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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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

Doing business as

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

245 BACKBONE ROAD EAST

Room/suite

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

PRINCETON, IL 61356

F Name and address of principal officer

PATRICIA SCHOU

245 BACKBONE ROAD EAST

PRINCETON,IL 61356

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

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

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

H(c) Group exemption number

I Tax-exempt status

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

J Website:

WWW.ICAHN.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

2002

M State of legal domicile

IL

| Part I   | Summary  |                             |   |                           |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|--|--|-----------------------------|---|---------------------------|--------------|-----------|---|-----------|---------|---------|--|---|-----------|-----------|--|-----------|-----------|--------|--|----|---|----|--|----|
| Activities & Governance  | <div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>THE MISSION OF ICAHN IS TO STRENGTHEN ILLINOIS CRITICAL ACCESS HOSPITALS THROUGH COLLABORATION</div></div>  |                             |   |                           |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  | <div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>   |                             |   |                           |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  | <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>9</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>9</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>13</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>9</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table> | 3                           | Number of voting members of the governing body (Part VI, line 1a) | 3                         | 9            | 4         | Number of independent voting members of the governing body (Part VI, line 1b) | 4         | 9       | 5       | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5 | 13        | 6         | Total number of volunteers (estimate if necessary) | 6         | 9         | 7a     | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b |
| 3  | Number of voting members of the governing body (Part VI, line 1a)  | 3                           | 9   |                           |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
| 4  | Number of independent voting members of the governing body (Part VI, line 1b)  | 4                           | 9   |                           |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
| 5  | Total number of individuals employed in calendar year 2014 (Part V, line 2a)   | 5                           | 13  |                           |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
| 6  | Total number of volunteers (estimate if necessary)   | 6                           | 9   |                           |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
| 7a   | Total unrelated business revenue from Part VIII, column (C), line 12   | 7a                          | 0   |                           |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
| 7b   | Net unrelated business taxable income from Form 990-T, line 34   | 7b                          | 0   |                           |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
| <table><tr><th rowspan="7">Revenue</th><th rowspan="6"></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>1,990,625</td><td>1,961,112</td></tr><tr><td>986,435</td><td>1,376,604</td></tr><tr><td>4,330</td><td>3,278</td></tr><tr><td>0</td><td>0</td></tr><tr><td>2,981,390</td><td>3,340,994</td></tr></table> | Revenue  |                             | Prior Year  | Current Year              | 1,990,625    | 1,961,112 | 986,435   | 1,376,604 | 4,330   | 3,278   | 0  | 0 | 2,981,390 | 3,340,994 |  |           |           |        |  |    |   |    |  |    |
| Revenue  |  |                             |   | Prior Year                | Current Year |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 1,990,625                 | 1,961,112    |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 986,435                   | 1,376,604    |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 4,330                     | 3,278        |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 0                         | 0            |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  | 2,981,390                   |   | 3,340,994                 |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  | <table><tr><th rowspan="9">Expenses</th><th rowspan="8"></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>1,295,607</td><td>1,390,274</td></tr><tr><td>0</td><td>0</td></tr><tr><td>872,249</td><td>1,004,327</td></tr><tr><td>0</td><td>0</td></tr><tr><td>757,554</td><td>856,786</td></tr><tr><td>2,925,410</td><td>3,251,387</td></tr><tr><td>55,980</td><td>89,607</td></tr></table>  | Expenses                    |   | Prior Year                | Current Year | 1,295,607 | 1,390,274   | 0         | 0       | 872,249 | 1,004,327  | 0 | 0         | 757,554   | 856,786  | 2,925,410 | 3,251,387 | 55,980 | 89,607   |    |   |    |  |    |
| Expenses   |  |                             |   | Prior Year                | Current Year |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 1,295,607                 | 1,390,274    |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 0                         | 0            |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 872,249                   | 1,004,327    |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 0                         | 0            |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 757,554                   | 856,786      |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 2,925,410                 | 3,251,387    |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             | 55,980  | 89,607                    |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  | <table><tr><th rowspan="4">Net Assets or Fund Balances</th><th rowspan="4"></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>842,489</td><td>1,010,499</td></tr><tr><td>132,925</td><td>211,328</td></tr><tr><td>709,564</td><td>799,171</td></tr></table>   | Net Assets or Fund Balances |   | Beginning of Current Year | End of Year  | 842,489   | 1,010,499   | 132,925   | 211,328 | 709,564 | 799,171  |   |           |           |  |           |           |        |  |    |   |    |  |    |
| Net Assets or Fund Balances  |  |                             |   | Beginning of Current Year | End of Year  |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 842,489                   | 1,010,499    |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  |                             |   | 132,925                   | 211,328      |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |
|  |  | 709,564                     | 799,171   |                           |              |           |   |           |         |         |  |   |           |           |  |           |           |        |  |    |   |    |  |    |

Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

PATRICIA SCHOU EXECUTIVE DIRECTOR

Type or print name and title

2015-08-25

Date

Print/Type preparer's name

TODD M ETHERIDGE

Preparer's signature

TODD M ETHERIDGE

Date

Check ☐ if self-employed

PTIN P00233050

Firm's name

CLIFTONLARSONALLEN LLP

Firm's EIN

41-0746749

Phone no

(815) 285-9300

Firm's address

114 E EVERETT

DIXON, IL 61021

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

ICAHN IS A NOT-FOR-PROFIT 501(C)3 CORPORATION ESTABLISHED IN 2003 FOR THE PURPOSES OF SHARING RESOURCES, EDUCATION, PROMOTING EFFICIENCY AND BEST PRACTICE AND IMPROVING HEALTH CARE SERVICES FOR MEMBER CRITICAL ACCESS HOSPITALS AND THEIR RURAL COMMUNITIES ICAHN, WITH 53 MEMBER HOSPITALS, IS AN INDEPENDENT NETWORK GOVERNED BY A NINE-MEMBER BOARD OF DIRECTORS

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 \$ 2,596,216 including grants of \$ 1,390,274 ) (Revenue \$ 879,016 )

ICAHN PROVIDES TECHNICAL ASSISTANCE TO SMALL RURAL HOSPITALS1) TO HELP THEM WITH ADMINISTRATIVE PROCESSES FOR CRITICAL ACCESS HOSPITALS 2) SHARE RESOURCES WITH MEMBERS AND3) IMPLEMENT PROGRAMS TO IMPROVE QUALITY AND EFFICIENCIES OF MEDICAL SERVICES PROVIDED BY RURAL HEALTH CARE FACILITIES SERVES APPROXIMATELY 53 HOSPITALS

4b

(Code ) (Expenses \$ 120,595 including grants of \$ ) (Revenue \$ 69,257 )

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

4c

(Code ) (Expenses \$ 16,217 including grants of \$ ) (Revenue \$ 428,331 )

ICAN PROVIDES INFORMATION TECHNOLOGY ASSISTANCE TO SMALL RURAL HOSPITALS ACROSS THE STATE SERVING APPROXIMATELY 53 HOSPITALS SERVICES ARE AVAILABLE TO ALL 53 HOSPITALS AND ALL CHOSE TO UTILIZE THEM IN 2014

4d

Other program services (Describe in Schedule O )

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

4e
















Total program service expenses

2,733,028

Form 990 (2014)

Part IV

Checklist of Required Schedules

|   | Yes     | No |
|---|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | 1 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?    | 2 Yes   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3       | No |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4       | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5       | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9       | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V    | 10      | No |
| 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     | No |
| 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      | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19      | No |
| 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | 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? <i>If "Yes," complete Schedule J</i> . . . . .  | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .  | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | 33  | Yes |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a | Yes |    |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|     |  | Yes | No |
|-----|--|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  |     |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   |     |    |
| 1c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| 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.   |     |    |
| 2b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | Yes |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | No |
| 3b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.   |     |    |
| 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)? |     | No |
| b   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | No |
| 5b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | No |
| 5c  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| 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?                                    |     | No |
| 6b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| 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?  |     | No |
| 7b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| 7c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | No |
| 7d  | If "Yes," indicate the number of Forms 8282 filed during the year.   |     |    |
| 7e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | No |
| 7f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | No |
| 7g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| 7h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |     |    |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| 9b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter  |     |    |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12.  |     |    |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   |     |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter   |     |    |
| 11a | Gross income from members or shareholders.   |     |    |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).   |     |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |     |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| 13a | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| 13b | 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.   |     |    |
| 13c | Enter the amount of reserves on hand.  |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   |     | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   |     |    |

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 . . . . .   | 9   |     |
| 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 |   |     |     |
| 1b   | Enter the number of voting members included in line 1a, above, who are independent . . . . .  | 9   |     |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   | 2   | No  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  | 4   | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  | 5   | No  |
| 6  | 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 |
| 7b   | 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  |     |     |
| 8a   | a The governing body? . . . . .   | 8a  | Yes |
| 8b   | 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  |
| 10b  | 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 | No  |
|  | 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 |
| 12b  | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | 12b | Yes |
| 12c  | 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?   |     |     |
| 15a  | a The organization's CEO, Executive Director, or top management official . . . . .   | 15a | Yes |
| 15b  | b Other officers or key employees of the organization . . . . .  | 15b | No  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) |  |     |     |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | 16a | No  |
| 16b  | 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   | IL |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |    |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year   |    |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records<br>MATT COMERFORD<br>245 BACKBONE ROAD EAST<br>PRINCETON, IL 61356 (815) 875-2999   |    |

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)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099- MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099- MISC) | (F)<br>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) GREG STARNES<br>.....<br>DIRECTOR   | 0 50<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) TOM HUDGINS<br>.....<br>PRESIDENT   | 0 50<br>.....  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) TRINA CASNER<br>.....<br>SECRETARY/TREASURER                                | 0 50<br>.....  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) KATHY HULL<br>.....<br>DIRECTOR   | 0 50<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) STEPHANIE HILTON-SIEBERT<br>.....<br>DIRECTOR                               | 0 50<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) TRACY BAUER<br>.....<br>DIRECTOR  | 0 50<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) MARK ROSSI<br>.....<br>PRESIDENT ELECT                                      | 0 50<br>.....  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (8) DOUG FLORKOWSKI<br>.....<br>DIRECTOR  | 0 50<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) KEN REID<br>.....<br>DIRECTOR   | 0 50<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) SUSIE CAMPBELL<br>.....<br>PAST - DIRECTOR                                 | 0 50<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) BRAD SOLBERG<br>.....<br>PAST - DIRECTOR                                   | 0 50<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) PATRICIA SCHOU<br>.....<br>EXECUTIVE DIRECTOR                              | 40 00<br>.....   |   |                       | X       |              |                              |        | 194,272  | 0   | 23,752  |
| (13) RYAN MORGAN<br>.....<br>IT CONSULTANT                                      | 40 00<br>.....   |   |                       |         |              | X                            |        | 119,115  | 0   | 8,118   |
| (14) CURTIS ZIMMERMAN<br>.....<br>DIRECTOR OF BUSINESS SERVICES AND DEVELOPMENT | 40 00<br>.....   |   |                       |         |              | X                            |        | 101,152  | 0   | 12,805  |



Part VII

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

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) . . . . .                           | ▶ | 414,539 | 0 | 44,675 |

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▶3

|   |   | Yes | No  |
|---|---|-----|-----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  | 3   | No  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 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? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 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)<br>Name and business address                        | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| HART LLC<br>3001 MARKWOOD LANE<br>SPRINGFIELD, IL 62712 | CONSULTING SERVICES            | 173,096             |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

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 ▶1

Part VIII

Statement of Revenue

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

|   |   |   | (A)<br>Total revenue                                   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |  |
|---|---|---|--|--|---|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a  | Federated campaigns . . . . .   | 1a   |  |   |   |  |
|   | b   | Membership dues . . . . .   | 1b   | 397,500  |   |   |  |
|   | c   | Fundraising events . . . . .  | 1c   |  |   |   |  |
|   | d   | Related organizations . . . . .   | 1d   |  |   |   |  |
|   | e   | Government grants (contributions)   | 1e   | 1,513,612  |   |   |  |
|   | f   | All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f   | 50,000   |   |   |  |
|   | g   | Noncash contributions included in lines<br>1a-1f \$   |  |  |   |   |  |
|   | h   | Total. Add lines 1a-1f . . . . .  |  | 1,961,112  |   |   |  |
| Program Service Revenue                                   | 2a  | IT SERVICES   | Business Code  |  |   |   |  |
|   |   |   | 541519   | 428,331  | 428,331                                 |   |  |
|   | b   | CONSULTING REVENUE  | 541610   | 117,273  | 117,273                                 |   |  |
|   | c   | IL RURAL COMMUNITY CAR  | 900099   | 116,000  | 116,000                                 |   |  |
|   | d   | ICAHN RURAL RECRUITMEN  | 900099   | 82,863   | 82,863                                  |   |  |
|   | e   | WORKSHOP/MEETING FEES   | 900099   | 69,257   | 69,257                                  |   |  |
|   | f   | All other program service revenue   |  | 562,880  | 562,880                                 |   |  |
|   | g   | Total. Add lines 2a-2f . . . . .  |  | 1,376,604  |   |   |  |
| Other Revenue   | 3   | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .   |  | 3,278  |   | 3,278   |  |
|   | 4   | Income from investment of tax-exempt bond proceeds . . . . .  |  |  |   |   |  |
|   | 5   | Royalties . . . . .   |  |  |   |   |  |
|   | 6a  | Gross rents   | (i) Real   | (ii) Personal                                      |   |   |  |
|   |   | b   | Less rental expenses                                   |  |   |   |  |
|   |   | c   | Rental income or (loss)                                |  |   |   |  |
|   |   | d   | Net rental income or (loss) . . . . .                  |  |   |   |  |
|   | 7a  | Gross amount from sales of assets other than inventory  | (i) Securities   | (ii) Other   |   |   |  |
|   |   | b   | Less cost or other basis and sales expenses            |  |   |   |  |
|   |   | c   | Gain or (loss)   |  |   |   |  |
|   |   | d   | Net gain or (loss) . . . . .                           |  |   |   |  |
|   | 8a  | Gross income from fundraising events (not including<br>\$ _____ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a  |  |   |   |  |
|   |   | b   | Less direct expenses . . . . .                         | b  |   |   |  |
|   |   | c   | Net income or (loss) from fundraising events . . . . . |  |   |   |  |
|   | 9a  | Gross income from gaming activities<br>See Part IV, line 19 . . . . .   | a  |  |   |   |  |
|   |   | b   | Less direct expenses . . . . .                         | b  |   |   |  |
|   |   | c   | Net income or (loss) from gaming activities . . . . .  |  |   |   |  |
|   | 10a                                       | Gross sales of inventory, less returns and allowances . . . . .   | a  |  |   |   |  |
|   |   | b   | Less cost of goods sold . . . . .                      | b  |   |   |  |
|   |   | c   | Net income or (loss) from sales of inventory . . . . . |  |   |   |  |
|   | Miscellaneous Revenue                     |   | Business Code  |  |   |   |  |
|   | 11a                                       |   |  |  |   |   |  |
| b   |   |   |  |  |   |   |  |
| c   |   |   |  |  |   |   |  |
| d   | All other revenue . . . . .               |   |  |  |   |   |  |
| e   | Total. Add lines 11a-11d . . . . .        |   |  |  |   |   |  |
| 12  | Total revenue. See Instructions . . . . . |   | 3,340,994  | 1,376,604  | 0                                       | 3,278   |  |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.   | 1,390,274             | 1,390,274                       |  |                             |
| 2  | Grants and other assistance to domestic individuals. See Part IV, line 22.  |                       |                                 |  |                             |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   |                       |                                 |  |                             |
| 4  | Benefits paid to or for members.  |                       |                                 |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees.   | 218,024               | 152,617                         | 65,407                                 |                             |
| 6  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).  |                       |                                 |  |                             |
| 7  | Other salaries and wages.   | 676,059               | 473,239                         | 202,820                                |                             |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).   | 14,837                | 10,386                          | 4,451                                  |                             |
| 9  | Other employee benefits.  | 34,574                | 24,202                          | 10,372                                 |                             |
| 10   | Payroll taxes.  | 60,833                | 42,583                          | 18,250                                 |                             |
| 11   | Fees for services (non-employees):  |                       |                                 |  |                             |
| a  | Management.   |                       |                                 |  |                             |
| b  | Legal.  | 19,041                |                                 | 19,041                                 |                             |
| c  | Accounting.   | 19,055                |                                 | 19,055                                 |                             |
| d  | Lobbying.   |                       |                                 |  |                             |
| e  | Professional fundraising services. See Part IV, line 17.  |                       |                                 |  |                             |
| f  | Investment management fees.   |                       |                                 |  |                             |
| g  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).   | 372,130               | 371,791                         | 339                                    |                             |
| 12   | Advertising and promotion.  | 37,998                | 22,799                          | 15,199                                 |                             |
| 13   | Office expenses.  | 23,212                | 13,927                          | 9,285                                  |                             |
| 14   | Information technology.   | 27,029                | 16,217                          | 10,812                                 |                             |
| 15   | Royalties.  |                       |                                 |  |                             |
| 16   | Occupancy.  | 40,135                | 24,081                          | 16,054                                 |                             |
| 17   | Travel.   | 64,373                | 38,624                          | 25,749                                 |                             |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings.   | 200,992               | 120,595                         | 80,397                                 |                             |
| 20   | Interest.   |                       |                                 |  |                             |
| 21   | Payments to affiliates.   |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization.  | 11,963                | 7,178                           | 4,785                                  |                             |
| 23   | Insurance.  | 15,755                | 9,453                           | 6,302                                  |                             |
| 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  | MEMBERSHIP DUES EXPENSE   | 16,725                | 10,035                          | 6,690                                  |                             |
| b  | MISCELLANEOUS EXPENSE   | 8,078                 | 4,847                           | 3,231                                  |                             |
| c  | JOB POSTING EXPENSE   | 300                   | 180                             | 120                                    |                             |
| d  |   |                       |                                 |  |                             |
| e  | All other expenses  |                       |                                 |  |                             |
| 25   | Total functional expenses. Add lines 1 through 24e.   | 3,251,387             | 2,733,028                       | 518,359                                | 0                           |
| 26   | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

Part X

Balance Sheet

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

|                             |   |  |     |        | (A)               |     | (B)         |
|-----------------------------|---|--|-----|--------|-------------------|-----|-------------|
|                             |   |  |     |        | Beginning of year |     | End of year |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .  |     |        | 37,386            | 1   | 0           |
|                             | 2   | Savings and temporary cash investments . . . . .   |     |        | 583,406           | 2   | 810,526     |
|                             | 3   | Pledges and grants receivable, net . . . . .   |     |        |                   | 3   |             |
|                             | 4   | Accounts receivable, net . . . . .   |     |        | 175,990           | 4   | 154,369     |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |     |        |                   | 5   |             |
|                             | 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 . . . . . |     |        |                   | 6   |             |
|                             | 7   | Notes and loans receivable, net . . . . .  |     |        |                   | 7   |             |
|                             | 8   | Inventories for sale or use . . . . .  |     |        |                   | 8   |             |
|                             | 9   | Prepaid expenses and deferred charges . . . . .  |     |        | 15,518            | 9   | 11,781      |
|                             | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a | 81,773 | 30,189            | 10c | 33,823      |
|                             | b   | Less accumulated depreciation . . . . .  | 10b | 47,950 |                   |     |             |
|                             | 11  | Investments—publicly traded securities . . . . .   |     |        |                   | 11  |             |
|                             | 12  | Investments—other securities See Part IV, line 11 . . . . .  |     |        |                   | 12  |             |
|                             | 13  | Investments—program-related See Part IV, line 11 . . . . .   |     |        |                   | 13  |             |
|                             | 14  | Intangible assets . . . . .  |     |        |                   | 14  |             |
|                             | 15  | Other assets See Part IV, line 11 . . . . .  |     |        |                   | 15  |             |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .  |     |        | 842,489           | 16  | 1,010,499   |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .  |     |        | 30,752            | 17  | 107,718     |
|                             | 18  | Grants payable . . . . .   |     |        |                   | 18  |             |
|                             | 19  | Deferred revenue . . . . .   |     |        | 102,173           | 19  | 103,610     |
|                             | 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 . . . . .  |     |        |                   | 22  |             |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties . . . . .   |     |        |                   | 23  |             |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties . . . . .   |     |        |                   | 24  |             |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .   |     |        |                   | 25  |             |
|                             | 26  | Total liabilities. Add lines 17 through 25 . . . . .   |     |        | 132,925           | 26  | 211,328     |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |  |     |        |                   |     |             |
|                             | 27  | Unrestricted net assets . . . . .  |     |        | 703,888           | 27  | 777,425     |
|                             | 28  | Temporarily restricted net assets . . . . .  |     |        | 5,676             | 28  | 21,746      |
|                             | 29  | Permanently restricted net assets . . . . .  |     |        |                   | 29  |             |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |  |     |        |                   |     |             |
|                             | 30  | Capital stock or trust principal, or current funds . . . . .   |     |        |                   | 30  |             |
|                             | 31  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |     |        |                   | 31  |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds . . . . .   |     |        |                   | 32  |             |
|                             | 33  | Total net assets or fund balances . . . . .  |     |        | 709,564           | 33  | 799,171     |
|                             | 34  | Total liabilities and net assets/fund balances . . . . .   |     |        | 842,489           | 34  | 1,010,499   |

Part XI Reconciliation of Net Assets

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

|    |   |    |           |
|----|---|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 3,340,994 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 3,251,387 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | 89,607    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 709,564   |
| 5  | Net unrealized gains (losses) on investments  | 5  |           |
| 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 | 799,171   |

Part XII Financial Statements and Reporting

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

|    |  | Yes | No |
|----|--|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | Yes |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | Yes |    |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g


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 listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|--|---|----|---|---|
|                                   |          |  | 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) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) 2014  | (f) Total |
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 1,316,892 | 1,547,848 | 1,551,197 | 1,990,425 | 1,961,112 | 8,367,474 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3  | 1,316,892 | 1,547,848 | 1,551,197 | 1,990,425 | 1,961,112 | 8,367,474 |
| <b>5</b> 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) |           |           |           |           |           |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |           |           |           |           |           | 8,367,474 |

| Section B. Total Support                      |   |           |           |           |           |           |           |
|---|---|-----------|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ |   | (a) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) 2014  | (f) Total |
| 7   | Amounts from line 4   | 1,316,892 | 1,547,848 | 1,551,197 | 1,990,425 | 1,961,112 | 8,367,474 |
| 8   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 13,325    | 11,091    | 2,964     | 4,330     | 3,278     | 34,988    |
| 9   | Net income from unrelated business activities, whether or not the business is regularly carried on  |           |           |           |           |           |           |
| 10  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |           |           |           |           |           |           |
| 11  | <b>Total support.</b> Add lines 7 through 10  |           |           |           |           |           | 8,402,462 |
| 12  | Gross receipts from related activities, etc. (see instructions)   |           |           |           |           | 12        | 5,555,558 |
| 13  | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .  |           |           |           |           |           |           |

| Section C. Computation of Public Support Percentage |   |    |          |
|---|---|----|----------|
| 14  | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  | 14 | 99 580 % |
| 15  | Public support percentage for 2013 Schedule A, Part II, line 14   | 15 | 97 870 % |
| 16a   | <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  |    |          |
| b   | <b>33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization   |    |          |
| 17a   | <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization      |    |          |
| b   | <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |    |          |
| 18  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |    |          |

Part IIIPart 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI.)   |          |          |          |          |          |           |
| 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 section 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|---|----|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage   |    |  |
|--|----|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))   | 17 |  |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17  | 18 |  |
| 19a 33 1/3% support tests—2014. 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—2013. 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

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

|  | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | 1   |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  | 2   |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | 3a  |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.  | 3b  |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3c  |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.   | 4a  |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .  | 4b  |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | 4c  |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a  |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | 5c  |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   | 6   |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .   | 7   |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).   | 8   |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | 9a  |    |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9b  |    |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9c  |    |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.   | 10a |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).   | 10b |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | 11a |    |
| b A family member of a person described in (a) above?  | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|  | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  |     |    |

Section C. Type II Supporting Organizations

|   | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

Section D. All Type III Supporting Organizations

|   | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.   |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|  |  |  |  |
|--|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |  |  |  |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |  |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |  |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |  |
| 2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>  |  |  |  |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |  |
| 3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>  |  |  |  |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.   |  |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |  |  |  |

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3  | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                             |

| Section B - Minimum Asset Amount |  | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1              |                             |
| a                                | Average monthly value of securities  | 1a             |                             |
| b                                | Average monthly cash balances  | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets   | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____                                     |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt use assets   | 2              |                             |
| 3                                | Subtract line 2 from line 1d   | 3              |                             |
| 4                                | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                             |
| 6                                | Multiply line 5 by .035  | 6              |                             |
| 7                                | Recoveries of prior-year distributions   | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |

| Section C - Distributable Amount |  |   | Current Year |
|----------------------------------|--|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1 |              |
| 2                                | Enter 85% of line 1  | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3 |              |
| 4                                | Enter greater of line 2 or line 3  | 4 |              |
| 5                                | Income tax imposed in prior year   | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |   |              |

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI) See instructions   |              |
| 7 Total annual distributions. Add lines 1 through 6  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2014 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2014   |                             |  |   |
| a From 2009. . . . .  |                             |  |   |
| b From 2010. . . . .  |                             |  |   |
| c From 2011. . . . .  |                             |  |   |
| d From 2012. . . . .  |                             |  |   |
| e From 2013. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2014 distributable amount  |                             |  |   |
| i Carryover from 2009 not applied (see instructions)  |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4 Distributions for 2014 from Section D, line 7<br>\$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2014 distributable amount  |                             |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |  |   |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |  |   |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7   |                             |  |   |
| a From 2010. . . . .  |                             |  |   |
| b From 2011. . . . .  |                             |  |   |
| c From 2012. . . . .  |                             |  |   |
| d From 2013. . . . .  |                             |  |   |
| e From 2014. . . . .  |                             |  |   |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

|   |  |
|---|--|
|   | Held at the End of the Year  |
| a | Total number of conservation easements   |
| b | Total acreage restricted by conservation easements   |
| c | Number of conservation easements on a certified historic structure included in (a)   |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue 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

Revenue 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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 

☐ 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 . . . . .                     |                 |               |                     |                     |                    |
| b Contributions . . . . .                                  |                 |               |                     |                     |                    |
| c Net investment earnings, gains, and losses               |                 |               |                     |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                     |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            |                 |               |                     |                     |                    |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

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

(ii) related organizations . . . . .

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

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

| Description of property  | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                |                              |                |
| b Buildings . . . . .  |                                      |                                |                              |                |
| c Leasehold improvements . . . . .   |                                      |                                |                              |                |
| d Equipment . . . . .  |                                      | 81,773                         | 47,950                       | 33,823         |
| e Other . . . . .  |                                      |                                |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                |                              | 33,823         |





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 (losses) 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  |
|------------------|--|
| PART X, LINE 2   | ICAHN AND AHEC ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND AS SUCH, ARE NOT LIABLE FOR INCOME TAXES. IRRS AND IRCCO ARE SOLE MEMBER LIMITED LIABILITY COMPANIES AND THEREFORE ARE DISREGARDED ENTITIES FOR FEDERAL INCOME TAX PURPOSES. FOR 990 REPORTING PURPOSES, IRRS'S AND IRCCO'S ACTIVITIES ARE INCLUDED IN ICAHN'S 990. ICAHN AND AHEC ARE CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES UNDER THE AUTHORITATIVE GUIDANCE ISSUED BY FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB"). THE ORGANIZATION USES A THRESHOLD OF MORE-LIKELY THAN-NOT TO BE SUSTAINED UPON EXAMINATION TO ACCOUNT FOR UNCERTAINTY INCOME TAXES. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS NOT BEEN MET. THIS GUIDANCE ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION. THE ORGANIZATION CONDUCTS BUSINESS SOLELY IN THE U.S. AND, AS A RESULT, FILES FEDERAL AND ILLINOIS TAX RETURNS. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION'S TAX RETURNS FOR YEARS SUBSEQUENT TO 2011 ARE OPEN, BY STATUTE, FOR REVIEW BY AUTHORITIES. HOWEVER, AT PRESENT, THERE ARE NO ONGOING INCOME TAX AUDITS OR UNRESOLVED DISPUTES WITH THE TAX AUTHORITIES THAT THE ORGANIZATION CURRENTLY FILES OR HAS FILED WITH. |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |
|                  |  |

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

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

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

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
55-0809159

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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

59

3

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

0

**Part III**

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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government                           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|-------------------------------------|
| ABRAHAM LINCOLN<br>MEMORIAL HOSPITAL200<br>STALHUT DRIVE<br>LINCOLN,IL 62656 | 37-0723793 | 501(C)(3)                          | 12,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, REHAB<br>SERVICES GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| ADVOCATE EUREKA HOSPITAL101 S MAJOR ST EUREKA,IL 61530 | 37-0662542 | 501(C)(3)                          | 7,939                    |                                   | N/A  | N/A                                    | SHIP GRANT                         |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| CARLINVILLE AREA HOSPITAL20733 N BROAD STREET<br>CARLINVILLE,IL 62626 | 37-0645239 | 501(C)(3)                          | 12,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, FINANCIAL ASSESSMENT GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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  |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| CLAY COUNTY HOSPITAL<br>911 STACY BURK DRIVE<br>FLORA, IL 62839 | 37-6000605 | GOVERNMENTAL UNIT                  | 32,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, ILHIE WHITE SPACE GRANT, TRANSITION MODEL/POPULATION HEALTH GRANT, HOSPITAL BOARD GRANT |



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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  |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| COMMUNITY MEMORIAL HOSPITAL400 CALDWELL ST STAUNTON,IL 62088 | 37-0624255 | 501(C)(3)                          | 29,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, ILHIE WHITE SPACE GRANT, TRANSITION MODEL/POPULATION HEALTH GRANT, FINANCIAL ASSESSMENT GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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  |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| CRAWFORD MEMORIAL HOSPITAL1000 NORTH ALLEN STREET ROBINSON,IL 62454 | 37-1241849 | GOVERNMENTAL UNIT                  | 24,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, ILHIE WHITE SPACE GRANT, TRANSITION/MODEL POPULATION HEALTH GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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                   |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| DR JOHN WARNER HOSPITAL422 WEST WHITE ST CLINTON,IL 61727 | 37-6000695 | GOVERNMENTAL UNIT                  | 12,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, TRANSITION/MODEL POPULATION HEALTH GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| FAIRFIELD MEMORIAL HOSPITAL303 NW 11TH ST<br>FAIRFIELD,IL 62837 | 37-0661202 | GOVERNMENTAL UNIT                  | 32,000                   |                                   | N/A  | N/A                                    | SHIP GRANT, ILHIE WHITE SPACE GRANT, TRANSITION MODEL/POPULATION HEALTH GRANT, EMS EDUCATION & EQUIPMENT GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| FAYETTE COUNTY HOSPITAL AND LONG TERM CARE650 WEST TAYLOR ST VANDALIA,IL 62471 | 20-1890414 | GOVERNMENTAL UNIT                  | 7,939                    |                                   | N/A  | N/A                                    | SHIP GRANT                         |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| FERRELL HOSPITAL1201 PINE ST ELDORADO,IL 62930     | 20-1244058 | 501(C)(3)                          | 15,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, FINANCIAL ASSESSMENT GRANT, HOSPITAL BOARD EDUCATION GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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  |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| FRANKLIN HOSPITAL201<br>BAILEY LANE<br>BENTON,IL 62812 | 37-6006885 | GOVERNMENTAL<br>UNIT               | 34,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, ILHIE<br>WHITE SPACE GRANT,<br>TRANSITION<br>MODEL/POPULATION<br>HEALTH GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GENESIS MEDICAL CENTER409 NW 9TH AVENUE ALEDO,IL 61231 | 45-4475683 | 501(C)(3)                          | 7,939                    |                                   | N/A   | N/A                                    | SHIP GRANT                         |



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| GIBSON AREA HOSPITAL & HEALTH SERVICES1120 N MELVIN ST GIBSON CITY,IL 60936 | 37-0647938 | 501(C)(3)                          | 34,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, ILHIE WHITE SPACE GRANT, TRANSITION MODEL/POPULATION HEALTH GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| GREENVILLE REGIONAL HOSPITAL200 HEALTHCARE DR GREENVILLE,IL 62246 | 37-0792770 | 501(C)(3)                          | 7,939                    |                                   | N/A  | N/A                                    | SHIP GRANT                         |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| HAMILTON MEMORIAL HOSPITAL DISTRICT611 S MARSHALL AVENUE PO BOX 429 MCLEANSBORO,IL 62859 | 37-6019589 | GOVERNMENTAL UNIT                  | 29,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, ILHIE WHITE SPACE GRANT, TRANSITION MODEL/POPULATION HEALTH GRANT, EMS EDUCATION & EQUIPMENT GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                   |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| HAMMOND HENRY HOSPITAL600 NORTH COLLEGE AVENUE GENESEO,IL 61254 | 36-6008003 | GOVERNMENTAL UNIT                  | 12,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, TRANSITION MODEL/POPULATION HEALTH GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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  |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| HARDIN COUNTY<br>GENERAL HOSPITAL6<br>FERRELL ROAD BOX 2467<br>ROSICLARE,IL 62982 | 37-0702309 | 501(C)(3)                          | 27,939                   |                                   | N/A  | N/A                                    | SHIP GRANT,<br>HOSPITAL BOARD<br>EDUCATION GRANT,<br>ILHIE WHITE SPACE<br>GRANT, TRANSITION<br>MODEL/POPULATION<br>HEALTH GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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   |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| HILLSBORO AREA HOSPITAL1200 EAST TREMONT ST HILLSBORO,IL 62049 | 37-0661208 | 501(C)(3)                          | 17,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, PREVENTION/REHAB SERVICES GRANT, EMS EDUCATION & EQUIPMENT GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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          |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| HOPEDALE MEDICAL COMPLEX107 TREMONT ST<br>HOPEDALE,IL 61747 | 37-0808925 | 501(C)(3)                          | 12,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, PREVENTION/REHAB SERVICES GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| ILLINI COMMUNITY HOSPITAL640 WEST WASHINGTON ST PITTSFIELD,IL 62363 | 37-1396010 | 501(C)(3)                          | 15,739                   |                                   | N/A   | N/A                                    | SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT, EMS EDUCATION & EQUIPMENT GRANT |



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| ILLINOIS HOSPITAL ASSOCIATION1151 EAST WARRENVILLE ROAD NAPERVILLE,IL 60566 | 36-2352486 | 501(C)(3)                          | 29,500                   |                                   | N/A  | N/A                                    | MEDICARE RURAL HOSPITAL FLEX PROGRAM GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| IROQUOIS MEMORIAL HOSPITAL200 FAIRMAN WATSEKA,IL 60970 | 37-0673512 | 501(C)(3)                          | 17,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, TRANSITION MODEL/POPULATION HEALTH GRANT, FINANCIAL ASSESSMENT GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| JERSEY COMMUNITY HOSPITAL400 MAPLE SUMMIT JERSEYVILLE,IL 62052 | 37-6013958 | 501(C)(3)                          | 7,939                    |                                   | N/A  | N/A                                    | SHIP GRANT                         |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|-------------------------------------|
| KEWANEE HOSPITAL1051 WEST SOUTH ST PO BOX 747 KEWANEE,IL 61443 | 36-2167767 | 501(C)(3)                          | 19,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, ILHIE WHITE SPACE GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| KIRBY MEDICAL CENTER<br>1000 MEDICAL CENTER DRIVE<br>MONTICELLO, IL 61856 | 37-0661215 | 501(C)(3)                          | 11,639                   |                                   | N/A   | N/A                                    | SHIP GRANT, EMS EDUCATION & EQUIPMENT GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| LAWRENCE COUNTY<br>MEMORIAL HOSPITAL2200<br>WEST STATE ST<br>LAWRENCEVILLE,IL 62439 | 37-1080256 | GOVERNMENTAL<br>UNIT               | 7,939                    |                                   | N/A   | N/A                                    | SHIP GRANT                         |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| MARSHALL BROWNING HOSPITAL900 N WASHINGTON ST DUQUOIN,IL 62832 | 37-0661218 | 501(C)(3)                          | 12,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, PREVENTION/REHAB SERVICES GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| MASON DISTRICT HOSPITAL615 N PROMENADE ST HAVANA,IL 62644 | 37-6017857 | GOVERNMENTAL UNIT                  | 24,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, FINANCIAL ASSESSMENT GRANT |



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| MASSAC MEMORIAL HOSPITAL28 CHICK ST PO BOX 850 METROPOLIS,IL 62960 | 37-0857853 | GOVERNMENTAL UNIT                  | 12,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, FINANCIAL ASSESSMENT GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| MEMORIAL HOSPITAL<br>CARTHAGE1454 N<br>COUNTY ROAD 2050 PO<br>BOX 160<br>CARTHAGE,IL 62321 | 37-0662570 | 501(C)(3)                          | 20,939                   |                                   | N/A   | N/A                                    | SHIP GRANT,<br>FINANCIAL<br>ASSESSMENT GRANT,<br>PREVENTION/REHAB<br>SERVICES GRANT,<br>HOSPITAL BOARD<br>EDUCATION GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MEMORIAL HOSPITAL<br>CHESTER1900 STATE ST<br>CHESTER,IL 62233 | 37-6020801 | GOVERNMENTAL<br>UNIT               | 7,939                    |                                   | N/A   | N/A                                    | SHIP GRANT                         |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| MENDOTA COMMUNITY HOSPITAL1401 EAST 12TH ST MENDOTA,IL 61342 | 36-2167785 | 501(C)(3)                          | 24,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, ILHIE WHITE SPACE GRANT, PREVENTION/REHAB SERVICES GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MERCY HARVARD HOSPITAL901 GRANT STREET HARVARD,IL 60033 | 31-1551871 | 501(C)(3)                          | 7,939                    |                                   | N/A   | N/A                                    | SHIP GRANT                         |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| MIDWEST MEDICAL CENTER1 MEDICAL CENTER DRIVE GALENA,IL 61036 | 20-4560540 | 501(C)(3)                          | 17,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, EMS GRANT, FINANCIAL ASSESSMENT GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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         |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| MORRISON COMMUNITY HOSPITAL303 N JACKSON ST<br>MORRISON,IL 61270 | 36-6008167 | GOVERNMENTAL UNIT                  | 9,939                    |                                   | N/A   | N/A                                    | SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| NORTHERN ILLINOIS UNIVERSITY148 N 3RD ST DEKALB,IL 60115 | 36-3251692 | GOVERNMENTAL UNIT                  | 10,000                   |                                   | N/A   | N/A                                    | FLEX GRANT                         |



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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   |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| OSF HOLY FAMILY<br>MEDICAL CENTER1000 W<br>HARLEM AVE<br>MONMOUTH,IL 61462 | 37-0813229 | 501(C)(3)                          | 17,911                   |                                   | N/A  | N/A                                    | SHIP GRANT,<br>PREVENTION/REHAB<br>SERVICES GRANT,<br>TRANSITION<br>MODEL/POPULATION<br>HEALTH GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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                |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| OSF ST JAMES W<br>ALBRECHT MEDICAL<br>CENTER2500 WREYNOLDS<br>ST<br>PONTIAC,IL 61764 | 37-0662570 | 501(C)(3)                          | 12,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, EMS<br>EDUCATION &<br>EQUIPMENT GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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   |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| PANA COMMUNITY HOSPITAL101 EAST NINTH ST PANA,IL 62557 | 37-6062326 | 501(C)(3)                          | 22,880                   |                                   | N/A  | N/A                                    | SHIP GRANT, FINANCIAL ASSESSMENT GRANT, EMS EDUCATION & EQUIPMENT GRANT, PREVENTION/REHAB SERVICES GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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   |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| PARIS COMMUNITY HOSPITAL721 EAST COURT ST<br>PARIS,IL 61944 | 37-0860281 | 501(C)(3)                          | 32,924                   |                                   | N/A   | N/A                                    | SHIP GRANT, ILHIE WHITE SPACE GRANT, HOSPITAL BOARD EDUCATION GRANT, EMS EDUCATION & EQUIPMENT GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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          |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| PERRY MEMORIAL HOSPITAL530 PARK AVENUE EAST PRINCETON,IL 61356 | 36-6006057 | GOVERNMENTAL UNIT                  | 12,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, EMS EDUCATION & EQUIPMENT GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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  |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| PINCKNEYVILLE<br>COMMUNITY HOSPITAL<br>101 NORTH WALNUT<br>STREET<br>PINCKNEYVILLE,IL 62274 | 37-6006955 | GOVERNMENTAL<br>UNIT               | 15,939                   |                                   | N/A  | N/A                                    | SHIP GRANT,<br>FINANCIAL<br>ASSESSMENT<br>GRANT, HOSPITAL<br>BOARD EDUCATION<br>GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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                |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| RED BUD REGIONAL HOSPITAL325 SPRING ST<br>RED BUD,IL 62278 | 36-4443919 | 501(C)(3)                          | 12,739                   |                                   | N/A  | N/A                                    | SHIP GRANT,<br>PREVENTION/REHAB<br>SERVICES GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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          |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| RICHLAND MEMORIAL HOSPITAL800 EAST LOCUST OLNEY,IL 62450 | 37-1363001 | 501(C)(3)                          | 12,604                   |                                   | N/A   | N/A                                    | SHIP GRANT, EMS EDUCATION & EQUIPMENT GRANT |



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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         |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| ROCHELLE COMMUNITY HOSPITAL900 N SECOND ST ROCHELLE,IL 61068 | 36-2548549 | 501(C)(3)                          | 10,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, HOSPITAL BOARD EDUCATION GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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   |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| SALEM TOWNSHIP<br>HOSPITAL1201 RICKER<br>DRIVE<br>SALEM,IL 62881 | 37-0925318 | GOVERNMENTAL<br>UNIT               | 30,439                   |                                   | N/A   | N/A                                    | SHIP GRANT,<br>HOSPITAL BOARD<br>EDUCATION GRANT,<br>ILHIE WHITE SPACE<br>GRANT, TRANSITION<br>MODEL/POPULATION<br>HEALTH GRANT,<br>PREVENTION/REHAB<br>SERVICES GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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  |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| SARAH D CULBERTSON<br>MEMORIAL HOSPITAL238<br>SOUTH CONGRESS AVE<br>RUSHVILLE,IL 62681 | 37-6006672 | GOVERNMENTAL<br>UNIT               | 19,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, ILHIE<br>WHITE SPACE GRANT,<br>TRANSITION<br>MODEL/POPULATION<br>HEALTH GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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          |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| SHELBY MEMORIAL HOSPITAL200 SOUTH CEDAR SHELBYVILLE,IL 62565 | 37-0512290 | 501(C)(3)                          | 12,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, PREVENTION/REHAB SERVICES GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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  |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| SPARTA COMMUNITY HOSPITAL DISTRICT818 EAST BROADWAY SPARTA,IL 62286 | 37-6014817 | GOVERNMENTAL UNIT                  | 28,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, FINANCIAL ASSESSMENT GRANT, ILHIE WHITE SPACE GRANT, TRANSITION MODEL/POPULATION HEALTH GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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<br>1215 FRANCISCAN DRIVE<br>LITCHFIELD,IL 62056 | 37-0661236 | 501(C)(3)                          | 12,939                   |                                   | N/A   | N/A                                    | SHIP GRANT,<br>FINANCIAL<br>ASSESSMENT GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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<br>1515 MAIN ST<br>HIGHLAND,IL 62249 | 37-0663568 | 501(C)(3)                          | 20,939                   |                                   | N/A  | N/A                                    | SHIP GRANT,<br>TRANSITION<br>MODEL/POPULATION<br>HEALTH GRANT,<br>HOSPITAL BOARD<br>EDUCATION GRANT,<br>FINANCIAL<br>ASSESSMENT GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance          |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|---|
| ST JOSEPH MEMORIAL HOSPITAL2 SOUTH HOSPITAL DRIVE MURPHYSBORO,IL 62966 | 37-0618939 | 501(C)(3)                          | 12,939                   |                                   | N/A  | N/A                                    | SHIP GRANT, PREVENTION/REHAB SERVICES GRANT |



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| TAYLORVILLE MEMORIAL HOSPITAL201 EAST PLEASANT ST TAYLORVILLE,IL 62568 | 37-0661250 | 501(C)(3)                          | 7,939                    |                                   | N/A  | N/A                                    | SHIP GRANT                         |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS809 S MARSHFIELD AVENUE CHICAGO,IL 60612 | 37-6000511 | 501(C)(3)                          | 15,000                   |                                   | N/A  | N/A                                    | FLEX SPECIAL PROJECTS              |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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               |
|--|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| THOMAS H BOYD<br>MEMORIAL HOSPITAL800<br>SCHOOL ST<br>CARROLTON,IL 62016 | 37-0673461 | GOVERNMENTAL<br>UNIT               | 10,939                   |                                   | N/A  | N/A                                    | SHIP GRANT,<br>HOSPITAL BOARD<br>EDUCATION GRANT |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| UNION COUNTY<br>HOSPITAL517 NORTH<br>MAIN ST<br>ANNA,IL 62906 | 36-4431843 | GOVERNMENTAL<br>UNIT               | 7,939                    |                                   | N/A  | N/A                                    | SHIP GRANT                         |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| VALLEY WEST COMMUNITY HOSPITAL11 E PLEASANT AVE SANDWICH,IL 60548 | 36-4244337 | 501(C)(3)                          | 7,939                    |                                   | N/A  | N/A                                    | SHIP GRANT                         |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (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          |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| WABASH GENERAL HOSPITAL1418 COLLEGE DR MT CARMEL,IL 62863 | 37-6013625 | GOVERNMENTAL UNIT                  | 11,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, EMS EDUCATION & EQUIPMENT GRANT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                  |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| WASHINGTON COUNTY HOSPITAL705 S GRAND NASHVILLE,IL 62263 | 37-6020408 | GOVERNMENTAL UNIT                  | 37,939                   |                                   | N/A   | N/A                                    | SHIP GRANT, ILHIE WHITE SPACE GRANT, HOSPITAL BOARD EDUCATION GRANT |

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

Employer identification number  
55-0809159

Part I

Questions Regarding Compensation

|   | Yes | No |
|---|-----|----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |    |
| <div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>  | 1b  |    |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>  | 2   |    |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>   |     |    |
| <div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>  |     |    |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>   | 4a  | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>   | 4b  | No |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>  | 4c  | No |
| <div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>   |     |    |
| <div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>   |     |    |
| <div><div>a</div><div>The organization?</div></div>   | 5a  | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>   | 5b  | No |
| <div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>   |     |    |
| <div><div>a</div><div>The organization?</div></div>   | 6a  | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>   | 6b  | No |
| <div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>  | 7   | No |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div></div>   | 8   | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>  | 9   |    |



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

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

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

| (A) Name and Title                      |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 PATRICIA SCHOU,<br>EXECUTIVE DIRECTOR | (i)  | 194,272  | 0                                   | 0                                   | 5,795  | 17,957                  | 218,024                         | 0  |
|   | (ii) | .....<br>0   | .....<br>0                          | .....<br>0                          | .....<br>0                                     | .....<br>0              | .....<br>0                      | .....<br>0   |

**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 |
|------------------|-------------|
|------------------|-------------|

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

990 Schedule O, Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 1   |   |
| FORM 990, PART VI, SECTION A, LINE 6   | THE MEMBERS OF THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK ARE CRITICAL ACCESS HOSPITALS AND NECESSARY PROVIDER HOSPITALS RESIDING IN THE STATE OF ILLINOIS WHO HAVE PAID AN INITIAL MEMBERSHIP FEE OF FIVE THOUSAND DOLLARS (\$5,000) EACH HOSPITAL MEMBER HAS ONE VOTE AND IS REPRESENTED BY ITS CHIEF EXECUTIVE OFFICER MEMBERS HAVE THE RIGHT TO VOTE FOR THE BOARD OF DIRECTORS  |
| FORM 990, PART VI, SECTION A, LINE 7A  | EACH HOSPITAL MEMBER HAS ONE VOTE AND IS REPRESENTED BY ITS CHIEF EXECUTIVE OFFICER MEMBERS HAVE THE RIGHT TO VOTE FOR THE BOARD OF DIRECTORS   |
| FORM 990, PART VI, SECTION A, LINE 7B  | THESE BYLAWS MAY BE AMENDED AT ANY MEETING OF THE MEMBERSHIP PROVIDED A NOTICE SETTING FORTH THE AMENDMENT OR A SUMMARY OF THE CHANGES TO BE AFFECTED THEREBY IS GIVEN TO EACH MEMBER ENTITLED TO VOTE THEREON IN THE MANNER AND WITHIN THE TIME PROVIDED IN THESE BYLAWS FOR THE NOTICE OF THE MEETING NO AMENDMENT INCONSISTENT WITH THE ARTICLES OF INCORPORATION SHALL BE EFFECTIVE PRIOR TO AMENDMENT OF THE ARTICLES OF INCORPORATION   |
| FORM 990, PART VI, SECTION B, LINE 11  | FORM 990 IS PROVIDED TO BOTH THE FINANCE COMMITTEE AND BOARD OF DIRECTORS VIA E-MAIL FOR REVIEW THE GOAL IS TO PROVIDE THE REPORT TO BOTH PRIOR TO FILING, SO IF DISCREPANCIES ARE DISCOVERED, THERE IS TIME FOR CORRECTIONS IF DEEMED NECESSARY AFTER REVIEW, A MEETING WILL BE SCHEDULED FOR DISCUSSION AND FURTHER REVIEW OF THE 990   |
| FORM 990, PART VI, SECTION B, LINE 12C | THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK REQUIRES THEIR BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST ACTIVITY QUESTIONNAIRE ANNUALLY ANY QUESTION OF WHETHER A CONFLICT EXISTS SHALL BE DECIDED UPON BY A MAJORITY VOTE OF THE DIRECTORS OR COMMITTEE MEMBERS, EXCLUDING THE DIRECTOR OR COMMITTEE MEMBER WITH A POSSIBLE CONFLICT IN THE CASE AN ACTUAL CONFLICT EXISTS, THE DIRECTOR OR MEMBER WITH THE CONFLICT MUST ABSTAIN FROM VOTING ON SUCH MATTER  |
| FORM 990, PART VI, SECTION B, LINE 15A | THE FINANCE COMMITTEE OF THE ORGANIZATION RECOMMENDS TO THE BOARD THE APPROVAL OF THE FISCAL YEAR BUDGET WHICH INCLUDES SALARY INCREASES INCREASES ARE THEN MADE BY THE EXECUTIVE DIRECTOR PRIOR TO THE START OF THE NEXT FISCAL YEAR THE EXECUTIVE DIRECTOR'S CONTRACT ALLOWS FOR A YEARLY INCREASE PER BUDGET THE EXECUTIVE DIRECTOR'S CONTRACT IS NEGOTIATED EVERY THREE YEARS AND SALARY IS SET AT THAT TIME THIS COMPENSATION IS SET BASED ON A COMPARISON REVIEW OF OTHER NETWORK DIRECTORS' SALARIES AND COMPENSATION OTHER ICAHN POSITIONS ARE BASED ON SIMILAR POSITIONS IN OTHER ORGANIZATIONS INCLUDED IN THE BUDGET PRESENTATION ARE BUDGET ASSUMPTIONS WHICH IDENTIFIES THE SALARY INCREASES |
| FORM 990, PART VI, SECTION C, LINE 19  | DOCUMENTS ARE AVAILABLE UPON REQUEST  |
| FORM 990, PART IX, LINE 11G            | CONSULTING, PERMITS, & OTHER PROGRAM SERVICE EXPENSES 371,791 MANAGEMENT AND GENERAL EXPENSES 339 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 372,130   |

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

Employer identification number  
55-0809159

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |   |  |                     |                           |   |
|--|---|--|---------------------|---------------------------|---|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity  | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity          |
| (1) ICAHN RURAL RECRUITMENT SERVICES LLC<br>245 BACKBONE RD EAST<br>PRINCETON, IL 61356<br>20-8045884                    | RECRUITING SERVICES FOR MEMBER HOSPITALS                                    | IL   | 82,911              | 43,728                    | ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK |
| (2) ILLINOIS RURAL COMMUNITY CARE ORGANIZATION LLC<br>245 BACKBONE RD EAST<br>PRINCETON, IL 61356<br>46-5654316          | DEVELOP SYSTEMS OF CLINICAL INTEGRATION & EFFICIENCIES FOR MEMBER HOSPITALS | IL   | 116,000             | 115,502                   | ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK |

| 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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity              | (g)<br>Section 512(b)(13) controlled entity? |    |
|   |  |  |                            |   |   | Yes  | No |
| (1) WESTERN ILLINOIS AREA HEALTH EDUCATION CENTER<br>245 BACKBONE ROAD EAST<br><br>PRINCETON, IL 61356<br>26-2145452  | IMPROVE HEALTH CARE IN UNDERSERVED AREAS OF IL THROUGH EDUC OF PROVIDERS | IL   | 501(C)(3)                  | LINE 9  | THE ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK | Yes  |    |

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes  | No |
|  |                         |   |                                     |   |                                 |   |                                |  |    |

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

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)<br>Name of related organization                                 | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) AHEC APPLIED FOR AND RECEIVED FLEX GRANT FROM ICAHN DURING 2014 | B                                | 1,650                  | ACTUAL DOLLAR AMOUNT                         |
| (2) AHEC RENDERED SERVICES FOR ICAHN DURING 2014                    | L                                | 1,020                  | ACTUAL DOLLAR AMOUNT                         |

Schedule R (Form 990) 2014

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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 |
|------------------|-------------|
|------------------|-------------|