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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

See Schedule O

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 \$ 85,807,449 including grants of \$ 0) (Revenue \$ 130,265,101)

SEE SCHEDULE O - PROGRAM SERVICE ACCOMPLISHMENTS

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 85,807,449

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
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 Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	87	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	964	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for 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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	10	
1b	Enter the number of voting members included in line 1a, above, who are independent	10	
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ► Bill Hawley 503 N MAPLE STREET EFFINGHAM, IL 624012099 (217) 347-6738

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SR RITAMARY BROWN Secretary	1 0 0	X		X				0	0	0
(2) TOM HENDERSON VICE CHAIRPERSON	1 0 0	X		X				0	0	0
(3) JOHN KINGERY CHAIRPERSON	1 0 0	X		X				0	0	0
(4) SR MARYBETH CULNAN OSF BOARD MEMBER	1 0 9 0	X						0	0	0
(5) DOT BEHRNS BOARD MEMBER	1 0 0	X						0	0	0
(6) TIMOTHY GRAY BOARD MEMBER	1 0 0	X						0	0	0
(7) DEAN KELLER BOARD MEMBER	1 0 0	X						0	0	0
(8) TOM WEGMAN BOARD MEMBER	1 0 0	X						0	0	0
(9) ANN M CARR TREASURER	0 3 59 8			X				0	354,305	222,661
(10) JAMES DOVER CEO CENTRAL ILLINOIS DIV	21 0 39 0			X				0	373,442	72,819
(11) DAVID NOSACKA DIVISION CFO	17 0 42 8			X				0	372,312	49,022
(12) THERESA J RUTHERFORD PRESIDENT & CEO	60 0 0 0			X				0	409,528	144,365
(13) DAVID A STORM CFO	40 0 0			X				229,131	0	173,486
(14) RYAN L JENNINGS CHIEF MEDICAL OFFICER	40 0 0				X			334,428	0	45,221

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KELLY M SAGER Chief Nursing Officer	40 0 0				X			177,991	0	82,020
(16) MARY C FINLEY DIRECTOR, QUALITY MANAGEMENT	40 0 0					X		126,420	0	88,423
(17) JODY A PUCKETT DIRECTOR, FACILITY SERVICES	40 0 0					X		123,932	0	73,870
(18) MARY BRYANT CRNA	40 0 0					X		188,488	0	33,428
(19) ROBERT S BRYANT CRNA	40 0 0					X		194,100	0	34,143
(20) LARRY J CARROLL CRNA	40 0 0					X		207,929	0	61,341
(21) LAWRENCE SCHUMACHER Former DIVISION CEO - INTERIM	0 0 0 0						X	0	1,460,120	72,705
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,582,419	2,969,707	1,153,504

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 ▶ 29

3

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

3

Yes

4

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

4

Yes

5

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

5

No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRAIRIE CARDIOVASCULAR PO BOX 19420 SPRINGFIELD, IL 62794	PHYSICIAN SERVICES	3,358,193
INFINITY MEDS LLP PO BOX 860362 MINNEAPOLIS, MN 554860362	EMERGENCY SERVICES	1,707,875
CENTRAL ILLINOIS ANESTHESIA 1800 E LAKE SHORE DR DECATUR, IL 62521	ANESTHESIA SERVICES	1,304,558
MISSISSIPPI VALLEY REGIONAL PO BOX 3655 DAVENPORT, IA 52808	BLOOD SERVICES	421,700
MCCARTHY 1604 EASPORT PLAZA DR COLLINSVILLE, IL 62234	CONSTRUCTION SERVICES	378,000

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 ▶ 16

Form **990** (2015)

Part VIII

Statement of Revenue

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

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				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	28,671				
	e	Government grants (contributions)	1e	444,988				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f ▶		473,659				
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 900099	129,682,547	129,682,547			
	b	Provision for uncollectible accounts - RECLASS NEGATIVE EXP	900099	582,554	582,554			
	c							
	d							
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f ▶		130,265,101				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,052,882			2,052,882
4		Income from investment of tax-exempt bond proceeds . . ▶						
5		Royalties ▶						
6a		Gross rents	(i) Real 543,456	(ii) Personal				
b		Less rental expenses	614,033					
c		Rental income or (loss)	-70,577	0				
d		Net rental income or (loss) ▶		-70,577			-70,577	
7a		Gross amount from sales of assets other than inventory	(i) Securities 4,593,522	(ii) Other				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)	4,593,522	0				
d		Net gain or (loss) ▶		4,593,522			4,593,522	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events . . ▶						
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . . . ▶						
10a		Gross sales of inventory, less returns and allowances . . .	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code						
11a		ANESTHESIA LEASE INCOME	900099	1,718,862				1,718,862
b		MEDICAL RECORDS	900099	81,479				81,479
c	AUXILIARY GIFT SHOP	453220	42,532				42,532	
d	All other revenue		193,411	0	0		193,411	
e	Total. Add lines 11a-11d ▶		2,036,284					
12	Total revenue. See Instructions ▶		139,350,871	130,265,101	0		8,612,111	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	1,446,542		1,446,542	
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.	38,684,525	29,261,795	9,422,730	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,122,363	818,377	303,986	
9	Other employee benefits.	10,174,505	7,418,798	2,755,707	
10	Payroll taxes.	2,650,922	1,932,935	717,987	
11	Fees for services (non-employees):				
a	Management.	2,586,665		2,586,665	
b	Legal.	579,586		579,586	
c	Accounting.				
d	Lobbying.	30,442		30,442	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	70,413		70,413	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,203,506	6,203,506	0	0
12	Advertising and promotion.				
13	Office expenses.	19,155,634	19,167,379	-11,745	
14	Information technology.	5,156,179	3,759,657	1,396,522	
15	Royalties.				
16	Occupancy.	1,342,590	122,425	1,220,165	
17	Travel.	487,458	355,433	132,025	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	143,648	104,742	38,906	
20	Interest.	366,550		366,550	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	5,808,990	2,841,623	2,967,367	
23	Insurance.	1,107,196	807,318	299,878	
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	PURCHASED SERVICES/MAINTENANCE & REPAIRS	15,568,587	3,428,956	12,139,631	
b	MEDICAID TAX ASSESSMENT	3,113,519	3,113,519		
c	LEASE/RENTALS	1,249,749	1,042,914	206,835	
d	Freight	102,898		102,898	
e	All other expenses	683,509	5,428,072	-4,744,563	0
25	Total functional expenses. Add lines 1 through 24e.	117,835,976	85,807,449	32,028,527	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 ☐ if following SOP 98-2 (ASC 958-720).	0	0	0	0

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	
	2	Savings and temporary cash investments		11,517,201	2	8,608,504
	3	Pledges and grants receivable, net		0	3	
	4	Accounts receivable, net		28,997,016	4	30,152,165
	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	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		4,607,300	8	4,574,480
	9	Prepaid expenses and deferred charges		289,831	9	321,616
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 167,102,022	61,093,578	10c	59,190,284
	b	Less: accumulated depreciation	10b 107,911,738			
	11	Investments—publicly traded securities		314,400,456	11	302,365,649
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		2,649,286	15	3,566,362
	16	Total assets. Add lines 1 through 15 (must equal line 34)		423,554,668	16	408,779,060
Liabilities	17	Accounts payable and accrued expenses		10,830,655	17	7,783,568
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		33,098,528	20	23,621,708
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,468,975	23	2,612,052
	24	Unsecured notes and loans payable to unrelated third parties		0	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		23,443,014	25	30,904,738
	26	Total liabilities. Add lines 17 through 25		69,841,172	26	64,922,066
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		352,456,976	27	342,309,823
	28	Temporarily restricted net assets		1,078,386	28	1,369,037
	29	Permanently restricted net assets		178,134	29	178,134
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		353,713,496	33	343,856,994
	34	Total liabilities and net assets/fund balances		423,554,668	34	408,779,060

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	139,350,871
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,835,976
3	Revenue less expenses Subtract line 2 from line 1	3	21,514,895
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	353,713,496
5	Net unrealized gains (losses) on investments	5	-12,814,013
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	-18,557,384
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	343,856,994

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ 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? 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis

Employer identification number
37-0661233

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 (Form 990 or 990-EZ))

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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. 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 Part VI .	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 Part VI .	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 Part VI .	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 Part VI .	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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

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

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 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order o f St Francis	Employer identification number 37-0661233
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		30,442
j	Total Add lines 1c through 1i			30,442
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST ANTHONY'S HOSPITAL ("THE HOSPITAL") IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE ILLINOIS HEALTH ASSOCIATION ("IHA"), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, AND THE AMERICAN HEALTH ASSOCIATION ("AHA") AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES, PART OF WHICH ARE ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST ANTHONY'S HOSPITAL ("THE HOSPITAL") IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE ILLINOIS HEALTH ASSOCIATION ("IHA"), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, AND THE AMERICAN HEALTH ASSOCIATION ("AHA") AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES, PART OF WHICH ARE ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID.

Name of the organization St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis	Employer identification number 37-0661233
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure
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
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, handling of violations, and enforcing conservation easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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 on 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

3a(i)

☐

☐

3a(ii)

☐

☐

b

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

3b

☐

☐

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land	1,931,097	768,477		2,699,574
b Buildings	212,144	68,513,144	29,778,541	38,946,747
c Leasehold improvements		3,431,092	2,090,408	1,340,684
d Equipment		74,624,343	62,059,593	12,564,750
e Other		17,621,725	13,983,196	3,638,529
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				59,190,284

Schedule D (Form 990) 2015

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on 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 XIII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	HSHS and the Foundation are Illinois not-for-profit organizations as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501 (a) of the Code. Kiara, Inc. is an Illinois for-profit corporation that recognizes income taxes under the asset- and-liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the consolidated financial statement carrying amounts of existing assets-and-liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not Kiara, Inc. will not realize the majority of the benefits of these deductible differences. Full valuation allowances have been applied against the deferred tax assets attributable to the net operating loss carryforwards not realized as of June 30, 2016 and 2015 in the accompanying consolidated financial statements due to the uncertainty of realization. HSHS recognizes the tax benefit from an uncertain tax position only if it is more likely than not the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of June 30, 2016 and 2015, HSHS does not have any liabilities for unrecognized tax benefits.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization St Anthony's Memonal Hospital of the Hospital Sisters of The Third Order o f St Francis	Employer identification number 37-0661233
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other _____ 60000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				
7	Financial Assistance and Certain Other Community Benefits at Cost			

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,926,212		1,926,212	1 63 %
b Medicaid (from Worksheet 3, column a)			20,994,489	13,185,300	7,809,189	6 63 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	22,920,701	13,185,300	9,735,401	8 26 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			664,528		664,528	0 56 %
f Health professions education (from Worksheet 5)			352,958		352,958	0 30 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			144,284		144,284	0 12 %
j Total. Other Benefits	0	0	1,161,770	0	1,161,770	0 99 %
k Total. Add lines 7d and 7j	0	0	24,082,471	13,185,300	10,897,171	9 25 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing				0	0 %
2	Economic development				0	0 %
3	Community support				0	0 %
4	Environmental improvements				0	0 %
5	Leadership development and training for community members				0	0 %
6	Coalition building				0	0 %
7	Community health improvement advocacy				0	0 %
8	Workforce development				0	0 %
9	Other		39,342		39,342	0 03 %
10	Total	0	39,342	0	39,342	0 03 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	0
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	47,387,797
6	Enter Medicare allowable costs of care relating to payments on line 5	6	57,928,003
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-10,540,206
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

1

See Additional Data Table

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

ST ANTHONY'S MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	☒ Hospital facility's website (list url) <u>https://www.stanthonyshospital.org/communityconnection/community-partnerships.aspx</u>		
b	☐ Other website (list url)		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☒ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.stanthonyshospital.org/communityconnection/community-partnerships.aspx</u>	Yes	
a	If "Yes" (list url) <u>partnerships.aspx</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

ST ANTHONY'S MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 600.0 % b ☐ Income level other than FPG (describe in Section C) c ☒ Asset level d ☒ Medical indigency e ☒ Insurance status f ☒ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) <u>https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.ASPX</u> b ☒ The FAP application form was widely available on a website (list url) <u>https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.ASPX</u> c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.ASPX</u> d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☐ Other (describe in Section C)	Yes	
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) e ☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

ST ANTHONY'S MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☒ Notified individuals of the financial assistance policy on admission			
b	☒ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☒ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☒ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health (continued A)	HSHS St Anthony's FY16 emergency room and Convenient Care data indicates a slight decline in visits for oral health concerns since implementation of the Dental Voucher program in April 2014. The number of clients served by the program has ranged between 35 and 57 patients each quarter. The program served 203 patients and provided \$49,180 in services in FY16. Clients who have completed program surveys indicate they feel the program contributed to a significant improvement in their overall quality of life. According to one voucher recipient, "Courtesy and kindness mean much to one who, because of personal circumstances, has to ask for outside help. Bless you folks." School Hearing/Vision Screenings During the 2015/2016 school year, St Anthony's began providing hearing and vision screenings free of charge to all Effingham County schools to assist the schools in meeting a State of Illinois requirement. Under the Illinois Child Vision and Hearing Test Act, 410 ILCS 205/1 et seq., hearing and vision screenings are required annually for all public, private, and parochial schools and licensed childcare facilities at certain grade levels. In previous years, the hearing and vision screenings for Effingham County schools were provided by the Effingham County Health Department but, due to State budget cuts, the health department no longer had the staffing to provide the screenings. Knowing the difficulty the school districts would have in providing these screenings, St Anthony's reached out to the area school districts to offer to provide the screenings, to provide area schools access to this necessary service. By partnering with our area school districts, we are helping to ensure we can catch hearing or vision problems early so that they can be corrected as soon as possible and not hinder children's learning capacity. St Anthony's provides all the equipment and staffing, as well as handling all the reporting requirements to the State. A certified hearing and vision technician for St Anthony's provides the screenings in each school location. During the school year, the technician provided 2,850 hearing screenings and 2,071 vision screenings. While exact results are not available at this time, there are examples of at least a couple of children who were identified as having hearing or vision issues, which were then followed up with by their family. Area school principals and superintendents expressed their gratitude for the hospital's support. Vicki Wenthe, Principal of Sacred Heart School, shared, "It is fantastic that the hospital is able to provide this service to Sacred Heart School and the other schools in the area. Then the fact that they are doing it free of charge is unbelievable. It has been a great help to us as we had trouble finding a qualified person to do it and having to contract the service from an agency in Springfield." Altamont Community Unit School District #10 Superintendent Jeff Fritchtnitch shared his appreciation as well for the hospital's assistance and has seen a direct benefit of the screening program. "We are blessed to have HSHS St Anthony providing this service for Altamont Community Unit School District #10. I have learned that as a result of the testing this year, there was at least one student who was found to have a significant deficiency during one test, and the proper intervention can now be put into place," he said. "A child's life and education is positively impacted by the hospital's vision and hearing screening services." Primary Care Access In FY15, a primary care physician from a local physician group began offering services to residents of Jasper County to address that county's need for local access to primary care. St Anthony's will continue to pursue the recruitment of an additional primary care provider for Jasper County in the next fiscal year. St Anthony's continues to offer medical services at its Convenient Care clinic for residents who cannot access their primary care physician during regular office hours or on weekends. Convenient Care hours were recently expanded to 10 a.m. to 8 p.m. seven days a week, 365 days a year, including holidays to increase access to care. In keeping with our Mission, health care services are available to all, regardless of ability to pay. 2. Chronic Disease Diabetes Following the FY2015 Community Health Needs Assessment (CHNA), it was discovered that diabetes prevalence in Jasper County exceeded the state average consistently between 2007 and 2011 with a most recent prevalence of 10.8%. Effingham County prevalence between 2007 and 2011 was similar to the state rate with the most recent prevalence at 8.8%. However, among Medicare enrollees, the prevalence of diabetes in Jasper County and Effingham County in 2011 was 30.2% and 26.9%, respectively, compared to the Illinois prevalence of 27.7%. In addition to the results discovered through the CHNA, St Anthony's continues to seek opportunities to enhance social determinants of health.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health (continued A)	St. Anthony's began partnering with Catholic Charities to offer a free community program for people with diabetes. Clients meet with a Registered Dietitian that will assist them in obtaining the necessary resources to manage their disease. Through this free program, people can get help with healthy food options, medication costs, free blood sugar testing supplies, nutrition education, behavioral goal setting and laboratory exams. Clients partner with the Registered Dietitian and work towards goals to improve their health. The program evaluates clients' blood pressure, HgbA1c, total cholesterol, LDL, HDL, and triglyceride levels pre and post participation in the Diabetes Community Education Program. As part of the program, St. Anthony's also works with Catholic Charities to evaluate the availability of diabetic-friendly foods provided by their Food Pantry and fill any gaps as needed to support the overall program. Since the program began in July, the number of clients who meet with a Registered Dietitian on a regular basis has increased. Starting with just four consultations in July 2015, there has now been 285 people who have participated in FY16. Because of our partnership, these people now have access to blood glucose testing materials, including meters, test strips and lancets, and assistance with their diabetes medications. Bonnie Kruse, RD, Clinical Nutrition Services, shared why St. Anthony's wanted to offer this program to the community in partnership with Catholic Charities. "Catholic Charities already provided services for many low income individuals needing help with food and medicine. Many of their clients requesting assistance are diabetic and need help managing their disease, as well as needing financial assistance to get their needed medicines and testing supplies", she said. "Our Mission to reveal Christ's healing love for all people through our high quality Franciscan health care ministry extends well beyond the doors of our hospital. We want to meet people where they are to help them manage their disease so that they don't need further advanced medical care." A client of the Community Diabetes Program recently shared how appreciative she is of the program. "It means so much to me to have someone to talk to about diabetes. I am very thankful for this program. Thank you to HSHS St. Anthony's Memorial Hospital for starting this [program]." Following the success of the Community Diabetes Program offered at Catholic Charities, St. Anthony's has expanded the program to other locations as well. It is also offered at Family Care Associates in Effingham, Jasper County Health Department in Newton, and at Lutheran Care Center in Altamont (in partnership with Altamont Medical Center). Over 29 million Americans - 9.3 percent of the U.S. population - are diabetic, according to the Centers for Disease Control and Prevention. HSHS St. Anthony's Memorial Hospital offers a free monthly diabetes support group to help people cope with their disease. Each session includes an educational presentation as well as a discussion. By sharing ideas and struggles with others who deal with the same disease, each person finds encouragement and comfort, as well as advice on avoiding future problems. One hundred individuals took advantage of the monthly support group last fiscal year. 3. Chronic Disease Cerebrovascular Disease/Stroke To raise the awareness of the symptoms of stroke, HSHS St. Anthony's provided education in the community through various health fairs held throughout the year including the Effingham Senior Center Health Fair, Illinois Seniors Senior Health Fair and the Effingham County Fair. During National Stroke Awareness Month in May, St. Anthony's ran information on its social media pages to educate the community on signs and symptoms of a stroke.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health (continued B)	St. Anthony's continues to utilize telemedicine technology in partnership with our Sister facility, HSHS St. John's Hospital in Springfield, for identification and diagnosis of stroke symptoms when patients present in our Emergency Department as well as current inpatients. 4 Nutrition Launched in 2014, HSHS St. Anthony's School Wellness Program is designed to educate and instill good habits in children to increase their physical activity levels and teach them valuable nutrition and safety lessons. Community Programs staff members teach the eight-week program to third grade classes in the hospital's primary service area, teaching one lesson a week. Lessons topics include information on why we should exercise, healthy snacking, bone health, thinking about what we drink, sun safety and smoking prevention. Informational sheets about the week's lesson are sent home to parents to reinforce the lesson's concept in the home. The School Wellness Program is structured similar to a school reading program. After each week's lesson, the instructor gives students an activity to complete. Students receive points for completing each activity and the instructor tracks each student's points. A treasure chest of prizes is available for the students to choose from for different point levels. Prize selection times are scheduled halfway through the program and at the last lesson. To measure the effectiveness of the program, students are given a survey at start of the program. The survey is comprised of questions regarding their current knowledge about nutrition, exercise and safety. At the conclusion of the program, students are given the same survey to determine if they have become more knowledgeable about the topics. 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To help meet this need, St. Anthony's began donating healthy food bags to Catholic Charities' Food Pantry, as well as gallons of milk for their clients. On average, St. Anthony's donates 25 healthy food bags per month, as well as donating 780 gallons of milk per month to the food pantry. Another avenue to reach children and teach them about nutrition was through an educational booth for children at the Effingham Farmer's Market. Dietitians from St. Anthony's provided nutritional games and activities for kids each weekend in August to celebrate "Kids Eat Right" month designated by the Academy of Nutrition and Dietetics. 5 Smoking St. Anthony's began offering the American Lung Association's Freedom From Smoking (FFS) program. This program is designed for adults who are ready to quit smoking. Because most people know that smoking is dangerous to their health, the program focuses almost exclusively on how to quit, not why to quit. 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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health (continued C.)	The program is extremely popular in the community St Anthony's often has waiting lists of students wanting to participate in this program Since St Anthony's began offering the program in 1994, they have graduated 914 students Dawn Hoover, RN, Community Programs Instructor, coordinates the Safe Sitter program for St Anthony's "St Anthony's offers this community program to the adolescents of this area so that they can be just what the name implied a safe sitter," she said "We role play through various scenarios so that they have more confidence and assurance knowing what to do in situations they might encounter while babysitting " School CPR In June 2014, the state of Illinois passed House Bill 3724, the Lauren Laman CPR & AED Training Law This law requires all high school students to be trained on how to properly administer cardiopulmonary resuscitation (which training must be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally-recognized certifying organization) and how to use an automated external defibrillator The Lauren Laman CPR & AED Training Law went into effect July 1, 2014 For the 2015/2016 school year, HSHS St Anthony's Memorial Hospital contacted high schools in its primary and secondary service areas to offer free CPR training to assist these schools in meeting this new state requirement A majority of the schools greatly appreciated and accepted the offer Those who declined had made arrangements with other resources to provide the training St Anthony's provides community programs staff members to teach CPR classes to students In addition to the high school students, many schools' teachers wanted to be taught CPR and AED use as well The Adult Heart Saver CPR/AED for Schools class is taught by certified CPR instructors, and all students and teachers received a certification card upon completion of the course St Anthony's School CPR program is ongoing In the 2015-16 school year, St Anthony's taught the Heart Saver CPR/AED at nine area schools Altamont High School, Beecher City High School, Dieterich High School, Ramsey School District, Teutopolis High School, Sacred Heart Grade School, South Central High School, St Anthony High School, and Stewardson-Strasburg High School In total, St Anthony's taught 391 high school students and 68 teachers CPR and AED use, providing all those involved a level of comfort in how to perform CPR and use an AED should the need arise Other Community Benefit Programs In addition to the partnership projects with members of the Alliance and the annual programs referenced above, St Anthony's offers numerous community programs free of charge to residents in area communities These programs help increase access to health care services for the underserved and improve the overall health of the community These programs range from blood pressure screening in area communities to prenatal classes for new parents, to health fairs in area communities where people can have their blood cholesterol and glucose levels checked by health care professionals Specifically, the community programs conducted to better the health of the region were Health and Wellness Programs * Breastfeeding Support Group * Blood Pressure Screenings * Balance Screenings * Bridges For Healing Hearts Monthly Support Group * Caregiver Symposium * Community Presentations on Nutrition, Child Health/Safety, Stroke Awareness, Hand Hygiene and Diabetes * CPR - Basic Life Support For Healthcare Providers, Heart Saver And Family And Friends Classes * Effingham County Fair * Effingham Jam Fest * Effingham Senior Center Health Fair * Healing The Grieving Heart Group Sessions * Illinois Senators' Senior Health Fair * Jasper County Health Dept Health Fair * Lake Sara Dam Run * Matttoon Ge Plant Employee Health Fair * Memorial Mass * Ministerial Association Health Fair * Newton CIPS Employee Health Fair * Prenatal Classes (Having A Baby Class 1-3, Breastfeeding and New Brother/New Sister) * Share Program * Southside School PTO Event * Walk For Wellness Event * Walk With A Doc Program Cancer Awareness/Prevention * Breast Cancer Support Group * Cancer Survivor's Day * CHAT Cancer Support Group * Look Good/Feel Better Program * Women's Wellness Wig Bank Assistance Programs * Emergency Assistance For Transportation, Lodging, Medication and Meals Volunteer Opportunities * Blood Drives

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Description of affiliated group (continued A)	St. Anthony's continues to utilize telemedicine technology in partnership with our Sister facility, HSHS St. John's Hospital in Springfield, for identification and diagnosis of stroke symptoms when patients present in our Emergency Department as well as current inpatients. 4 Nutrition Launched in 2014, HSHS St. Anthony's School Wellness Program is designed to educate and instill good habits in children to increase their physical activity levels and teach them valuable nutrition and safety lessons. Community Programs staff members teach the eight-week program to third grade classes in the hospital's primary service area, teaching one lesson a week. Lessons topics include information on why we should exercise, healthy snacking, bone health, thinking about what we drink, sun safety and smoking prevention. 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Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Description of affiliated group (continued B)	Advance medical knowledge HSHS works to advance medical knowledge by supporting research initiatives and educational opportunities In FY2015, HSHS hospitals and affiliated physician groups contributed more than \$19 million toward research and education Highlights of this commitment include subsidizing medical school residency programs, offering ongoing medical education to physicians and clinicians, and providing job shadowing programs for high school students In southern Illinois, HSHS St Joseph's Hospital in Breese, hosted members of the Health Occupations Students of America onsite to learn about job opportunities in health care from health care professionals St Joseph's also provided clinical experience for Kaskaskia College students enrolled in nursing, physical therapy and radiology programs Pharmacy students have also completed their clinical training at St Joseph's Hospital In FY2015, 73 students were served by the program In FY2015, HSHS St Mary's Hospital Medical Center and HSHS St Vincent Hospital in Green Bay invested more than \$450,000 to provide onsite training and education of nurses and allied health professionals In addition, the hospitals have been collaborating with the Medical College of Wisconsin to establish a community medical education program in Green Bay and to provide financial support to offset operating costs in FY2015 Also in eastern Wisconsin, HSHS St Clare Memorial Hospital in Oconto Falls provided training for local paramedics and emergency response personnel through the hospital's EMS liaison program In response to its FY2012 CHNA, HSHS St John's Hospital in Springfield, Illinois convened a team of health care providers in FY2015 to identify the practice gaps around metabolic syndrome in children and adults and to research best practices and evidence-based protocols to reduce the progression of metabolic syndrome The team developed and implemented a three-part multidisciplinary discussion on preventing childhood obesity entitled "Childhood Obesity in Central Illinois Weighing in on the Problem," which was offered during grand rounds In addition, the team hosted a Continuing Medical Education program for the community entitled "Restoring Healthy Families and Communities in an Obesogenic Environment A Tool Kit for Health Care Professionals " Mission-driven and strategically implemented Community Benefit is an integral part of Hospital Sisters Health System's Mission Our commitment to Community Benefit arises from our Catholic identity, Mission and Core Values shared by 14,000 colleagues across Illinois and Wisconsin Through our work to improve access to health care services, enhance community health, advance medical knowledge, and relieve or reduce the burden of government, we believe we have made a positive difference in the quality of lives of tens of thousands of people in Illinois and Wisconsin in FY2015 As a Catholic health care ministry, HSHS is concerned with the dignity of all persons, the common good, and the stewardship of resources We advocate for health care for all and work to improve social conditions that lead to improved health and well-being We engage partners in our communities to improve health and quality of life and to reduce duplication Working side by side with many faith communities, HSHS remains dedicated to our common purpose of compassionate care for all people

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost to charge ratio costing methodology, utilizing the Lyon's CBISA software, was used to calculate the amounts reported in the table at hospital cost

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	ST ANTHONY'S MEMORIAL HOSPITAL'S CRUCIAL ROLE IN EMERGENCY SITUATIONS IS THE REASON THAT THE CITY OF EFFINGHAM HAS REQUESTED HOSPITAL REPRESENTATION ON THE CITY OF EFFINGHAM EMERGENCY PREPAREDNESS COMMITTEE A MEMBER OF THE HOSPITAL'S NURSING SERVICE DEPARTMENT SERVES ON THE CITY'S EMERGENCY PREPAREDNESS COMMITTEE, WHICH MEETS REGULARLY TO DEVELOP AND REVISE THE CITY'S EMERGENCY OPERATIONS PLAN AND TO PREPARE FOR ANY DISASTER OR EMERGENCY SITUATION THAT MIGHT ARISE OTHER COMMUNITY MEMBERS OF THIS COMMITTEE REPRESENT THE EFFINGHAM CITY POLICE AND FIRE DEPARTMENTS, EMERGENCY DISPATCH, AREA SCHOOLS, EFFINGHAM COUNTY CORONER, CITY ENGINEER AND OTHER CITY DEPARTMENTS IT IS IMPORTANT TO ST ANTHONY'S TO ASSIST THE YOUNGER GENERATION IN DISCOVERING WHERE THEIR GIFTS AND INTERESTS LIE TO DETERMINE THE BEST CAREER FOR THEM BY PARTNERING WITH THE EASTERN ILLINOIS EDUCATION FOR EMPLOYMENT SYSTEM (EIEFES) AND LAKE LAND COLLEGE IN OFFERING THE HEALTH OCCUPATIONS, ST ANTHONY'S HELPS STUDENTS FROM AREA SCHOOLS IN THEIR CAREER EXPLORATION ST ANTHONY'S CONTRIBUTES STAFF TIME, SUPPLIES AND OTHER COSTS ASSOCIATED WITH OFFERING THIS COURSE TO AREA STUDENTS ANOTHER WAY THAT ST ANTHONY'S HELPS IN BUILDING THE COMMUNITY FOR THE FUTURE IS THROUGH FACILITATING OPPORTUNITIES FOR STUDENTS TO JOB SHADOW AT THE HOSPITAL BY LINKING INTERESTED STUDENTS WITH A HOSPITAL COLLEAGUE TO JOB SHADOW FOR THE DAY OR MORE, THE STUDENTS GAIN REAL INSIGHT INTO THE CAREER THEY ARE CONSIDERING, HELPING THEM DETERMINE IF THAT IS THE RIGHT CAREER PATH FOR THEM DURING THE PAST YEAR, ST ANTHONY'S PROVIDING JOB SHADOWING OPPORTUNITIES FOR MORE THAN 100 STUDENTS ST ANTHONY'S ALSO WORKS TO BUILD THEIR COMMUNITY AND THE SURROUNDING AREA THROUGH PARTICIPATION ON VARIOUS LOCAL AGENCIES AND ORGANIZATIONS' BOARDS TO ADVANCE THE HEALTH AND WELFARE OF AREA RESIDENTS THE UNITED WAY OF EFFINGHAM COUNTY REQUESTS REPRESENTATION BY THE HOSPITAL ON THEIR BOARD OF DIRECTORS ROSS RICHARDSON, DIRECTOR OF GUEST SERVICES, SERVES ON THE UNITED WAY BOARD OF DIRECTORS ROSS OFFERS HIS TIME WORKING ON THE BOARD AND IN THE COMMUNITY ON UNITED WAY ACTIVITIES, AS WELL AS PROVIDING OTHER COSTS ASSOCIATED WITH HIS SERVICE ON THE BOARD A HOSPITAL REPRESENTATIVE ALSO SERVES ON THE HEARTLAND HUMAN SERVICES BOARD OF DIRECTORS HEARTLAND HUMAN SERVICES IS A NONPROFIT ORGANIZATION THAT USES A COMPREHENSIVE APPROACH TO ADDRESS THE MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES OF THEIR CLIENTS HEARTLAND HUMAN SERVICES REQUESTS REPRESENTATION BY THE HOSPITAL ON THEIR BOARD OF DIRECTORS IN THE PAST YEAR, TERRIANN THARP, DIRECTOR OF MARKETING AND COMMUNICATIONS, OFFERED HER TIME AND OTHER COSTS ASSOCIATED WITH HER SERVICE ON THE BOARD ST ANTHONY'S IS AN ACTIVE PARTICIPANT IN ALLIANCE FOR A HEALTHIER EFFINGHAM COUNTY, AN ENDEAVOR TO IMPROVE THE HEALTH OF ALL CITIZENS IN EFFINGHAM COUNTY THE ALLIANCE ASSISTS ST ANTHONY'S IN PLANNING COMMUNITY PROGRAMS AND PROVIDING DIRECTION AND SUPPORT FOR ST ANTHONY'S NEWLY FORMED SUBSTANCE ABUSE TASK FORCE ST ANTHONY'S IS ACTIVELY INVOLVED IN ALL ALLIANCE ACTIVITIES AND SUPPORTS THIS HEALTH IMPROVEMENT ENDEAVOR BY OFFERING STAFF TIME AND OTHER COSTS ST ANTHONY'S COLLEAGUES ARE ALSO ACTIVELY INVOLVED IN THE NUTRITION AND FITNESS TASK FORCE, WHICH WAS FORMED OUT OF EFFINGHAM COUNTY VISION 2020, A GRASSROOTS, COUNTY-WIDE EFFORT TO PROACTIVELY BUILD A POSITIVE FUTURE AND IMPROVE THE QUALITY OF LIFE BY CREATING A CULTURE THAT MAXIMIZES INDIVIDUAL POTENTIAL, IMAGINATION AND COOPERATION THE NUTRITION AND FITNESS TASK FORCE WORKS TOGETHER TO DEVELOP AN AWARENESS OF A HEALTHIER LIFESTYLE THREE HOSPITAL COLLEAGUES SERVED ON THE NUTRITION AND FITNESS TASK FORCE - MARILYN BOONE, WOMEN'S WELLNESS MANAGER, ROBIN BROWN, CT TECHNOLOGIST, AND TAMMY PROBST, DIRECTOR OF THE WOUND HEALING CENTER THE TASK FORCE HAS HELPED PROMOTE THE LOCAL FARMER'S MARKET AND PLANT A ROW FOR THE HUNGRY INITIATIVE

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Self-pay patients are screened for verification of no insurance coverage. Once verification of no coverage has been completed, the guarantors will be screened for charity or uninsured discounts based on income levels. Those guarantors who do not qualify for charity through the screening process will be asked to provide proof of income in the form of a recent pay stub and/or recent tax return to determine the level of uninsured discounting. If no proof of income is provided or a guarantor's income is greater than 201% of the federal poverty level, the appropriate discount according to the established criteria up to 600% of the federal poverty level will be applied. The amount of money not collected from those self-pay patients who are not eligible for charity care is reported as bad debt. Allowances for Doubtful Accounts have been recorded based on an historical matrix, using collectability percentages by payor and aging category in accordance with HSHS Executive Policy #F-23, Valuation of Net Accounts Receivable. Percentages are based on historical experience at the hospital and adjusted for known limitations. HSHS St. Anthony's Memorial Hospital reports bad debt in accordance with Healthcare Financial Management Association Statement 15, as modified by and consistent with Generally Accepted Accounting Principles (GAAP).

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	HSHS St Anthony's Memorial Hospital strongly believes that its charity care, and the related community benefit obtained from such care, is understated because of those patients who potentially qualify for charity care but do not wish to apply for it. In addition, some care is not classified as charity because of missing documentation on patient resources. Thus, the hospital's bad debt includes a portion that could be classified as charity care if application for such care was sought and/or completed. Currently, the hospital is implementing processes, procedures and systems to more effectively determine charity care that will reduce a patient's documentation requirements and ease the patient's emotional burden in applying for charity care. This will provide a more accurate reporting of charity care services provided by the hospital.

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The text of the footnote to the organization's financial statements that describes bad debt expense can be found on page 21 of the HSHS Consolidated Audit Report

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	HSHS St Anthony's Memorial Hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital management continually advocates for improved Medicare payment so that the cost of quality care to those patients who are not able to afford it is not compromised and is fairly subsidized by all payers. While this shortfall in Medicare payments is not classified as community benefit by the IRS, we nonetheless believe it is an important contribution made by the hospital to the health and well-being of the community. If the Medicare program did not exist, many Medicare patients would be eligible for charity care or other means-tested government programs. Further, by absorbing this payment shortfall and providing care below cost to these individuals, HSHS St Anthony's Memorial Hospital is relieving the burdens of the government. Accordingly, this shortfall restricts St Anthony's ability to make funds available to provide for charity care and other community benefits. The hospital Medicare shortfall at cost for fiscal year 2016 was \$10,450,206.

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Any patient account that is sent to a collection agency has an opportunity to complete an application for financial assistance. If an account meets the qualifications for financial assistance, St. Anthony's notifies the collection agency to make it a charity care adjustment. At the end of every month, the collection agency provides a list of patients, accounts, and amounts that should be reclassified as charity care. As a result, a journal entry is prepared to transfer these amounts from bad debt to charity care. The patient will receive a billing statement for services, payment in full is expected within 30 days of service date. An account will be considered delinquent if the guarantor fails to either make full payment or acceptable payment arrangements with 30 days from notification of the amount owed. The billing office will send a minimum of three monthly statements to the guarantor within 120 days. If payment or satisfactory payment arrangements have not been made within 120 days, the account will be reviewed for assignment to either an attorney or collection agency for additional follow-up and collection activity. All account balance exceeding \$2,500 will receive a telephone call from the DBO staff or a representative. Before an account will be reviewed for collections, the patient will have received information in regard to the financial assistance program during registration process and each billing statement will also include information as to how the patient may apply for financial assistance. Financial assistance information is also available on the hospital website. Every interaction with the patient by the patient account staff should be considered an opportunity to discuss financial assistance. Completing a financial assistance application is still an option after the account has been placed in collections.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- ST ANTHONY'S MEMORIAL HOSPITAL Line 16a URL https //www stanthonyshospital org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.ASPX,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ST ANTHONY'S MEMORIAL HOSPITAL Line 16b URL https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.ASPX ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ST ANTHONY'S MEMORIAL HOSPITAL Line 16c URL https //www stanthonyshospital org/PATIENT-GUEST/FINANCIAL-ASSISTANCE ASPX,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	As indicated in Part V, Section C, HSHS St Anthony's Memorial Hospital conducted a Community Health Needs Assessment in FY2015 (July 1, 2014 through June 30, 2015). In previous years, the hospital assessed community need in the following manner. Since 2005, St. Anthony's Memorial Hospital has been involved in needs assessments conducted by the hospital and several other organizations. Health care needs identified by community members involved in a grassroots effort to improve quality of life for Effingham County identified health care needs that paralleled those identified by "Checkup 2005" Community Needs Assessment. Members of Vision 2020 eventually joined the "Checkup 2005" Committee to form the Alliance for a Healthier Effingham County that continues today. St. Anthony's has a number of representatives on the Alliance, including the hospital's current Chairperson of its Board of Directors, Director of Quality Support, and the Director of Marketing and Communications. In addition to St. Anthony's involvement, the Alliance membership is comprised of representatives from the County Health Department, physicians' offices, dental offices, catholic charities and other social service agencies, community businesses, and area media. The "Checkup 2005" initiatives included achievements such as a summer lunch program for children, awareness/promotion campaign focusing on Women's Wellness and the availability of the Illinois Breast & Cervical Cancer Program, and a TREC initiative to establish walking trails to increase health and activity levels of all community residents. Members of the Alliance continue to monitor needs assessments to determine priorities that should continue to be addressed and to include new health priorities. Needs identified through these various assessments led to the development of the Alliance's goals for 2012. Those included - Continue to focus on exercise, nutrition, and healthy lifestyles - Continue to raise awareness and improve access to affordable health care, dental care and mental health professionals - Continue to raise awareness and improve access to mental health treatment for youth and families including treatment programs for suicide and depression, and drug and alcohol abuse - Develop strategies that create awareness and provide resources to reduce child abuse offenses. In 2011, a steering committee similar to the alliance was formed in Jasper County to address health care needs identified in that county. In addition to representatives from St. Anthony's, this committee includes representatives from other health care organizations, area schools, government, community organizations, business and local community members. Members of the Jasper County Steering Committee identified health care needs similar to those in Effingham County. Those included - Focus on exercise, nutrition, and healthy lifestyles - Raise awareness and improve access to affordable health care, dental care and mental health professionals - Raise awareness and improve access to mental health treatment for youth and families including treatment programs for suicide and depression, and drug and alcohol abuse. Provisions in the Affordable Care Act require charitable hospitals to conduct a CHNA and adopt implementation strategies to meet the needs identified. To comply with these requirements, HSHS St. Anthony's led a collaborative approach to conduct its CHNA and adopt an Implementation Plan in FY2015 (July 1, 2014 through June 30, 2015), a process we undertake every three years.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	HSHS St Anthony's Memorial Hospital informs patients about financial assistance programs in various ways. Patients receive a patient guide, which explains that hospital staff will assist patients in filing claims for governmental programs. The patient guide also explains St. Anthony's financial assistance program and how to apply for assistance. Brochures about the financial assistance program are also located in waiting rooms throughout St. Anthony's campus. For patients who visit St. Anthony's emergency room, each patient is visited bedside by a hospital staff member who provides them with a brochure about the financial assistance program if they are self-pay or if they express concern about the hospital bill. The brochures are available in English and Spanish. During registration, the hospital also provides uninsured or underinsured patients with information about the Cardinal Health e-recovery pharmaceutical program, which offers medication assistance for medications received during the hospital visit. There is signage about financial assistance in all of the hospital registration areas. In addition, every hospital billing statement includes information about the availability of financial assistance. In St. Anthony's business office, when staff members receive calls from people expressing problems with being able to pay their hospital bills, they share information with them about the availability of government programs and the Christian Care financial assistance program. All patients with a self-pay portion greater than \$1000 are mailed a copy of the financial assistance application form. St. Anthony's web site also explains that hospital staff can assist patients who have financial concerns, offer phone numbers to call for assistance, and provides information on the financial assistance program.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Effingham is located in central Illinois at the crossroads of two major interstate systems. Effingham has a population of over 12,000 people with an economy comprised of various businesses from agriculture, printing, and manufacturing plants to health care and tourism. St. Anthony's Memorial Hospital's service area is Effingham and Jasper counties along with portions of the counties of Clark, Clay, Crawford, Cumberland, Fayette, Marion, Richland, and Shelby, serving a population of over 250,000 people. The hospital does not exclude Medically Underserved Areas (MUAs), low income or minority populations from its service area. According to the 2012 estimates of the US census, the demographic make-up of Effingham County is 96.7% white (non-Hispanic), 1.8% of Hispanic or Latino origin, and 0.9% other. The demographic make-up of Jasper County is 97.6% white (non-Hispanic), 1.0% of Hispanic or Latino origin, and 0.8% other. In 2010, the percentage of people living below poverty level in Effingham County was 10.7% and Jasper County was 7.6%. The Community Health Needs Assessment (CHNA) indicated that 13.5% of adults ages 18-64 in the total area surveyed have health insurance coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits). Additionally 8.7% of the adults surveyed have no insurance coverage for health care expenses. The population segments most likely to be without health care insurance coverage were men and residents living at lower incomes. Among adults with diagnosed depression, only 64.8% acknowledge they have sought professional help for a mental or emotional problem. This is much lower than the national findings of 82% and fails to satisfy the healthy people 2020 target of 75.1% or higher. Additionally, based on self-reported heights and weights in the CHNA, only 30.3% of adults in the total area are at a healthy weight. This fails to satisfy the healthy people 2020 target of 33.9% or higher. This number has not changed significantly since the 2005 CHNA.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	As a healing ministry of the Catholic Church and an affiliate of Hospital Sisters Health System (HSHS), HSHS St Anthony's Memorial Hospital is committed to delivering high quality, compassionate, and cost-effective health care services to all. The hospital was founded more than 141 years ago to bring a healing presence and improve the health of our community, especially for those persons who are sick, poor, and disadvantaged. Because of the hospital's purpose and tradition, it is organized to promote the health of Effingham and surrounding areas. The hospital is governed by a Board of Directors, at least a majority of whom reside in the hospital's primary service area and who are neither employees nor independent contractors of the hospital (nor family members thereof). The Board ensures that St Anthony's Memorial Hospital is responding to community need. In FY2015, for example, the Board reviewed the Community Health Needs Assessment and approved an implementation strategy for addressing selected needs. St Anthony's also has a Hospital Advisory Council comprised of community leaders who serve as liaisons between the hospital and its public by advising on matters of community health care service and its effective delivery. Community leaders also serve on the Friends of St Anthony's Leadership Council, which ensure the continuing growth, stability and future of health care in the region, by accepting and acknowledging charitable contributions to the hospital. St Anthony's Auxiliary Executive Committee is a board of volunteers who direct the Auxiliary volunteer program which promotes and advances the welfare of the hospital through services for patients and their families, and fundraising for hospital needs. Also consistent with its exempt purpose, St Anthony's Memorial Hospital has an open medical staff with privileges available to all qualified physicians in the area. The hospital also operates an emergency department that is open 24 hours to all persons regardless of their ability to pay. As a not-for-profit hospital, St Anthony's reinvests surplus funds to support the mission of the organization and health of the community rather than distributing surplus funds as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, improve patient care, and support initiatives designed to promote health and ensure access for all. For example, St Anthony's is currently working with its parent organization, Hospital Sisters Health System, to continuously enhance quality and improve coordination of care both inside the hospital and with a growing number of physician partners. Supported by investments in information technology, this "care integration" strategy is designed to better coordinate care, improve health outcomes, create new efficiencies, and help ensure that patients (especially those with chronic conditions) get well and stay well. St Anthony's has worked with various area medical practices whose medical records were still on paper with adopting electronic medical records (EMRs) in their offices. Having access to an EMR assists caregivers with increased information by patients and other health care providers, enables the practice of evidence-based medicine, and improves patient safety and quality of care. For those medical offices that already have EMRs, St Anthony's is working on determining software to help medical practices' EMR interface with the hospital's EMR to help improve communication, efficiency, and patient safety. St Anthony's Memorial Hospital also devotes significant resources to access for patients who cannot afford care, along with other community benefits. In FY 2016, St Anthony's provided more than \$10,936,513 million in Community Benefit services, including charity care at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health. Additionally, in FY2016, St Anthony's Memorial Hospital provided \$1,926,212 (at cost) in uncompensated care to patients who did not qualify for charity care or public assistance and more than \$10,540,206 (at cost) in excess of Medicare payment for health care services. St Anthony's provides a range of Community Benefit activities and programs that furthers our mission and long-standing commitment to our community. In many cases, these Community Benefit initiatives would not exist without the leadership role played by St Anthony's and they often relieve a burden that would otherwise be carried by government. The majority of the Community Benefit programs and activities provided in FY2016 are in response to the hospital's FY2015 Community Health Needs Assessment (CHNA). The FY2015 CHNA surfaced the following health focus areas to be addressed by the hospital in collaboration with other hospitals and community organizations: 1. Access to Primary Care 2. Chronic Disease Diabetes

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	tes 3 Cerebrovascular Disease Stroke 4 Nutrition 5 Smoking 1 Access to Primary Care H ealth Insurance Exchange (HIE) To address access to primary care, St Anthony's promoted t he availability of the Health Insurance Exchange (HIE) to the community A hospital-based enrollment counselor was available during the enrollment period to community members A ne ws release was distributed to the local media about open enrollment and information was pl aced on the hospital's web site The web site included an option for community members to submit questions to the hospital-based enrollment counselor via email In addition, social media posts reminded area residents of the availability of the HIE Distribution of flyer s and "prescription notepads," containing HIE contact information and local in-person coun selor information were given to health fair attendees, local primary care physicians and s ocial service agencies The hospital-based enrollment counselor met with seventeen individ uals and enrolled nine of those in the HIE The counselor did not receive any submitted qu estions about the HIE Catholic Charities Prescription Assistance For the past decade, St Anthony's Memorial Hospital has assisted Effingham Catholic Charities by co-sponsoring th eir prescription assistance program This is one of the ongoing programs that St Anthony' s has supported based on the health priorities established by the Alliance following Check up 2005 St Anthony's and Catholic Charities believe that no one should be without prescr ibed medications because they cannot afford to pay for them Catholic Charities' staff mem bers work with clients who need prescription medication but may not be able to afford them because they are uninsured or underinsured St Anthony's provides assistance to Catholic Charities to help pay for the costs incurred by the program Rather than establishing the ir own prescription assistance and duplicating efforts, St Anthony's partners with Catho lic Charities who has an excellent program in place to assist those in need of prescriptio n medication Catholic Charities is grateful for the assistance, given the number of clien ts they help each month through the program In Fiscal Year 2016, Catholic Charities was a ble to help 518 people receive the prescription medications they need, thanks to the suppo rt of HSHS St Anthony's Memorial Hospital Without the assistance that St Anthony's prov ides, Catholic Charities might not be able to continue to provide prescription medication assistance to those in need Blood Pressure Program St Anthony's monthly blood pressure p rogram provides better access to low-income populations The program also offers blood glu cose and diabetes education at each location quarterly Monthly screenings locations inclu de Effingham, Altamont, Dieterich, Shumway, Newton and Clay City The screening locations were evaluated to determine access to the underserved In FY16, St Anthony's served 615 i ndividuals by the program Catholic Charities Dental Voucher Program HSHS St Anthony's Me morial Hospital in partnership with Effingham Catholic Charities provides a dental voucher program for adults 18 years and older who are underinsured or uninsured and in need of an emergency tooth extraction CNHA survey results related to oral health and access to dent al care indicated 27% of Effingham County respondents had not visited a dentist within the past year Those at lower income levels were less likely to report having seen a dentist in the last year The goal is to increase access to emergency dental care and improve the oral health for the underserved in HSHS St Anthony's service area The program facilitate s access to the appropriate care for those individuals needing emergency tooth extraction Those qualifying for the program will also find relief from the burden of paying for emer gency, dental and oral surgery services when they cannot afford to do so

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	HSHS St Anthony's Memorial Hospital in Effingham is an affiliate of Hospital Sisters Health System (HSHS), a health care ministry that includes 15 hospitals, numerous community-based health centers and clinics, and hundreds of physician partners across Illinois and Wisconsin. The mission of HSHS is "to reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry." We live our mission by providing holistic healing to all who seek our care, as well as through Community Benefit. In tandem with others in the communities we serve, our Community Benefit initiatives are strategically increasing access to care, improving the health status of residents, and increasing medical education and knowledge. In FY2016, our hospitals responded to the top needs identified in each of their most recent Community Health Needs Assessments (CHNAs). The information gathered from these assessments was used to develop or enhance Community Benefit programs and services to best address community health needs. Among the priority needs identified in the most recent CHNA process were access to care, alcohol, tobacco, and other drug abuse, chronic disease prevention and management, nutrition/wellness, mental health, and oral health. HSHS hospitals are proactively addressing these and other needs through patient, provider and community education, preventative screenings, self-management classes, and new or enhanced clinical services. In FY2016, HSHS collectively provided \$203.8 million in Community Benefit (10.0% of total hospital expenses). This amount included \$28.1 million provided for Financial Assistance (i.e. Charity Care) and \$134.3 million for unreimbursed care provided as part of the Medicaid program. In addition, HSHS hospitals committed significant resources to treat Medicare patients. The cost of providing services to primarily elderly beneficiaries of the Medicare program - in excess of governmental and managed care contract payments - was \$221.3 million. HSHS hospitals also recorded \$31.4 million in uncollectible accounts. While HSHS does not count the latter two amounts as Community Benefit, they nonetheless reflect our commitment to serving all persons in need of care. In addition to the dollars invested in our Community Benefit programs, HSHS continues to reinvest any surplus revenue from operations and investments into new medical technology, facility infrastructure and health care services in our communities. By doing so, we ensure our ability to meet the ongoing demand for high quality, efficient and easily accessible health care. Improve access to health services. As a Franciscan health care ministry, HSHS is deeply committed to serving those who are most in need with a special focus on the poor and vulnerable. We not only provide care to every patient who walks through our doors, but also reach out beyond the walls of our hospitals and clinics to care for those in our communities. Our efforts to ensure residents in the communities we serve receive the right care, at the right time, and in the right setting involve collaborating with others to achieve this goal. Across our two-state System, there are numerous examples of partnerships with departments of public health, other health care facilities and community and social service organizations to enhance access to care for those in need. In FY2016, HSHS and our 15 hospitals invested Community Benefit resources to educate the uninsured about new enrollment opportunities in affordable health care coverage and to facilitate the process. Studies have shown that people without insurance are more likely to postpone care and develop more severe and expensive conditions than their insured counterparts. It is for this reason that the Catholic Church, Catholic health care and HSHS have long promoted "coverage and access for all." HSHS and our 15 hospitals in partnership with local health departments, social service agencies and other health care providers played a vital role in educating eligible people in their local communities, by referring people to Certified Application Counselors and/or in enrolling them in the health insurance exchanges, or in securing coverage through Medicaid expansion. In southern Illinois, HSHS St. Elizabeth's Hospital in Belleville identified an education gap among newly insured patients. Although these patients now had health insurance, they did not know how to use insurance nor did they understand the many benefits that come with different plans. To bridge the gap, St. Elizabeth's Hospital hosted quarterly resource fairs in collaboration with other social service agencies in the community to not only educate the public about their health insurance benefits but also about other resources in the community that can improve their overall health and quality of life. More than 100 persons participated in the resource fairs and each received a healthy snack or hygiene kit. In response to its FY2015 CHNA, HSHS

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	HS St John's Hospital in Springfield, Illinois established a community health worker program to increase access to health care and coordination of care for residents of the Enos Park Neighborhood. The hospital also helped establish an Enos Park Neighborhood Advisory Council and Providers Alliance as part of the access collaborative to drive behavior changes and improve health outcomes. In the first year of the program, 103 clients were 100% engaged. Services provided included basic needs (70%) and health care access (30%). The access collaborative also placed 12 homeless individuals or families in affordable, safe housing in Enos Park. Of the 27 parolees we worked with, we realized an 18% recidivism rate compared to the national rate of 60% due to lack of housing or employment. One hundred percent of our clients visited a primary care provider and 84% connected to a medical home. Due to the program's initial success, it is being replicated in Sangamon County's eastside where our most poor and vulnerable populations live. HSHS St Mary's Hospital Medical Center in Green Bay led the activities of the community Oral Health Task Force, which focuses on prevention, intervention and policy modification strategies to improve oral health in Brown County. In FY2016, St Mary's Hospital helped to expand the services at NEW Community Clinic dental clinic by supporting their efforts to secure a HRSA grant for expansion by subsidizing the rent guarantee necessary and by assisting with the design cost for the center. The hospital also subsidized the cost of a staff person to obtain the necessary medical clearances and consent forms for patients, many of whom are elderly and/or disabled and need consent from guardians - thus supporting the oral surgeons who are providing their services free of charge. St Mary's Hospital expanded oral health services for children by covering the costs of a dental hygienist employed by the Brown County Oral Health Partnership to offer oral health services in the Ashwaubenon school district. Through this new alliance, 79 students received oral health care that otherwise would have been difficult to obtain, including care for dental caries and abscesses. HSHS St Francis Hospital in Litchfield, Illinois collaborated with Lewis & Clark Community College and local dental providers to bring the College's mobile dental health unit to the Litchfield area; the unit provides free or low cost dental exams and screenings, x-rays and hygiene services. In addition, three local dental providers also participated by opening their offices and donating time, staff and supplies to provide either a free filling, extraction or hygiene services. Beginning in 2015, the hospital collaborated with Catholic Charities to launch a dental voucher program. Five dentists in Macoupin and Montgomery counties participate in the program, which covers an initial exam and x-rays, one tooth extraction and up to three fillings per year per individual. The percentage of total emergency department visits related to dental issues decreased from 2.2 percent in 2011 to 1.27 percent in 2014 because of this collaboration. In southeast Illinois, area residents can get help filling a prescription through the long-term collaboration between HSHS St Anthony's Memorial Hospital in Effingham and Catholic Charities. In FY2016, St Anthony's Memorial Hospital helped to underwrite the cost of prescription medications for 518 residents. St Anthony's Memorial Hospital and Catholic Charities believe no one should be without prescriptions because of the inability to pay.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

Schedule H (Form 990) 2015

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 37-0661233

Name: St Anthony's Memorial Hospital of the Hospital Sisters of
The Third Order o
f St Francis

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

1

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ST ANTHONY'S MEMORIAL HOSPITAL 503 N MAPLE STREET EFFINGHAM, IL 62401 http://stanthonyshospital.org/ HF107112	X	X					X			

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" on 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis

Employer identification number
37-0661233

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	TAX GROSS-UPS WERE PAID BY THE ORGANIZATION TO VARIOUS INDIVIDUALS LISTED IN SCH J THAT WERE LESS THAN \$50 A PERSON. THE FAIR VALUE OF THIS WAS INCLUDED IN EACH EMPLOYEES ANNUAL REPORTED INCOME.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A IN SCHEDULE O.
Schedule J, Part I, Line 4a Severance or change-of-control payment	Organization: Hospital Sisters Health System, Inc. EIN: 37-1058692. Interested Person: Lawrence Schumacher. Amount: \$476,419. Terms: Compensation paid as a result of a severance from the position of COO.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	HSBS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS. THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSBS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSBS COMPENSATION COMMITTEE. THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN DOCUMENTS FOR THE PLAN YEAR. PARTICIPANTS CONSTRUCTIVELY RECEIVE A DISTRIBUTION FROM THE PLAN NO LATER THAN MARCH 15TH OF THE CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH AN AMOUNT IS VESTED AND TAXABLE PURSUANT TO A VESTING SCHEDULE AS SPECIFIED IN THE PLAN DOCUMENT. THE ACTUAL DISTRIBUTION OF THE VESTED BENEFIT UNDER THE PLAN IS PAID IN A SINGLE LUMP SUM TO THE PARTICIPANT OR THE PARTICIPANT'S BENEFICIARY UPON THE EARLIER OF THE PARTICIPANT'S TERMINATION OF EMPLOYMENT, DEATH, OR TOTAL AND PERMANENT DISABILITY. THE FOLLOWING INTERESTED PERSONS CONSTRUCTIVELY RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2015: THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C): Ann Carr -- \$31,485; Theresa Rutherford -- \$36,382. THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2015: THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE: Ann Carr -- \$29,789; Theresa Rutherford -- \$30,856; Lawrence Schumacher -- \$342,101.

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 37-0661233

Name: St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis

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

(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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LAWRENCE SCHUMACHER Former DIVISION CEO - INTERIM	(i)	0	0	0	0	0	0	0
	(ii)	255,552	152,120	1,052,448	63,423	-	1,532,825	342,101
1ANN M CARR TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	253,980	36,527	63,798	201,780	-	576,966	29,789
2JAMES DOVER CEO CENTRAL ILLINOIS DIV	(i)	0	0	0	0	0	0	0
	(ii)	321,705	0	51,737	50,332	-	446,261	0
3DAVID NOSACKA DIVISION CFO	(i)	0	0	0	0	0	0	0
	(ii)	328,673	40,696	2,943	25,484	-	421,334	0
4THERESA J RUTHERFORD PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	302,026	56,142	51,360	123,804	-	553,893	30,856
5DAVID A STORM CFO	(i)	214,834	13,342	955	155,333	18,153	402,617	0
	(ii)	0	0	0	0	-	0	0
6RYAN L JENNINGS CHIEF MEDICAL OFFICER	(i)	333,473	0	955	22,086	23,135	379,649	0
	(ii)	0	0	0	0	-	0	0
7KELLY M SAGER Chief Nursing Officer	(i)	164,537	12,501	953	60,198	21,822	260,011	0
	(ii)	0	0	0	0	-	0	0
8MARY C FINLEY DIRECTOR, QUALITY MANAGEMENT	(i)	125,467	0	953	70,360	18,063	214,843	0
	(ii)	0	0	0	0	-	0	0
9JODY A PUCKETT DIRECTOR, FACILITY SERVICES	(i)	122,979	0	953	50,718	23,152	197,802	0
	(ii)	0	0	0	0	-	0	0
10MARY BRYANT CRNA	(i)	187,940	0	548	24,693	8,735	221,916	0
	(ii)	0	0	0	0	-	0	0
11ROBERT S BRYANT CRNA	(i)	193,552	0	548	25,408	8,735	228,243	0
	(ii)	0	0	0	0	-	0	0
12LARRY J CARROLL CRNA	(i)	196,994	10,385	550	50,106	11,235	269,270	0
	(ii)	0	0	0	0	-	0	0

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order o
f St Francis**Employer identification number**

37-0661233

Return Reference**Explanation**Form 990, Part III, Line
4a STATEMENT OF
PROGRAM SERVICE
ACCOMPLISHMENTS

ST ANTHONY'S MEMORIAL HOSPITAL, EFFINGHAM OF THE HOSPITAL SISTERS HEALTH SYSTEM PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, RELIGION, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES IS CRITICAL TO THE CONTINUED OPERATION AND STABILITY OF THE HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE NECESSARY MEDICAL SERVICES. OUR MISSION IS TO SERVE THE COMMUNITY WITH THE BEST QUALITY HEALTHCARE SERVICES AND HEALTHCARE EDUCATION. INHERENT TO OUR MISSION, WE PROVIDE CARE TO THE POOR, THE ELDERLY, AND THE NEEDY OF THE COMMUNITY THROUGH VARIOUS PROGRAMS AND SERVICES. THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF COMMUNITY SUPPORT ACTIVITIES. DURING FISCAL YEAR 2016, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 5,150 INPATIENTS UTILIZING 16,484 ADULT AND PEDIATRIC DAYS OF CARE. IN ADDITION, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 142,637 OUTPATIENTS. ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO THE POOR AT FREE OR REDUCED COST THROUGH OUR CHRISTIAN CARE PROGRAM. CHARITY CARE PROVIDED AT COST WAS \$1,926,212. IN ADDITION, THE HOSPITAL PARTICIPATES IN THE ILLINOIS MEDICAID PROGRAM, WHICH REIMBURSES THE HOSPITAL AT RATES SUBSTANTIALLY BELOW THE COST OF PROVIDING THE SERVICES. FULFILLING OUR MISSION TO THE COMMUNITY, SERVICES WERE PROVIDED TO MEDICAID INPATIENTS UTILIZING 1,676 DAYS OF CARE. THE UNPAID COST OF MEDICAID WAS \$7,809,189. OTHER BENEFITS INCLUDED IN-KIND DONATIONS IN THE AMOUNT OF \$14,163. ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO MEMBERS OF THE BROADER COMMUNITY THROUGH OUR PARTICIPATION IN THE MEDICARE PROGRAM, PROVIDING MANY PROGRAMS AND SERVICES FREE OR AT A REDUCED PRICE, PROVIDING SERVICES THAT BENEFIT THE COMMUNITY BUT HAVE A NEGATIVE MARGIN, AND THROUGH EDUCATIONAL PROGRAMS AT NO COST. THE UNPAID AND UNREIMBURSED COST OF PARTICIPATING IN THE MEDICARE PROGRAM WAS \$10,540,206 DURING FISCAL YEAR 2016.

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	THE MISSION OF ST ANTHONY'S MEMORIAL HOSPITAL IS TO PARTICIPATE IN THE HEALTHCARE MINISTRY OF THE CHURCH. WE COMMIT OUR VALUABLE RESOURCES TO PROVIDE A FAMILY-CENTERED APPROACH IN MEETING THE HEALTHCARE NEEDS OF ALL PEOPLE IN THE COMMUNITY REGARDLESS OF ABILITY TO PAY, AND TO FOSTER THE VALUES OF RESPECT, CARE, COMPETENCE, AND JOY.

Return Reference	Explanation
Form 990, Part IV, Line 24a TAX EXEMPT BONDS	ST ANTHONY'S MEMORIAL HOSPITAL HOLDS A LIABILITY ON ITS BOOKS FOR TAX-EXEMPT BONDS, WHICH IS AN ALLOCATION FROM ITS PARENT CORPORATION, HOSPITAL SISTERS SERVICES, INC ("HSSI") AS A RESULT, THIS QUESTION WAS ANSWERED NO, AND SCHEDULE K WILL BE COMPLETED ON THE HOSPITAL SISTERS SERVICES, INC FORM 990

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

Return Reference	Explanation
Form 990, Part VI, Line 16a JOINT VENTURES	HOSPITAL SISTERS HEALTH SYSTEM ADOPTED A JOINT VENTURE COMPLIANCE PROGRAM POLICY EFFECTIVE ON JANUARY 1, 2012 FOR ALL SYSTEM HOSPITALS, INCLUDING ST ANTHONY'S HOSPITAL THE OVERALL PURPOSE OF THE POLICY IS TO PROVIDE PRACTICAL GUIDELINES FOR ETHICAL BUSINESS CONDUCT, TO ACHIEVE COMPLIANCE, AND TO DETECT AND PREVENT VIOLATIONS OF APPLICABLE LAWS THE POLICY REQUIRES ST ANTHONY HOSPITAL, AND ALL HSHS HOSPITALS, TO EVALUATE THEIR PARTICIPATION IN JOINT VENTURE ARRANGEMENTS, INCLUDING UNDER APPLICABLE FEDERAL TAX LAWS, AND TO SAFEGUARD ST ANTHONY HOSPITAL'S TAX EXEMPT STATUS WITH RESPECT TO ANY JOINT VENTURE ARRANGEMENTS

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

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	PURSUANT TO SECTION 2.3 OF THE CORPORATION'S BYLAWS, THE ORGANIZATION'S MEMBER, HOSPITAL SISTERS SERVICES, INC. ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, HAS THE RIGHT TO APPOINT AND REMOVE THE CORPORATION'S BOARD OF DIRECTORS, CHAIRPERSON OF THE BOARD AND PRESIDENT

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

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

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE ORGANIZATION IS SUBJECT TO THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY ("POLICY") OF HOSPITAL SISTERS HEALTH SYSTEM, AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. A REVISED CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY HAVE BEEN USED SINCE JANUARY 2009 TO ESTABLISH THE PRACTICE OF MANAGING CONFLICTS OF INTEREST USING A SYSTEM-WIDE PROTOCOL FOR DISCLOSURE STATEMENTS. IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, ALL COVERED PERSONS HAVE A DUTY TO COMPLY WITH THE CONFLICT OF INTEREST POLICY FOR ANY CONTRACT, TRANSACTION, RELATIONSHIP OR ACTIVITY CONTEMPLATED, ENTERED INTO OR CONDUCTED AT HSHS OR ITS AFFILIATES. THE POLICY DEFINES COVERED PERSONS AS BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS, BOARD DESIGNEES, SENIOR MANAGEMENT, MEMBERS OF ANY COMMITTEE THAT OVERSEES THE APPROVAL OF PHARMACEUTICALS, AND MEDICAL DEVICES, ANY OTHER INDIVIDUAL WHO HOLDS A POSITION OF TRUST. ON AN ANNUAL BASIS, HSHS DISCLOSES A COPY OF THE CONFLICT OF INTEREST POLICY (AND ALL CORRESPONDING PROCEDURES, GUIDELINES, FORMS AND TOOLS) TO ALL COVERED PERSONS AND ADVISES ALL COVERED PERSONS IN WRITING OF ANY SUBSTANTIVE CHANGES TO THIS POLICY AND SUCH RELATED MATERIALS. COVERED PERSONS ARE REQUIRED TO REVIEW AND COMPLETE THE CORRESPONDING CONFLICT OF INTEREST STATEMENT. THE SYSTEM OFFICE VICE PRESIDENT, SYSTEM RESPONSIBILITY OR MEMBERS OF THE AUDIT AND INTEGRITY COMMITTEE ("COMMITTEE") ARE AVAILABLE TO ANSWER ANY QUESTIONS A COVERED PERSON MAY HAVE. IN ADDITION, IF, AT ANY TIME AFTER SUBMITTING AN ANNUAL CONFLICT OF INTEREST STATEMENT, A COVERED PERSON BECOMES AWARE OF AN INTEREST THAT HE OR SHE WOULD HAVE HAD TO DISCLOSE AT THE ANNUAL INTERVAL, THE COVERED PERSON IS REQUIRED PROMPTLY TO DISCLOSE THE INTEREST TO THE COMMITTEE USING THE HSHS CONFLICT OF INTEREST DISCLOSURE STATEMENT. COMPLETED CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED TO THE COMMITTEE, WHICH IS RESPONSIBLE FOR IDENTIFYING, ASSESSING, AND MANAGING CONFLICTS OF INTEREST THAT ARISE IN THE COURSE OF CONDUCTING THE AFFAIRS OF HSHS AND ITS AFFILIATES. IF THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE CONFLICT OF INTEREST POLICY REQUIRES HSHS NOT TO ENGAGE IN OR ENTER INTO A PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY UNLESS THE COMMITTEE OR, WHERE NECESSARY, THE BOARD OF DIRECTORS (ACTING THROUGH ITS DISINTERESTED MEMBERS), HAS INVESTIGATED ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY AND, IN THE ABSENCE OF ALTERNATIVES THAT ARE IN THE BEST INTERESTS OF HSHS, HAS DETERMINED: 1. THAT, REGARDLESS OF WHETHER THE COVERED PERSON PARTICIPATES IN THE IMPLEMENTATION OF THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY, 2. THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS IN THE BEST INTERESTS OF HSHS, 3. THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS FAIR AND REASONABLE FROM THE PERSPECTIVE OF HSHS, AND 4. HSHS CANNOT OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES. IN DETERMINING WHETHER A CONTRACT, TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO HSHS, THE COMMITTEE SHALL CONSIDER, WHERE APPLICABLE: 1. APPRAISALS OR OTHER INDEPENDENT VALUATIONS OF THE FAIR MARKET VALUE OF THE CONTRACT, TRANSACTION, OR ARRANGEMENT, 2. INFORMATION REGARDING COMPARABLE CONTRACTS, TRANSACTIONS, OR ARRANGEMENTS BETWEEN UNRELATED PARTIES, 3. OFFERS FROM COMPARABLE COMPETING ENTITIES, AND/OR 4. STUDIES OF COMPARABLE COMPENSATION ARRANGEMENTS. IN ANY CASE IN WHICH THE COMMITTEE FINDS, AFTER TAKING THE STEPS DESCRIBED ABOVE, THAT HSHS SHOULD PARTICIPATE IN A PROPOSED TRANSACTION OR ARRANGEMENT DESPITE THE EXISTENCE OF A CONFLICT OF INTEREST, THE COMMITTEE SHALL DEVELOP, IMPLEMENT, MONITOR, AND ENFORCE COMPLIANCE WITH A CONFLICT MANAGEMENT PLAN FOR MANAGING THE CONFLICT OF INTEREST AS IT CONSIDERS NECESSARY FOR SUCH FINDINGS TO REMAIN VALID THROUGHOUT THE LIFE OF THE CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY. ALL CONFLICT MANAGEMENT PLANS SHALL: 1. STATE THAT THE COMMITTEE WILL OVERSEE, MONITOR, AND ENFORCE COMPLIANCE WITH THE PLAN THROUGHOUT THE COURSE OF THE STUDY AND SPECIFY MEANS FOR DOING SO, INCLUDING, WITHOUT LIMITATION, THAT THE APPROPRIATE INDIVIDUALS MUST PROVIDE THE COMMITTEE WITH WRITTEN REPORTS PERTAINING TO COMPLIANCE WITH THE CONFLICT MANAGEMENT PLAN, THAT THE COMMITTEE SHALL HAVE THE RIGHT TO AUDIT THE STUDY FOR SUCH COMPLIANCE, AND THE RIGHT TO IMPOSE SANCTIONS FOR NON-COMPLIANCE, 2. STATE THAT THE PLAN MUST BE SHARED WITH COVERED PERSON WHOSE INTERESTS IT WAS DEVELOPED TO MANAGE, 3. STATE THAT THE PLAN MUST BE SHARED WITH, AND PERIODIC REPORTS ON COMPLIANCE WITH THE PLAN MUST BE PROVIDED TO, THE BOARD, SENIOR MANAGEMENT, AND/OR GOVERNMENT AGENCIES, AND 4. PROVIDE FOR SUCH OTHER MANAGEMENT STEPS AND MECHANISMS THE COMMITTEE CONSIDERS NECESSARY AND APPROPRIATE. IN ADDITION TO THE COMMITTEE, THE SYSTEM OFFICE VICE PRESIDENTS OF SYSTEM RESPONSIBILITY AND RISK & COMPLIANCE MAY RETAIN SUCH INDEPENDENT ADVISORS OR EXPERTS AS DEEMED NECESSARY TO ASSIST IN MAKING ITS DETERMINATIONS AND DECISIONS. IF THE COMMITTEE DETERMINES THAT THE CONTEMPLATED TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY CANNOT PROCEED DUE TO A CONFLICT OF INTEREST, THE COMMITTEE SHALL INFORM THE APPLICABLE COVERED PERSON OR DECISION-MAKING BODY OF SUCH DETERMINATION WITHIN ONE WEEK OF THE COMMITTEE MEETING AT WHICH THE CONTEMPLATED TRANSACTION WAS DISCUSSED. THE COMMITTEE SHALL DOCUMENT ITS REJECTION OF THE CONTEMPLATED TRANSACTION IN THE COMMITTEE'S MEETING MINUTES.

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

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

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

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Misc Revenue - Total Revenue 193411, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 193411,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in fair value of interest rate swap - -4215429, Swap payments - -1123370, CHANGE IN TEMPORARILY RESTRICTED NET ASSETS - 1449412, TRANSFERS TO/FROM AFFILIATES - -3527954, PENSION RELATED CHANGES OTHER THAN NET PERIODIC - -11140043,

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order o
f St Francis

Employer identification number

37-0661233

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KIARA CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1417684	HEALTHCARE	IL	-3,126,361	6,209,010	HSSI
(2) PHYSICIAN CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1668647	HEALTHCARE	IL	-127,884	6,099,730	KCIN
(3) HSHS ACO LLC 4937 LAVERNA ROAD SPRINGFIELD, IL 62707 32-0465666	HEALTHCARE & SOCIAL ASSISTANCE	IL	-35	0	KCIN

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEMORIAL AND ST ELIZABETH'S HEALTHCARE CANCER TREATMENT (1) CENTER 4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 37-1312961	HEALTHCARE	IL	ST ELIZABETH'S	Related	848,922	4,789,579		No			No	50 %
(2) PRAIRIE HEART INSTITUTE ST JOHN'S 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	Related	-596	8,000		No			No	100 %
(3) PAIN CENTER OF WISCONSIN 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	Related	606,068	807,898		No			No	50 %
(4) PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 36-4717036	HEALTHCARE	WI	ST CLARE	Related	-79,535	206,472		No			No	50 %
(5) CARPENTER STREET HOTEL LLC 525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A								0 %
(6) SPRINGFIELD URGENT CARE REAL ESTATE LLC PO BOX 19456 SPRINGFIELD, IL 727949456 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A								0 %
(7) PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1479945	MEDICAL	IL	HSHS	Related	-7,435	17,725		No		Yes		100 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 37-0661233

Name: St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
HOSPITAL SISTERS HEALTH SYSTEM 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1058692	HEALTHCARE	IL	501(c)(3)	Type III-FI	NA		No
HOSPITAL SISTERS OF ST FRANCIS FOUNDATION 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1186514	HEALTHCARE	IL	501(c)(3)	7	HSBS	Yes	
HSBS HEALTHCARE PLAN TRUST FUND 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1137724	HEALTHCARE	IL	501(c)(9)		HSBS	Yes	
HSBS SELF INSURANCE TRUST 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1120626	INSURANCE	IL	501(c)(3)	Type I	HSBS	Yes	
HOSPITAL SISTERS HEALTHCARE WEST INC 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 51-0157933	HEALTHCARE	WI	501(c)(3)	Type III-FI	HSSI	Yes	
SACRED HEART HOSPITAL 990 WEST CLAIREMONT AVENUE EAU CLAIRE, WI 54701 39-0807060	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
ST ELIZABETH'S HOSPITAL 211 SOUTH THIRD STREET BELLEVILLE, IL 62220 37-0663567	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
ST NICHOLAS HOSPITAL 3100 SUPERIOR AVENUE SHEBOYGAN, WI 53081 39-0808480	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
ST JOHN'S HOSPITAL 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-0661238	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
ST JOSEPH'S HOSPITAL 9515 HOLY CROSS LANE BREESE, IL 62230 37-1208459	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
ST JOSEPH'S HOSPITAL 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 39-0810545	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
ST MARY'S HOSPITAL 1800 E LAKE SHORE DRIVE DECATUR, IL 62521 37-0661244	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
ST MARY'S HOSPITAL 111 Spring Street Streator, IL 61364 36-2169181	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
ST MARY'S MEDICAL CENTER 1762 SHAWANO AVENUE GREEN BAY, WI 54303 39-0818682	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
ST VINCENT HOSPITAL 835 S VAN BUREN GREEN BAY, WI 51301 39-0817529	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
ST JOSEPH'S HOSPITAL 12866 TROXLER AVENUE HIGHLAND, IL 62249 37-0663568	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
ST FRANCIS HOSPITAL 1215 FRANCISCAN DRIVE LITCHFIELD, IL 62056 37-0661236	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
HOSPITAL SISTERS SERVICES INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163402	HEALTHCARE	IL	501(c)(3)	Type III-FI	HSBS	Yes	
HSBS MEDICAL GROUP INC 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-3956318	HEALTHCARE	IL	501(c)(3)	Type III-FI	HSSI	Yes	
HSBS WISCONSIN MEDICAL GROUP INC 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-4515959	HEALTHCARE	WI	501(c)(3)	Type III-FI	HSSI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ORANGE CROSS AMBULANCE INC 919 ASHLAND AVENUE SHEBOYGAN, WI 53081 39-1860942	HEALTHCARE	WI	501(c)(3	9	ST NICHOLAS	Yes	
UNITY LIMITED PARTNERSHIP 2366 OAK RIDGE CIRCLE DE PERE, WI 54115 39-1750729	HEALTHCARE	WI	501(c)(3	9	HSSI	Yes	
PRAIRIE EDUCATION & RESEARCH COOPERATIVE 317 NORTH 5TH STREET SPRINGFIELD, IL 62701 37-1157915	HEALTHCARE	IL	501(c)(3	4	HSSI	Yes	
ST CLARE MEMORIAL HOSPITAL 855 S MAIN STREET OCONTO FALLS, WI 54154 39-0848401	HEALTHCARE	WI	501(c)(3	3	HSSI	Yes	
HSBS HOLY FAMILY HOSPITAL 200 HEALTHCARE DRIVE GREENVILLE, IL 62246 37-0792770	HEALTHCARE	IL	501(c)(3	3	HSSI	Yes	
UTLAUT MEMORIAL FOUNDATION 200 HEALTHCARE DRIVE GREENVILLE, IL 62246 37-1140166	FUNDRAISING	IL	501(c)(3	Type II	HSSI	Yes	
GREENVILLE REGIONAL HEALTHCARE 200 HEALTHCARE DRIVE GREENVILLE, IL 62246 37-1139987	HEALTHCARE	IL	501(c)(3	Type II	HSSI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEMORIAL AND ST ELIZABETH'S HEALTHCARE CANCER TREATMENT CENTER 4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 37-1312961	HEALTHCARE	IL	ST ELIZABETH'S	Related	848,922	4,789,579		No			No	50 %
PRAIRIE HEART INSTITUTE ST JOHN'S 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	Related	-596	8,000		No			No	100 %
PAIN CENTER OF WISCONSIN 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	Related	606,068	807,898		No			No	50 %
PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 36-4717036	HEALTHCARE	WI	ST CLARE	Related	-79,535	206,472		No			No	50 %
CARPENTER STREET HOTEL LLC 525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A								0 %
SPRINGFIELD URGENT CARE REAL ESTATE LLC PO BOX 19456 SPRINGFIELD, IL 727949456 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A								0 %
PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1479945	MEDICAL	IL	HSHS	Related	-7,435	17,725		No		Yes		100 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) KIARA INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163401	HEALTHCARE	IL	HSBS	C Corporation	-36,664,461	46,374,438	1 %	Yes	
(1) LASANTE WISCONSIN INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 39-1572196	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
(2) LASANTE INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163400	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
(3) PRAIRIE CARDIOVASCULAR 619 EAST MASON SUITE 4P57 SPRINGFIELD, IL 62701 37-1071858	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
(4) PREVEA HEALTH SERVICES INC 2710 EXECUTIVE DRIVE GREEN BAY, WI 54304 39-1839351	HEALTHCARE	WI	HSSI	C Corporation	174,464	47,208,492	0 5 %	Yes	
(5) PREVEA CLINIC INC 2710 EXECUTVE DRIVE GREEN BAY, WI 54304 39-1839349	HEALTHCARE	WI	PHSI	C Corporation				Yes	
(6) RENAISSANCE QUALITY INSURANCE LTD PO BOX 1159 GRAND CAYMAN KY11102 CJ 98-0669953	INSURANCE	CJ	HSSI	C Corporation	0	105,014,533	1 %	Yes	
(7) OJV INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 46-0873384	HEALTHCARE	IL	LASANTE INC	C Corporation				Yes	