER OF WISCONSIN 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	RELATED	1,752,500	1,353,813		No			No	0 %
SURGERY CENTER OF SHEBOYGAN LLC 3141 SAEMANN AVENUE SHEBOYGAN, WI 53081 26-0822209	HEALTHCARE	WI	ST NICHOLAS (SOLD 1114)	RELATED	155,892	0		No			No	0 %
CARPENTER STREET HOTEL LLC 525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A								
SPRINGFIELD URGENT CARE REAL ESTATE LLC PO BOX 19456 SPRINGFIELD, IL 727949456 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A								
PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1479945	MEDICAL	IL	HSHS	RELATED	-7,553	9,078		No		Yes		0 %

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
KIARA INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163401	HEALTHCARE	IL	HSHS	C CORPORATION	-23,279,067	45,045,072	0 %	Yes	
LASANTE WISCONSIN INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 39-1572196	HEALTHCARE	IL	KIARA INC	C CORPORATION				Yes	
LASANTE INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163400	HEALTHCARE	IL	KIARA INC	C CORPORATION				Yes	
PRAIRIE CARDIOVASCULAR 619 EAST MASON SUITE 4P57 SPRINGFIELD, IL 62701 37-1071858	HEALTHCARE	IL	KIARA INC	C CORPORATION				Yes	
PREVEA HEALTH SERVICES INC 2710 EXECUTIVE DRIVE GREEN BAY, WI 54304 39-1839351	HEALTHCARE	WI	HSSI	C CORPORATION	2,912,268	45,322,060	0 %	Yes	
PREVEA CLINIC INC 2710 EXECUTVE DRIVE GREEN BAY, WI 54304 39-1839349	HEALTHCARE	WI	PHSI	C CORPORATION				Yes	
RENAISSANCE QUALITY INSURANCE LTD PO BOX 1159 GRAND CAYMAN KY1-1102 CJ 98-0669953	INSURANCE	CJ	HSSI	C CORPORATION	0	100,258,139	0 %	Yes	
OJV INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 46-0873384	HEALTHCARE	IL	LASANTE INC	C CORPORATION				Yes	
STREATORLAND QUALITY CARE PHO LLC 111 SPRING STREET STREATOR, IL 61364 36-4105007	HEALTHCARE	IL	ST MARY'S STREATOR	C CORPORATION	-3,136	20,601	0 %	Yes	