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Form **990**

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

**2015**

Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016**

**B** Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
St John's Hospital of the Hospital Sisters of the Third Order of St Francis  
  
Doing business as  
  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
800 EAST CARPENTER STREET  
  
City or town, state or province, country, and ZIP or foreign postal code  
Springfield, IL 62769  
  
**F** Name and address of principal officer  
Charles Lucore MD  
800 EAST CARPENTER STREET  
Springfield, IL 62769

**D** Employer identification number  
  
37-0661238  
  
**E** Telephone number  
  
(217) 544-6464  
  
**G** Gross receipts \$ 494,403,682

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

**J Website:** ▶ WWW ST-JOHNS ORG

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ 0928

**L** Year of formation 1875 **M** State of legal domicile IL

Part I Summary				
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities HSHS ST JOHN'S HOSPITAL PROVIDES A MINISTRY OF EXCEPTIONAL HEALTH CARE SERVICES TO THE PEOPLE OF CENTRAL ILLINOIS IN THE CATHOLIC TRADITION OF COMPASSION, JUSTICE AND REVERENCE FOR LIFE			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	11	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	10	
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	3,674	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	386	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	1,049,400	
Revenue	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-22,824	
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>9</b> Program service revenue (Part VIII, line 2g) . . . . . <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>Prior Year</b>		
		<b>Current Year</b>		
		3,926,218		
		487,729,952		
		4,671,184		
Expenses		1,230,225		
		1,583,562		
		501,125,452		
		494,403,682		
Net Assets or Fund Balances				
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup> <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	<b>Beginning of Current Year</b>		
		<b>End of Year</b>		
		15,800		
		16,979		
		0		
		0		
		187,161,304		
		183,160,716		
		0		
		0		
		309,974,444		
		307,776,790		
		497,151,548		
		490,954,485		
		3,973,904		
		3,449,197		

**Part III**   **Statement of Program Service Accomplishments**

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

**1**   Briefly describe the organization's mission

TO REVEAL AND EMBODY CHRIST'S HEALING LOVE FOR ALL PEOPLE THROUGH OUR HIGH QUALITY FRANCISCAN HEALTH CARE MINISTRY

**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 \$ 112,801,768 including grants of \$ ) (Revenue \$ 119,273,949 )  
SEE SCHEDULE O - PROGRAM SERVICE REVENUE - CARDIOVASCULAR










**4b**   (Code ) (Expenses \$ 55,130,011 including grants of \$ ) (Revenue \$ 44,952,878 )  
SEE SCHEDULE O - PROGRAM SERVICE REVENUE - INTERNAL MEDICINE

**4c**   (Code ) (Expenses \$ 47,633,887 including grants of \$ ) (Revenue \$ 46,232,261 )  
SEE SCHEDULE O - PROGRAM SERVICE REVENUE - ORTHOPEDICS  
See Additional Data

**4d**   Other program services (Describe in Schedule O )  
(Expenses \$ 152,470,257 including grants of \$ 16,979 ) (Revenue \$ 275,003,818 )

**4e**   **Total program service expenses** ▶ 368,035,923

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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	220	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	1	
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	3,674	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for 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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? 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
<b>1a</b> 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	<b>1a</b> 11		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 10		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	Yes

**Section C. Disclosure**

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

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**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  
 ►PATRICIA ALLEN 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 (217) 544-6464

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) CHARLES LUCORE MD PRESIDENT & CHIEF EXECUTIVE OFFICER	75 0 ..... 0 0	X		X				0	557,601	189,318
(2) JOHN SLAYTON CHAIRPERSON	5 0 ..... 2 0	X		X				0	0	0
(3) ROBERT BUNN Vice Chair - Part Year	1 0 ..... 0	X		X				0	0	0
(4) LYNN SCOTT Vice Chair - Part Year	1 0 ..... 0	X		X				0	0	0
(5) SR MARYBETH CULNAN OSF SECRETARY	1 0 ..... 9 0	X		X				0	0	0
(6) RICHARD CORKERY DIRECTOR	1 0 ..... 0	X						0	0	0
(7) DONALD GRAHAM MD DIRECTOR	1 0 ..... 0	X						0	0	0
(8) J MICHAEL HOUSTON DIRECTOR	1 0 ..... 0	X						0	0	0
(9) TRUDY NELSON DIRECTOR	1 0 ..... 0	X						0	0	0
(10) TIM NICLOUD JR DIRECTOR	1 0 ..... 1 0	X						0	0	0
(11) ROGER SABLES DIRECTOR	1 0 ..... 0	X						0	0	0
(12) ANN M CARR TREASURER	0 3 ..... 59 8			X				0	354,305	222,661
(13) SHERRI A GREENWOOD FORMER CHIEF NURSING OFFICER	45 0 ..... 5 0			X				303,443	0	76,166
(14) EVERT J KUIPER Central Illinois Division CEO	16 0 ..... 44 0			X				0	760,663	194,731

Form **990** (2015)



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) GURPREET MANDER CHIEF MEDICAL OFFICER	75 0 ..... 0			X				345,591	0	36,078
(16) DAVID OLEJNICZAK CHIEF OPERATING OFFICER	60 0 ..... 0 0			X				474,033	0	104,686
(17) REBECCA PUCLIK DIVISIONAL CHIEF PEOPLE OFFICER	34 0 ..... 26 0			X				229,027	0	56,272
(18) STEVEN UMLAND CHIEF FINANCIAL OFFICER - CENTRAL IL DIVISION	16 0 ..... 44 0			X				0	536,317	31,481
(19) PATRICIA ALLEN VICE PRES FINANCE/CONTROLLER - CENTRAL IL DIVISION	50 0 ..... 0					X		374,262	0	22,970
(20) AMY K BULPITT DIRECTOR OF LEGAL SERVICES	40 0 ..... 0					X		240,954	0	26,620
(21) CHRISTOPHER CAMPBELL DIVISION DIRECTOR OF STRATEGY	50 0 ..... 0					X		191,555	0	24,447
(22) ANN DERRICK EXECUTIVE DIRECTOR OF CONTINUUM OF CARE	40 0 ..... 0					X		178,248	0	77,174
(23) Gerald paule Former DIVISION FINANCIAL OFFICER	0 0 ..... 0						X	199,418	0	20,453
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								2,536,531	2,208,886	1,083,057

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 ▶ 33

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHERN IL UNIV SCHOOL OF MEDICINE  PO BOX 19230 SPRINGFIELD, IL 62704	PHYSICIANS	21,691,014
CARDINAL HEALTH PHARMACY  C/O BANK OF AMERICA LOCKBOX 5279 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	PHARMACEUTICALS	11,209,956
WALSHMIRON  SUITE 1B201B SPRINGFIELD, IL 62704	CONTRACTORS	5,000,000
ZIMMER US INC  14235 COLLECTIONS CENTER DR CHICAGO, IL 60693	MEDICAL	3,603,639
SODEXO INC & AFFILIATES  4880 PAYSPPHERE CIRCLE CHICAGO, IL 60674	FOOD SERVICE & HOUSEKEEPING	3,280,889
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 ▶ 185		

Part VIII

Statement of Revenue

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

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	0					
	b	Membership dues . . . . .	1b	0					
	c	Fundraising events . . . . .	1c	0					
	d	Related organizations . . . . .	1d	2,188,720					
	e	Government grants (contributions)	1e	380,600					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	116,710					
	g	Noncash contributions included in lines 1a-1f \$		0					
	h	Total. Add lines 1a-1f . . . . . ▶						2,686,030	
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code	900099	467,595,467	467,595,467			
	b	DEPARTMENTAL INCOME		900099	17,867,439	17,867,439			
	c								
	d								
	e								
	f	All other program service revenue			0	0	0		
	g	Total. Add lines 2a-2f . . . . . ▶			485,462,906				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			1,243,227		1,243,227	
4		Income from investment of tax-exempt bond proceeds . . ▶							
5		Royalties . . . . . ▶							
6a		Gross rents	(i) Real	(ii) Personal					
		b	Less rental expenses						
		c	Rental income or (loss)	0					0
		d	Net rental income or (loss) . . . . . ▶						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b	Less cost or other basis and sales expenses						
		c	Gain or (loss)	3,427,957					0
		d	Net gain or (loss) . . . . . ▶						3,427,957
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		GIFT SHOP		453220	422,009			422,009	
b		MEDICAL AND DIAGNOSTIC LAB		621500	986,223		986,223		
c	DIETARY		541900	648			648		
d	All other revenue . . . . .			174,682	0	63,177	111,505		
e	Total. Add lines 11a-11d . . . . . ▶			1,583,562					
12	Total revenue. See Instructions . . . . . ▶			494,403,682	485,462,906	1,049,400	5,205,346		

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.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	16,979	16,979		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,222,288		2,222,288	
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.	139,578,373	118,703,610	20,874,763	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,661,812	3,114,167	547,645	
9	Other employee benefits.	27,422,726	23,321,497	4,101,229	
10	Payroll taxes.	10,275,517	8,738,753	1,536,764	
11	Fees for services (non-employees):				
a	Management.	37,676,087	1,668,370	36,007,717	
b	Legal.	291,208		291,208	
c	Accounting.	111,136		111,136	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	78,455,258	59,322,189	19,133,069	0
12	Advertising and promotion.	1,605,245	474,179	1,131,066	
13	Office expenses.	5,430,554	4,366,453	1,064,101	
14	Information technology.	8,419,436	7,832,169	587,267	
15	Royalties.				
16	Occupancy.	8,837,088	8,787,072	50,016	
17	Travel.	479,485	325,718	153,767	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	5,422,496	810,966	4,611,530	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	31,288,281	27,930,737	3,357,544	
23	Insurance.	8,369,625	1,000	8,368,625	
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	PROVISION FOR BAD DEBT	7,115,706	7,046,727	68,979	
b	MEDICAID TAXES	14,076,751		14,076,751	
c	LICENSES, BOOKS AND LEASES	9,497,029	5,253,038	4,243,991	
d	MEDICAL SUPPLIES	84,210,191	84,210,191		
e	All other expenses	6,491,214	6,112,108	379,106	0
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	490,954,485	368,035,923	122,918,562	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .		871,247	<b>1</b>	453,184
	<b>2</b>	Savings and temporary cash investments . . . . .		10,664,254	<b>2</b>	2,596,947
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		92,636,689	<b>4</b>	127,475,592
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	0
	<b>6</b>	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 . . . . .			<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		11,002,640	<b>8</b>	11,740,185
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		3,191,832	<b>9</b>	3,024,107
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 754,468,631			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b> 390,899,009	367,712,568	<b>10c</b>	363,569,622
	<b>11</b>	Investments—publicly traded securities . . . . .		290,933,197	<b>11</b>	211,729,714
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		9,501,539	<b>15</b>	7,754,321
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		786,513,966	<b>16</b>	728,343,672
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .		31,307,230	<b>17</b>	40,013,068
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		286,314,070	<b>20</b>	275,089,356
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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 . . . . .		89,567,309	<b>25</b>	131,891,536
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		407,188,609	<b>26</b>	446,993,960
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		350,773,646	<b>27</b>	254,526,553
	<b>28</b>	Temporarily restricted net assets . . . . .		25,892,752	<b>28</b>	24,008,736
	<b>29</b>	Permanently restricted net assets . . . . .		2,658,959	<b>29</b>	2,814,423
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		379,325,357	<b>33</b>	281,349,712
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		786,513,966	<b>34</b>	728,343,672

**Part XI**    **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	494,403,682
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	490,954,485
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	3,449,197
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	<b>4</b>	379,325,357
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-17,472,811
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-83,952,031
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	281,349,712

**Part XII**    **Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	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	
<b>3a</b>	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>b</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	

## Additional Data

**Software ID:** 15000238  
**Software Version:** 2015v3.0  
**EIN:** 37-0661238  
**Name:** St John's Hospital of the Hospital Sisters of the Third Order of St Francis

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	152,470,257	including grants of \$	16,979	) (Revenue \$	275,003,818 )
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ST JOHN'S OTHER SPECIALIZED SERVICES INCLUDE CANCER CARE, WOMEN'S SERVICES, A NEUROSCIENCES INSTITUTE, HOME HEALTH, HOSPICE, AN EMERGENCY DEPARTMENT THAT NEARLY 57,000 PEOPLE PER YEAR SEEK CARE IN AND THE ST JOHN'S CHILDREN'S HOSPITAL OUR CHILDREN'S HOSPITAL IS THE ONLY COMPREHENSIVE CHILD HEALTH CARE FACILITY IN SOUTH-CENTRAL ILLINOIS AND PROVIDES VITAL HEALTH CARE FOR THE REGION'S CHILDREN, FROM INFANCY THROUGH AGE 18 RECOGNIZED BY THE CHILDREN'S HOSPITAL ASSOCIATION AND A MEMBER OF THE ASSOCIATION OF ILLINOIS CHILDREN'S HOSPITALS, ST JOHN'S CHILDREN'S HOSPITAL OFFERS A WIDE RANGE OF SERVICES FOR CHILDREN AND THEIR FAMILIES BOTH HERE AT OUR FACILITIES AND EXTENDING INTO THE HOME SERVICES INCLUDE - GENERAL PEDIATRIC BEDS, WITH PRIVATE BATH, SHOWER AND PARENTAL SLEEPING AREA - PEDIATRIC ICU - PEDIATRIC HEMATOLOGY/ONCOLOGY - LEVEL III NEONATAL ICU - PEDIATRIC EMERGENCY ROOM SERVICES - NEONATAL AND PEDIATRIC TRANSPORTATION - THE ONLY REGIONAL LEVEL III PERINATAL CARE CENTER IN THE AREA - CHILD AND FAMILY SUPPORT AND SERVICES THROUGH OUR CHILD LIFE SPECIALISTS AND SOCIAL AND SPIRITUAL SERVICES DEPARTMENTS - COMPREHENSIVE OUTPATIENT SERVICES SUCH AS HOME HEALTH, CHILDREN'S REHABILITATION CENTER AND EARLY INTERVENTION PROGRAM - A RONALD MCDONALD HOUSE ON SITE

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization St John's Hospital of the Hospital Sisters of the Third Order of St Francis	Employer identification number 37-0661238
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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

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**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 . . . . . ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						



**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

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

**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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete <b>Part I</b> 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 <b>Part II</b> of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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 <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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 <b>Part VI</b> 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></div>		
<div>b</div> <div>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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div>		

**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)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> 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](http://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 John's Hospital of the Hospital Sisters of the Third Order of St Francis	Employer identification number 37-0661238
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		
j Total Add lines 1c through 1i	Yes	52,058
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).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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 JOHN'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, WITH PART OF THESE DUES BEING 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 JOHN'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, WITH PART OF THESE DUES BEING ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number  
37-0661238

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" 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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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

	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

	Yes	No
3a(i)		
3a(ii)		
3b		

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)Book value
1a	Land	23,002,177		23,002,177
b	Buildings	269,975,155	106,520,512	163,454,643
c	Leasehold improvements	4,805,783	2,477,605	2,328,178
d	Equipment	205,518,707	161,146,116	44,372,591
e	Other	251,166,809	120,754,776	130,412,033
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			363,569,622



Part XI

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 XII

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	HSBS and the Foundation are Illinois not for profit organizations as described in Section 501(c) (3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the consolidated financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not that Kiara, Inc. will not realize the majority of the benefits of these deductible differences. The deferred tax assets attributable to the net operating loss carryforwards not realized as of June 30, 2016 and 2015 have been fully reserved in the accompanying consolidated financial statements due to the uncertainty of realization. HSBS recognizes the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of June 30, 2016 and 2015, HSBS 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
St John's Hospital of the Hospital Sisters of the Third Order of St Francis	37-0661238

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities			
	<input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	3a	Yes	
	<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 %			
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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
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)			5,110,483		5,110,483	1 06 %
b Medicaid (from Worksheet 3, column a)			113,619,215	98,018,474	15,600,741	3 22 %
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	118,729,698	98,018,474	20,711,224	4 28 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,317,953	270,742	2,047,211	0 42 %
f Health professions education (from Worksheet 5)			19,984,042	5,781,363	14,202,679	2 94 %
g Subsidized health services (from Worksheet 6)			138,582		138,582	0 03 %
h Research (from Worksheet 7)			519,841		519,841	0 11 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			766,547		766,547	0 16 %
j Total. Other Benefits	0	0	23,726,965	6,052,105	17,674,860	3 65 %
k Total. Add lines 7d and 7j	0	0	142,456,663	104,070,579	38,386,084	7 93 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing					0	0 %
2Economic development					0	0 %
3Community support			1,173		1,173	0 %
4Environmental improvements					0	0 %
5Leadership development and training for community members					0	0 %
6Coalition building			504		504	0 %
7Community health improvement advocacy					0	0 %
8Workforce development					0	0 %
9Other					0	0 %
10Total	0	0	1,677	0	1,677	0 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1Yes

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

27,115,706

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

3286,051

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

Section B. Medicare

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

5116,122,405

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

6157,875,440

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

7-41,753,035

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

☒ Cost accounting system

☐ Cost to charge ratio

☐ Other

Section C. Collection Practices

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

9aYes

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

9bYes

Part IVManagement Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PRAIRIE HEART INSTITUTE ST JOHN'S LLC	HEALTH CARE	50 %		
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 JOHN'S 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
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? .....	<b>1</b>	No
<b>2</b>	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 .....	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 ..... If "Yes," indicate what the CHNA report describes (check all that apply) <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input checked="" type="checkbox"/> Demographics of the community <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community <b>d</b> <input checked="" type="checkbox"/> How data was obtained <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs <b>j</b> <input type="checkbox"/> Other (describe in Section C) <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u> <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	<b>3</b>	Yes
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	Yes
<b>6b</b>	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 .....	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? ..... If "Yes," indicate how the CHNA report was made widely available (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.st-johns.org/Hospital-Information/About-Us/Community-Health-Needs.aspx</u> <b>b</b> <input type="checkbox"/> Other website (list url) _____ <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)	<b>7</b>	Yes
<b>8</b>	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	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>14</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? ..... <u>https://www.st-johns.org/Hospital-Information/About-Us/Community-Health-Needs.aspx</u> <b>a</b> If "Yes" (list url) _____ <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10</b>	Yes
<b>10b</b>		<b>10b</b>	No
<b>11</b>	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		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	<b>12a</b>	No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<b>c</b>	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 JOHN'S 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 <div><div>a</div><div><input checked="" type="checkbox"/> 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 % <div></div><div></div></div><div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div></div><div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div></div><div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div></div><div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div></div><div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div></div><div><div>g</div><div><input type="checkbox"/> Residency</div></div><div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	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) <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div></div> <div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div></div> <div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div></div> <div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div></div> <div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>			

Part V

Facility Information (continued)

ST JOHN'S 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	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> 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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in 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)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH (CONTINUED A)	<p>A school component called, Gotta Dance and Move More, was created to get dance as physical activity in the schools. This program is being combined with an existing program called Jump Start in order to add at least twelve minutes of non PE physical activity time to every child's school day. Teachers are provided with 'brain breaks' with are 30 second - 90 second activities to do with the children throughout the school day, in addition to a twelve-minute activity done at the beginning of the school day. Other Community Benefit Activities and Programs Kohl's Gotta Dance. Connects kids with 26-weeks of free dance classes in easy, access locations. Children are provided tools to help them increase their physical activity minutes to 60-minutes per day, additionally, children are provided ongoing opportunities to be exposed to and train in essential lifeskills necessary for a healthy adulthood. problem solving, decision making, verbal and non-verbal communication, accountability, responsibility, team work, etc. Eastside Farmer's Market. The East Side Farmers' Market is a partnership between St. John's Hospital, the Downtown Farmers' Market and the Sangamon County Department of Public Health. The program provides an opportunity for local farmers to sell fresh produce on the East Side of town which has been identified as a food desert by the Health Food Financing Initiative. This provides increased access for WIC Clients to utilize their \$15 WIC Coupons as well as increased access for those without transportation downtown. Cooking Classes. St. John's Hospital offered cooking classes for WIC families as well as local residents. Cooking classes took place in the Sangamon County Department of Public Health. Cooking classes were open to 20 participants each week, participants will have the option to take up to four cooking classes. Each participant will learn to cook fresh, in-season produce through hands-on instruction from a licensed chef. This class is designed to teach participants how to select, store, and prepare fresh, in-season produce. Open Enrollment. In FY16, St. John's Hospital partnered with local organizations to offer enrollment opportunities with certified application counselors. Through this coalition we offered over six enrollment events to assist the public in signing up for health insurance through the marketplace. Keeping Kids in School. In response to 500 plus students missing over one-month of school in the 2013-2014 school year due to lack of proper immunizations, St. John's Hospital, joined the Keeping Kids in School Coalition to set up free, accessible immunization and back-to-school physical clinics for students and schools in low-income areas. AthletiCare. St. John's Hospital provides free athletic training coverage to low-income school sport teams. Along with athletic coverage, we also provide nutrition education and safe-sports training to both athletes and non-athletes. Backpack Program. St. John's sponsors three backpack sites for very low-income schools in the county. This program identifies children who are at high risk of missing meals at home and provides meals to children over the weekends and holiday breaks. Illinois Coalition for Community Services. St. John's partnered with ICCS to support a school and summer feeding program at three sites in FY16. Over 10,000 meals were provided to high risk kids to sustain them over the weekend. Another 3,600 meals were provided over the summer months to children who live in extreme food insecurity situations. Caregiver Interfaith Volunteer Services. This St. John's Hospital department utilizes a network of faith-based organizations and volunteers to coordinate free rides for persons over 55 to the doctor's office, pharmacy and grocery store. Breadline Donations. St. John's Hospital's Food and Nutrition department provided \$20,500 worth of food donations to the breadline which serves lunch to the homeless population. Third Age Living. This St. John's Hospital department provides activities and learning opportunities for over 5,000 individuals annually over 55. Third Age Living also provides Caregiver Specialist services to assist adults caring for persons 55 and older. A new program called Third Age Living Connection was added to this department in FY16. The goal of this program is to bring seniors together on a monthly basis to offer ongoing health education, socialization opportunities and a hot meal.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (CONTINUED A)	<p>In southwest Illinois, HSHS St Joseph's Hospital in Highland enhanced their offerings to their senior population based on their CHNA "Senior Renewal" is an outpatient counseling program for senior adults who may be facing emotional and physical problems unique to the aging process such as feelings of loneliness, isolation and anxiety. Clients receive a comprehensive level of treatment without inpatient hospitalization through counseling strategies and education. In addition, St Joseph's Hospital in collaboration with the Illinois Department of Insurance participates in the Senior Health Insurance Program (SHIP), a free health insurance counseling service for Medicare beneficiaries and their caregivers. In addition to programs designed to increase access to care, HSHS makes sure that those who need financial assistance receive it. HSHS's Financial Assistance (Charity Care) policy was modified effective January 1, 2014 to offer a 25 percent self-pay discount to all patients who register without insurance. HSHS Financial Assistance programs have a sliding scale, in some instances providing up to a 55 percent reduction off billed charges if an uninsured patient's family income level is determined to be above 500 percent but equal to or less than 600 percent of the current Federal Poverty Guidelines. HSHS hospitals waive all charges for patients below 200 percent of the Federal Poverty Levels. Counselors are available in our hospitals to explain our financial assistance policy to patients, provide them with assistance in filling out a simple application form, or help them enroll in publicly funded health care programs. Enhance community health. As part of our mission to embody Christ's healing love for all people, we understand that we have a responsibility to improve the overall quality of life in our communities by supporting initiatives that promote health and wellness. We recognize we are most successful when we work together with a wide array of public and private organizations that share our commitment to improving lives. By doing so, we maximize our efforts and reduce the duplication of services. To ensure the health care needs of all are being met, HSHS hospitals also understand we need to listen closely to the residents of the communities we serve. In turn, 13 of our 15 hospitals completed Community Health Needs Assessments (CHNAs) in FY2015. HSHS St Clare Memorial Hospital in Ontario Falls, Wisconsin, who affiliated with HSHS in September 2015, and HSHS Holy Family Hospital in Greenville, Illinois, who affiliated with HSHS in May 2016, both completed their CHNAs in FY2014. HSHS hospitals are using the information gathered from their most recent CHNAs to develop new, and enhance existing, programs and services that best address the needs of the community. Several priority areas were identified in the FY2015 CHNAs including access to health care services, alcohol, tobacco, and other drug abuse, chronic disease prevention and management, nutrition/wellness, mental health, and oral health. HSHS hospitals are addressing these and other needs by proactively offering educational opportunities, preventative screenings, and new or enhanced clinical services. In many cases, the hospitals collaborate with other hospital facilities, local departments of public health and community organizations to address identified needs. In western Wisconsin, HSHS Sacred Heart Hospital in Eau Claire and HSHS St Joseph's Hospital in Chippewa Falls are taking the lead on programming to educate the public about mental health issues and treatment, the stigma associated with mental health, and the recognition of mental health issues. To combat the rising rate of suicides in the area, both hospitals under the umbrella of 3D Community Health are providing community education on QPR (Question, Persuade and Refer), an evidence-based suicide prevention program. In FY2016, 3D Community Health provided 37 adult QPR programs for 1,046 persons and 44 youth QPR programs for 1,161 high school students. In addition, 3D Community Health hosted a community forum to discuss the CHNA results and introduce QPR to 192 community members. HSHS St Vincent Hospital in Green Bay collaborated with Prevea Health to implement the TIPS program, a program for non-violent opioid abusers that provides treatment and deferred/dismissed prosecution upon successful completion of the treatment program. St Vincent Hospital also subsidized scholarships for a residential treatment program and arranged to have the first dose of Vivitrol donated, Vivitrol prevents relapse to opioid dependence after opioid detox by attaching to opioid receptors and blocking feelings of pain relief and wellbeing. HSHS St Mary's Hospital in Decatur, Illinois joined the Macon County Mental Health Board to collaborate on existing programs and to provide resources to meet identified gaps. While other communities are cutting back on mental health services, St Mary's Hospital remains commi</p>



Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6  DESCRIPTION OF AFFILIATED GROUP (CONTINUED A)</p>	<p>tted to providing a full spectrum of behavioral health services for adolescents, adults and senior For example, the hospital collaborates with the Decatur Public School District to provide school teachers for two hours per day for children in the adolescent behavioral health unit The partnership limits the amount of schoolwork missed during hospitalization The hospital also has substance abuse counselors who provide educational programs on alcohol and other drug abuse in county schools for students and faculty HSHS St Nicholas Hospital in Sheboygan identified nutrition and physical activity as a priority health need in its FY2015 CHNA In response, St Nicholas Hospital coordinated and supported the development of the "Double Your Bucks" program at the Sheboygan Farmers Market in FY2016 to enable EBT recipients to double the amount of fresh fruits and vegetables they can purchase The hospital is also a sponsor of the Sheboygan Farmers Market to promote healthy eating in the community Additionally, St Nicholas subsidized the cost of additional bike helmets at the Early Learning Center to increase the physical activity levels of Head Start students and purchased culinary equipment for South High School nutrition and fitness classes to increase opportunities for students to learn how to prepare healthy food HSHS St Mary's Hospital in Streator, Illinois collaborated with two local schools to establish community gardens on each of their campuses to address childhood obesity in addition to the community garden on the hospital campus Students, their families, and hospital colleagues planted, tended and harvested the gardens Math and science teachers incorporated the gardens in to their curricula Neither school offered Home Economics classes, so St Mary's Hospital provided the produce and colleagues to offer cooking demonstrations in the classrooms to encourage students to prepare fresh fruit and vegetables snacks The three gardens produced more than 1,713 pounds of produce in three years, which was donated to the local food pantry, Salvation Army, students and local churches providing healthy food to the poor and vulnerable Advance medical knowledge HSHS works to advance medical knowledge by supporting research initiatives and educational opportunities In FY2016, HSHS hospitals and affiliated physician groups contributed more than \$19.1 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 FY2016, the program served more than 100 students In FY2016, HSHS St Mary's Hospital Medical Center and HSHS St Vincent Hospital in Green Bay invested more than \$311,000 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 FY2016 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</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (CONTINUED B)	<p>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 FY2016. 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.</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f SCHEDULE H, PART 1, COL F	The bad debt expense included on Form 990, Part IX, Line 25, column (A) was subtracted prior to and for the purpose of calculating the percentage in Part I, Line 7, column (f) is \$7,115,706

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	CURRENTLY ST JOHN'S HOSPITAL'S ONLY SUBSIDIZED PROGRAM IS THE NEONATAL INTENSIVE CARE UNIT (NICU) FOLLOW UP CLINIC, WHICH IS A MULTIDISCIPLINARY CLINIC FOR FOLLOW UP CARE FOR INFANTS WHO WERE PATIENTS IN THE NICU THE PRIMARY PURPOSE IS TO ASSESS PATIENTS FOR GROWTH AND DEVELOPMENTAL DELAYS, AND TO REFER PATIENTS TO THE APPROPRIATE SERVICES AS NEEDED

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	7 1 1 5 7 0 6

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	To determine the actual cost of these services, the hospital uses a cost-to-charge ratio based on our audited financial statements to calculate the amounts reported on Lines 7a through 7i

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>HSHS St John's Hospital partners with local organizations to promote continued education, help families remain connected in stressful times, mobilizing resources to meet community need and encouraging children to be lifelong learners HSHS St John's Children's Hospital provides annual monetary and in-kind support to the Ronald McDonald House of Central Illinois In FY2016, support totaled more than \$21,000 Additionally, St John's Hospital provides the land and maintenance for the house facility This provision allows families to remain close to their children during stressful times when separation may otherwise further the complications of illness and injury HSHS St John's Hospital People Services Director sits on the United Way Board Additionally, St John's provides a 'Loaned Executive' each year during United Way's community campaign This fiscal year the United Way of Central Illinois revised their granting process The Divisional Director of Community Outreach sat on the UW Health Vision Council and provided in-kind guidance and consultation as the Health Vision Council goals and RFP were created These in-kind resources allow United Way to increase their ability to mobilize resources to meet community need HSHS St John's Hospital leadership in these community building activities lends credibility to the mission of the supporting organizations and provides additional resources to enhance their success These community building activities promote the overall health and quality of life for the individuals they serve</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	<p>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. John's Hospital reports bad debt in accordance with Generally Accepted Accounting Principles (GAAP).</p>



Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	<p>HSJS St John's 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.</p>

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
<p>Schedule H, Part III, Line 8 Community benefit &amp; methodology for determining medicare costs</p>	<p>HSHS St John's 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, St John's Hospital is relieving the burdens of the government. Accordingly, this shortfall restricts St John's Hospital'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 \$41,753,035.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance</p>	<p>Every effort is made prior to, during and after provision of medical services to determine whether a patient is eligible for charity/community care and to assist the patient in completing the application and provide adequate documentation. If the patient qualified for charity/community care for the full balance of their account, the entire amount is written off to charity/community care and hence no debt collection is pursued. If the patient qualified for charity/community care for a portion of their account balance, that portion is written off to charity/community care, with the patient being responsible for the remainder of the balance. Additionally, reasonable effort will be made to obtain third-party or government payer reimbursement on behalf of the patient. If those efforts are not fruitful, an offer will be extended to the patient to make installment payments on their balance. Only at such point that the patient defaults on installment payments or refuses to cooperate with the hospital's efforts to be reimbursed will the account be sent to collections.</p>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- ST JOHN'S HOSPITAL Line 16a URL <a href="https://www.st-johns.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance.aspx">https://www.st-johns.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance.aspx</a> ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ST JOHN'S HOSPITAL Line 16b URL <a href="https://www.st-johns.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance.aspx">https://www.st-johns.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance.aspx</a> ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ST JOHN'S HOSPITAL Line 16c URL <a href="https://www.st-johns.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance.aspx">https://www.st-johns.org/Patients-Guests/Patient-Financial-Services/Financial-Assistance.aspx</a> ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>As indicated in Part V, Section C, HSHS St John's Hospital conducted a Community Health Needs Assessment in FY2015 (July 1, 2014 through June 30, 2015) In previous years, the hospital assessed community need through an annual review of existing data sets and existing needs assessments Following is a sample of data sets reviewed - Sangamon County Residents Death Certificates, - IDPH / IPLAN Data Sets, - IDPH Behavioral Risk Factor Surveillance System Data, - U S Census Data, - 2006 United Way of Central Illinois Community Needs Assessment, - Healthy People 2010 and - Greater Springfield Chamber of Commerce Economic Development Report Needs were prioritized based on assets and gaps in the community around each need 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, St John's Hospital 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 An accompanying implementation plan was developed and approved by St John's Hospital's Board of Directors in October 2015</p>



Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>The Registration Department provides brochures to patients upon registration regarding the Financial Assistance Program available to them at HSHS St John's Hospital. The brochures are also supplied in waiting and ancillary areas for easy access by the patient. The brochures include contact numbers for the Business Office. Available on SJS website is information about how to read and understand the billing information on payment assistance, billing procedures and explanation of Medicare forms. Signage indicating that Financial Assistance is available is located at hospital patient Access points. St John's Hospital's website provides an explanation of Medicare forms at <a href="https://www.st-johns.org/stjohns/Billing-and-Financial-Assistance.aspx">https://www.st-johns.org/stjohns/Billing-and-Financial-Assistance.aspx</a>. The organization has a representative on site to assist patients who may be eligible for Medicaid assistance through the Illinois Department of Public Assistance. They work with patients to determine if they may be eligible, and if so, assist in pulling together the necessary application for submission. Patients are also provided a Fair Billing Act notification at the point of registration regarding separate physician billing they can expect to receive, plus information about the patient's financial responsibility if their insurance plan is out of network. Patients are also provided with the plain language summary of the Financial Assistance Policy as well as contact information for financial assistance. One-on-one conversations to educate patients about financial assistance often stem from patients receiving a statement or a pre-collection letter. At that point, the customer service representative or cashier, or other qualified staff, will inform/educate the caller about financial assistance options. The first pre-collection letter reminds the patient their account is in delinquent status. It also informs them they may be eligible for financial assistance through the organization's charity care program. The letter provides direct contact information to begin the application process for charity care and lists the Internet address where the policy can be obtained. A system called Search America is now being utilized after failed attempts made by the hospital and our law firm to work out payment arrangements. That system accesses credit and other information and allows us to see the probability of a patient being able to pay their bill. After assessing that information, the hospital makes a determination whether to grant charity care or continue collection efforts.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>HSHS St John's Hospital is located in the center of Springfield, Illinois and serves not only Sangamon County but also the surrounding counties (Cass, Christian, Greene, Logan, Macoupin, Menard, Montgomery, Morgan and Scott) The total primary and secondary service area of the hospital has a population of 425,189 people, 200,580 people from Sangamon County and 224,609 people from the surrounding counties Additionally, St John's provides tertiary care to residents of Bond, Brown, Clay, Coles, De Witt, Effingham, Fayette, Greene, Marion, Mason, Moultrie, Piatt, Pike, Schuyler and Shelby counties Aside from the city of Springfield, the economy of St John's service area is primarily rural and is supported by small businesses, industries, mining and agriculture Springfield, on the other hand, is an urban area supported by large businesses, such as the Illinois State Government and other industries Based on 2014 population estimates derived from the 2010 census, Sangamon County's population of 200,580 people is comprised of 83 04 percent Caucasians, 12 9 percent African Americans, 0 21 percent American Indians/Alaska Natives, 1 79 percent Asians, 0 02 percent Native Hawaiians/Other Pacific Islanders, 0 57 percent people stating another race and 2 3 percent people stating two or more races Thirty percent of Sangamon County's residents have a high school diploma, 8 54 percent hold an associate's degree, 19 64 percent have a bachelor's degree, 7 78 percent hold a master's degree and 3 56 percent have a professional school degree or doctorate degree The current (as of January 2015) unemployment rate of Sangamon County is 6 percent, according to the US Bureau of Labor Statistics, and the median household income is \$55,449 St John's secondary service area is comprised of 224,609 people, of whom 88 72 percent are Caucasian, 7 38 percent are African-American, 0 22 percent are American Indian/Alaska Native, 1 08 percent are Asian, 0 02 percent are Native Hawaiian/Other Pacific Islander, 0 85 percent state another race and 1 75 percent state two or more races Educational levels of this population reflect that 35 44 percent graduated high school, 8 17 percent graduated with an associate's degree, 14 84 percent graduated with a bachelor's degree, 5 76 percent graduated with a master's degree and 2 42 percent graduated with either a professional school degree or a doctorate degree The average unemployment rate of the combined counties is 6 74 percent and the median household income is \$47,525 Within St John's Hospital's service area 17 12 percent of the population is living below the Federal Poverty Level (FPL) This is higher than the statewide poverty level of 15 percent This indicator is relevant because poverty creates barriers to access including health services, nutritional food and other necessities that contribute to poor health status St John's Hospital, employs more than 2,300 people, is a regional medical center and the flagship hospital of Hospital Sisters Health System Dedicated to providing exceptional care to the whole patient, St John's offers services spanning from primary care to complex tertiary care, including a Level I Trauma Center, a Birth Center, a Cancer Institute, a Children's Hospital, a Neurosciences Institute, a Pain Management Center, Prairie Heart Institute, a Regional Wound Care Center, a Sleep Center and many others St John's Hospital service area is comprised of approximately 868 90 (2010) square miles with a population of approximately 200,258 (2014) and a population density of 227 40 (2010) per square mile The service area consists of 4-cities, 26-townships, 23-villages and 22-unincorporated communities The hospital does not exclude Medically Underserved Areas (MUAs), low income or minority populations from its service area</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>As a healing ministry of the Catholic Church and an affiliate of Hospital Sisters Health System HSHS St John's Hospital is committed to delivering high quality, compassionate, and cost-effective health care services to all. The hospital was founded more than 150 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 Springfield 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 John's Hospital is responding to community need. In FY2016, for example, the Board reviewed the Community Health Needs Assessment and approved an Implementation Plan for addressing selected health focus areas. Also consistent with its exempt purpose, St John's 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 John's Hospital 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, provide medical education and conduct medical research and support initiatives designed to promote health and ensure access for all. St John's Hospital also devotes significant resources to access for patients who cannot afford care, along with other community benefits. In FY 2016, St John's Hospital provided more than \$17,676,538 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 John's Hospital provided \$1.9 million (at cost) in uncompensated care to patients who did not qualify for charity care or public assistance and more than \$42 million (at cost) in excess of Medicare payment for health care services. St John's Hospital provides a range of Community Benefit activities and programs that further 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 John's Hospital and they often relieve a burden that would otherwise be carried by government. The hospital's FY2015 Community Health Needs Assessment (CHNA) surfaced the following health focus areas to be addressed by the hospital in collaboration with other hospitals and community organizations:</p> <p><b>ACCESS TO HEALTHCARE</b> Populations to be served include high-risk, underserved, uninsured vulnerable populations in Sangamon County. Strategies selected for this priority will provide one-on-one skilled assistance to identify needs and wrap needed services around clients. Services can include basic needs such as transportation, housing, jobs, lifeskills training, food access, etc., or medical services including healthcare visits, insurance assistance, disability assistance, mental health access, etc.</p> <p><b>Strategies Identified:</b> We created a community health worker program to increase access to health care and coordination of care for residents of Enos Park Neighborhood. As part of this program our Community Health Workers developed an Enos Park Neighborhood Advisory Council and Providers Alliance to drive health changes and improved health outcomes. Community Health Workers assist with the development of personal health care action plan and care coordination. Outcomes: In the first three years of this program we have seen 100% engagement in 103 clients. Services rendered include basic needs (70% of services) and healthcare access (30%). Twelve individuals or families were taken off the streets and placed in affordable, safe housing. Of the 27 parolees we worked with we only saw an 18% recidivism rate compared to 60% nationwide. The only reason our parolees went back to prison was because of lack of a job or lack of housing. One-hundred percent of our clients saw a primary care provider and 84% were connected to a medical home. This program is being replicated to a second location in Sangamon County's eastside where our most vulnerable, low-income and underserved populations exist. Ongoing anticipated outcomes of this program include:</p> <ol style="list-style-type: none"><li>1. Increase number of insured residents in Sangamon County.</li><li>2. Increase use of well-visits and preventive care visits through education on insurance plan and benefits.</li><li>3. Increase number of individuals who have a primary care provider.</li></ol>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>4 Improve health outcomes and quality of life for individuals participating in access in itiatives 5 Better management of chronic conditions and other health conditions 6 Decr ease use of Emergency Department for non-emergent care 7 Decrease hospitalization for am bulatory sensitive conditions MENTAL HEALTH Populations to be served include high-risk, underserved, vulnerable populations in Sangamon County, strategies developed will also foc us on increasing knowledge and appropriate care among health care providers Services incl ude a behavioral health specialist placed in a very low-income school Ninety-six percent of students attending McClelland Elementary School qualify for the free lunch program Thir ty percent of students are considered homeless To meet the need identified in our commun ity and, particularly, at this school, we have placed a behavioral health specialist at th e elementary school The Behavioral Health Specialist (BHS) works closely with school teac hers and the school to increase access to mental health screening, intervention and educat ional services In fall 2015 253 students were screened, 17% were identified as elevated a nd 8% were identified as highly elevated Screenings were conducted again in spring 2016 following interventions Of those screened 23% were considered elevated and 7% were conside red highly elevated Twenty-two students and families successfully enrolled in and complet ed interventions The BHS worked closely with the Enos Park Community Health Workers and p rovided interventions for an additional twelve families in Enos Park (not associated with McClelland Elementary School) PEDIATRIC ASTHMA Populations to be served include high-ris k, underserved, uninsured vulnerable populations in Brandon Court which includes subsidize d housing units According to heat maps created from St John's ED data there is a high nu mber of 'super-users' utilizing the ED for unmanaged chronic conditions In this area spec ifically, these 'super-users' are between the ages of 0-5 St John's has partnered with S IU School of Medicine and Springfield Community Federation to create an asthma home assess ment program for Brandon Court FY15 included the training of four community health worker s who will focus on home assessments and creating asthma trigger reduction plans with fami lies We will work with twenty families on fall 2016 and study outcomes of this program to see its impact on ED re-admission rates, school absenteeism and number of attacks Ongoing objectives include * Decrease school absenteeism due to uncontrolled asthma through pare nt and student education around quick relief vs long-term control inhaler use * Better m anagement of asthma in the pediatric population * Partner with existing community groups to mobilize resources and streamline interventions to increase capacity for improved outco mes * Develop data-driven, neighborhood-specific interventions based on an analysis of pa tient data for pediatric asthma hospitalizations and Emergency Department visits where ast hma was a primary or secondary diagnosis Anticipated Outcomes 1 Reduce allergen levels in indoor environments 2 Reduce misuse of emergency inhaler in schools 3 Improve schoo l attendance in children with chronic asthma 4 Increase use of well-visits and preventiv e care visits through education on insurance plan and benefits 5 Better management of as thma 6 Decrease use of Emergency Department for non-emergent care 7 Decrease hospitali zation for ambulatory sensitive conditions OVERWEIGHT AND OBESITY ACCESS TO HEALTHCARE Populations to be served include broader community and high-risk, underserved, uninsured v ulnerable populations in Sangamon County We are continuing the Gotta Dance initiatives to increase the number of physical activity minutes for children in school and at home as we ll as improve a child's overall mental and emotional function</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>HSHS St John's Hospital in Springfield 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 St John</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>n'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 &amp; 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.</p>

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:** 37-0661238

**Name:** St John's Hospital of the Hospital Sisters of the Third Order of 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 JOHN'S HOSPITAL 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 <a href="https://www.st-johns.org/">https://www.st-johns.org/</a> 1927332	X	X	X			X			

# 2015

37-0661238

### (h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FEDERAL WORK STUDY GRANT	5	9,314			
(2) FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT	21	7,665			

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	ST JOHN'S HOSPITAL PARTICIPATES IN VARIOUS FEDERAL LOAN AND GRANT PROGRAMS THESE PROGRAMS ARE ADMINISTERED IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE U S DEPARTMENT OF EDUCATION, AND THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES THESE PROGRAMS ARE AUDITED ANNUALLY IN ACCORDANCE WITH OMB CIRCULAR A-133 "AUDITS OF INSTITUTIONS OF HIGHER EDUCATION AND OTHER NONPROFIT INSTITUTIONS"

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number  
37-0661238

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> 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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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	Yes	
<b>2</b> 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?	Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment?	Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> 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		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
<b>6</b> 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: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
<b>7</b> 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		No
<b>8</b> 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		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**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 TO PATRICIA ALLEN FOR \$79,234, TO AMY BULPITT FOR \$42, TO CHRISTOPHER CAMPBELL FOR \$13, TO ANN DERRICK FOR \$19, TO ELIZABETH KABRICK FOR \$19, TO GURPEET MANDER FOR \$19, TO DAVE OLEJNICZAK FOR \$18, TO ALLISON PAUL FOR \$19, TO ANN CARR FOR \$22, AND TO STEVEN UMLAND FOR \$74,661 DURING THE YEAR. THE FAIR VALUE OF THESE WERE INCLUDED IN THEIR ANNUAL REPORTED INCOME.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	TEMPORARY HOUSING WAS PROVIDED TO STEVEN UMLAND FOR \$7,062. THE FAIR VALUE OF THIS WAS INCLUDED IN HIS 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	DURING CALENDAR YEAR 2015, SHERRI GREENWOOD, FORMER CHIEF NURSING OFFICER, RECEIVED SEVERANCE PAYMENTS TOTALING \$60,533. During the calendar year 2015, Gerald Paule, Former DIVISION FINANCIAL OFFICER, received severance payments totaling \$199,418.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	HSHS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS. THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSHS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSHS COMPENSATION COMMITTEE. THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN 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 M. CARR -- \$31,485; DAVID OLEJNICZAK -- \$20,969; EVERT KUIPER -- \$74,241; CHARLES LUCORE -- \$53,138. 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 M. CARR -- \$29,789.

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 37-0661238

Name: St John's 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				
1CHARLES LUCORE MD PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	477,812	43,453	36,336	158,972	-	-	0
					30,346	746,919		
1Gerald paule Former DIVISION FINANCIAL OFFICER	(i)	0	0	199,418	0	20,453	219,871	0
	(ii)	0	0	0	0	-	-	0
					0	0	0	
2ANN M CARR TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	253,980	36,527	63,798	201,780	-	-	29,789
					20,881	576,966		
3SHERRI A GREENWOOD FORMER CHIEF NURSING OFFICER	(i)	208,032	16,899	78,512	49,537	26,629	379,609	76,166
	(ii)	0	0	0	0	-	-	0
					0	0	0	
4EVERT J KUIPER Central Illinois Division CEO	(i)	0	0	0	0	0	0	0
	(ii)	601,199	113,094	46,370	164,385	-	-	0
					30,346	955,394		
5GURPREET MANDER CHIEF MEDICAL OFFICER	(i)	335,066	10,466	59	8,274	27,804	381,669	36,078
	(ii)	0	0	0	0	-	-	0
					0	0	0	
6DAVID OLEJNICZAK CHIEF OPERATING OFFICER	(i)	370,215	22,059	81,759	75,328	29,358	578,719	104,685
	(ii)	0	0	0	0	-	-	0
					0	0	0	
7REBECCA PUCLIK DIVISIONAL CHIEF PEOPLE OFFICER	(i)	215,217	13,694	116	40,364	15,908	285,299	56,272
	(ii)	0	0	0	0	-	-	0
					0	0	0	
8STEVEN UMLAND CHIEF FINANCIAL OFFICER - CENTRAL IL DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	342,612	90,990	102,715	7,652	-	-	31,481
					23,829	567,798		
9PATRICIA ALLEN VICE PRES FINANCE/CONTROLLER - CENTRAL IL DIVISION	(i)	210,366	60,000	103,896	9,367	13,603	397,232	22,970
	(ii)	0	0	0	0	-	-	0
					0	0	0	
10AMY K BULPITT DIRECTOR OF LEGAL SERVICES	(i)	240,832	0	122	25,528	1,092	267,574	26,620
	(ii)	0	0	0	0	-	-	0
					0	0	0	
11CHRISTOPHER CAMPBELL DIVISION DIRECTOR OF STRATEGY	(i)	180,132	11,380	43	13,250	11,197	216,002	24,447
	(ii)	0	0	0	0	-	-	0
					0	0	0	
12ANN DERRICK EXECUTIVE DIRECTOR OF CONTINUUM OF CARE	(i)	178,189	0	59	65,939	11,235	255,422	77,174
	(ii)	0	0	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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

Name of the organization St John's Hospital of the Hospital Sisters of the Third Order of St Francis	Employer identification number 37-0661238
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Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE REVENUE - CARDIOVASCULAR	<p>HSHS St John's Hospital has one of the largest heart programs in Illinois We have developed a reputation as one of the premier cardiovascular programs in the country, but it's our dedication to providing compassionate care to patients and their families that makes us unique In 2016, HSHS St John's has continued to build their structured heart program 50 TAVRs have been completed this year In addition, St John's cardiac programs have received the following Awards, Designations and Accomplishments -HSHS St John's was the first hospital in Illinois to receive the Accreditation for Cardiovascular Excellence for its cardiac catheterization lab -HSHS St John's earned Gold Plus recognition from the American Heart Association's "Get With the Guidelines " program for its care of heart failure patients -For the 3rd straight year, HSHS St John's received a Platinum performance achievement award from the National Cardiovascular Data Registry for implementing a higher standard of care for heart attack patients -Prairie Heart earned for the American Heart Association's Mission Lifeline Gold Performance Achievement Award for its care of heart attack patients Other innovations that continue to be utilized by HSHS St John's Hospital's cardiovascular services include WATCHMEN Procedure - Used to replace blood thinners for patients with atrial fibrillation LARIAT Device- Percutaneous Left Atrial Appendage Suture Ligation Using the LARIAT Device in Patients with Atrial Fibrillation who cannot tolerate or are not candidates for anticoagulation TAVR devices Smaller, more easily delivered cardiac valves implanted without the need for open heart surgery REPRISE III-Fully repositionable TAVR Valve from Boston Scientific MitraClip-minimally invasive repair of the mitral valve Prairie Cardiovascular cardiologists at St John's Hospital were the first to enroll patients into Lutonix's LEVANT 2 LEVANT 2 is a global, randomized trial to evaluate the safety and efficacy of the Moxly Drug Coated Balloon compared to a standard angioplasty balloon for the treatment of peripheral arterial disease CREST 2 - Randomized trial comparing carotid surgery to carotid stenting ALLSTAR - The use of cardiac derived cells in hopes to regenerate and improve cardiac function after a heart attack PARACHUTE - Implantable device used to reshape the left ventricle thus improving heart function EVERA - Updated ICD technology allowing patients to safely undergo MRI scan In addition to the list of Catheterization, Surgical and Non-invasive procedures below, HSHS St John's offers a Cardiac Rehabilitation program, and other stress-reduction services through the HSHS St John's Center for Living Catheterization Laboratory Procedures Abdominal aortic aneurysm graphs Ablation of complex arrhythmias Angioplasty with stenting Atrial Fibrillation Ablations Balloon angioplasty Carotid stents Defibrillator implantation Diagnostic cardiac catheterization Drug-eluting stents Electro physiologic evaluation of complex arrhythmias Evaluation of cardiac valves Evaluation of congenital heart disease Neurological Interventions Pacemaker implantation Peripheral vascular stents Percutaneous transluminal myocardial revascularization Renal stents Coated Stents Surgical Procedures Beating heart bypass surgery Coronary artery bypass graft surgery General thoracic surgery Heart valve replacement and repair Laser pacemaker lead extraction Minimally invasive atrial ablation surgery Minimally invasive valve replacement repair surgery Pacemaker and defibrillator implantation Vascular surgery (aortic, cerebrovascular, renal, and peripheral) Noninvasive Cardiovascular Diagnostic Procedures Audicor testing A-V Optimization Bio-Z Cardiac CTs Cardiac and vascular ultrasound Cardioversions Doppler exams Echocardiography Electrocardiograms Holter monitoring/Arrhythmia monitoring/Pacemaker checks Nuclear stress testing Pediatric Cardiology Clinic Preadmission testing (chest X-rays and blood tests) Stress echocardiography Transesophageal echocardiography T-Wave alternans</p>



Return Reference	Explanation
Form 990, Part III, Line 4b PROGRAM SERVICE REVENUE - INTERNAL MEDICINE	<p>In FY 16, the majority of the Internal Medicine cases that were admitted to St John's Hospital came through our Emergency Department (59%), while 27% came to our facility as direct admits from our Connect program. The Emergency Room is a Level 1 Trauma Center that services Central Illinois. The total visit volume is approximately 56,000 with a 17% admission rate. The Connect Program is a regional referral program that started in 2010. The program is a one-call system that focuses on physician alignment and clinical protocols. St John's has a dedicated outreach representative that works with referring hospitals to address any issues and to improve the services. St John's has three hospitalist groups servicing the patients: HSHS Medical Group (which has grown significantly over the past 5 - 6 years), Springfield Clinic, and Southern Illinois University (SIU). This program enables the hospitalist to manage the in-hospital care for patients and coordinates care with other consulting MD's, if needed. An effective hospitalist program can benefit hospitals by reducing length of stay, improving hospital efficiencies, and improving quality care. This program also enables primary care MD's to reduce time at the hospital and spend more time at their practice. HSHS Medical Group hospitalists managed the highest percentage of Internal Medicine inpatients in FY 16, while the other leading attending MD's are Internal Medicine and Pediatric MD's from SIU and Springfield provider groups.</p>

Return Reference	Explanation
Form 990, Part III, Line 4c PROGRAM SERVICE REVENUE - ORTHOPEDIC SERVICES	<p>Orthopedic services at HSHS St John's Hospital are provided by a team of specialized health care professionals including orthopedic surgical experts and dedicated nursing staff that focus in the care of orthopedic patients. The team actively involves patients and their families in the care plan, and they concentrate on the individual patient as a whole to incorporate their goals in the recovery plan. For patients who have undergone joint replacement procedures, total joint education is provided. In addition, private rooms are available for all patients requiring an inpatient stay. Many of our orthopedic patients use the full continuum of care available through HSHS St John's, including outpatient physical and aquatic therapy through TherapyCare, pain management and home health rehabilitation. Specific orthopedic services provided by HSHS St John's include:</p> <ul style="list-style-type: none"> <li>Surgical Inpatient &amp; Outpatient Major Orthopedic Procedures</li> <li>* Knee &amp; Hip Joint Replacements Total, Partial, Revision, MAKO robotic surgery</li> <li>* Spinal Procedures Fusion, Decompression, Stenosis</li> <li>* Trauma injuries Other Orthopedic Procedures</li> <li>* Arthroscopy/Arthrotomy knee, hip, shoulder, elbow, toe, wrist, ankle</li> <li>* Shoulder reconstruction * ACL/MCL/PCL reconstruction</li> <li>* Carpal/Cubital Tunnel</li> <li>* Fusion foot, ankle, finger, toe, wrist, tibia</li> <li>* Nailing tibia, femur, humerus, hip fracture</li> <li>* Open Reduction Internal Fixation (ORIF) acetabulum, ankle, calcaneus, clavicle, elbow, femur, finger, foot, hip, humerus, patella, pelvis, radius, scapula, shoulder, tibia, tibial plateau, ulna, wrist</li> <li>* Repair of tendons, ligaments, soft tissue and conditions caused by arthritis and repetitive motion injuries</li> <li>Non-Surgical Services Physical Therapy (TherapyCare)</li> <li>* Sports injuries</li> <li>* Muscle strains and sprains</li> <li>* Back and neck pain</li> <li>* Hip and knee injuries</li> <li>* Shoulder and elbow injuries</li> <li>* Ankle and foot injuries</li> <li>* Hand and upper extremity injuries</li> <li>* Work-related injuries</li> <li>* Overuse injuries, such as carpal tunnel syndrome</li> <li>* Dizziness and balance problems</li> <li>* Neurological conditions</li> <li>* Dry Needling Occupational Therapy (TherapyCare)</li> <li>* Bone and joint injuries/surgeries</li> <li>* Chronic pain</li> <li>* Arthritis</li> <li>* Work-related injuries</li> <li>* Hand/wrist injuries and post-surgical care, splinting</li> <li>* Overuse syndromes, such as tendonitis and carpal tunnel syndrome</li> <li>* Stroke</li> <li>* Brain and spinal cord injury</li> <li>* Amputations</li> <li>* Neurological conditions</li> <li>Aquatic Therapy (TherapyCare)</li> <li>* Arthritis</li> <li>* Back injuries</li> <li>* General bone and joint injuries</li> <li>* Joint replacements</li> <li>* Neurological conditions, such as stroke and Parkinson's</li> <li>* Sports injuries</li> <li>Athletic Training (AthletCare)</li> <li>* Prevention of athletic injuries</li> <li>* Immediate care of athletic injuries</li> <li>* Rehabilitation/reconditioning of athletic injuries</li> <li>* Health care administration</li> <li>* Providing education in schools</li> <li>* Community event coverage</li> <li>* IHSA body fat testing</li> <li>* Concussion management (ImPACT neurocognitive testing)</li> <li>* Performance enhancement program (Acceleration)</li> </ul>

Return Reference	Explanation
<p>Form 990, Part III, Line 4d</p> <p>Description of other program services</p>	<p>(Expenses \$ 152,470,257 including grants of \$ 16,979)(Revenue \$ 275,003,818) ST JOHN'S OTHER SPECIALIZED SERVICES INCLUDE CANCER CARE, WOMEN'S SERVICES, A NEUROSCIENCES INSTITUTE, HOME HEALTH, HOSPICE, AN EMERGENCY DEPARTMENT THAT NEARLY 57,000 PEOPLE PER YEAR SEEK CARE IN AND THE ST JOHN'S CHILDREN'S HOSPITAL OUR CHILDREN'S HOSPITAL IS THE ONLY COMPREHENSIVE CHILD HEALTH CARE FACILITY IN SOUTH-CENTRAL ILLINOIS AND PROVIDES VITAL HEALTH CARE FOR THE REGION'S CHILDREN, FROM INFANCY THROUGH AGE 18 RECOGNIZED BY THE CHILDREN'S HOSPITAL ASSOCIATION AND A MEMBER OF THE ASSOCIATION OF ILLINOIS CHILDREN'S HOSPITALS, ST JOHN'S CHILDREN'S HOSPITAL OFFERS A WIDE RANGE OF SERVICES FOR CHILDREN AND THEIR FAMILIES BOTH HERE AT OUR FACILITIES AND EXTENDING INTO THE HOME SERVICES INCLUDE - GENERAL PEDIATRIC BEDS, WITH PRIVATE BATH, SHOWER AND PARENTAL SLEEPING AREA - PEDIATRIC ICU - PEDIATRIC HEMATOLOGY/ONCOLOGY - LEVEL III NEONATAL ICU - PEDIATRIC EMERGENCY ROOM SERVICES - NEONATAL AND PEDIATRIC TRANSPORTATION - THE ONLY REGIONAL LEVEL III PERINATAL CARE CENTER IN THE AREA - CHILD AND FAMILY SUPPORT AND SERVICES THROUGH OUR CHILD LIFE SPECIALISTS AND SOCIAL AND SPIRITUAL SERVICES DEPARTMENTS - COMPREHENSIVE OUTPATIENT SERVICES SUCH AS HOME HEALTH, CHILDREN'S REHABILITATION CENTER AND EARLY INTERVENTION PROGRAM - A RONALD MCDONALD HOUSE ON SITE</p>

Return Reference	Explanation
Form 990, Part IV, Line 24a TAX EXEMPT BONDS	ST JOHN'S HOSPITAL HOLDS A LIABILITY ON ITS BOOKS FOR TAX-EXEMPT BONDS, WHICH IS AN ALLOCATION FROM ITS SOLE CORPORATE MEMBER, HOSPITAL SISTERS SERVICES, INC 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 16b JOINT VENTURES	HOSPITAL SISTERS HEALTH SYSTEM ADOPTED A JOINT VENTURE COMPLIANCE PROGRAM POLICY EFFECTIVE ON JANUARY 1, 2012 FOR ALL SYSTEM HOSPITALS, INCLUDING ST JOHN'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 SACRED HEART HOSPITAL, AND ALL HSHS HOSPITALS, TO EVALUATE THEIR PARTICIPATION IN JOINT VENTURE ARRANGEMENTS, INCLUDING UNDER APPLICABLE FEDERAL TAX LAWS, AND TO SAFEGUARD SACRED HEART 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 JOHN'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	<p>RESPONSIBILITY FOR THE POLICY AND OPERATIONS OF ST JOHN'S HOSPITAL SPRINGFIELD (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</p>

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE HOSPITAL EMPLOY S CROWE HORWATH TO ASSIST IN THE OVERALL PREPARATION, 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	<p>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, VICE PRESIDENT - RISK &amp; COMPLIANCE, 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:</p> <ol style="list-style-type: none"> <li>1. THAT, REGARDLESS OF WHETHER THE COVERED PERSON PARTICIPATES IN THE IMPLEMENTATION OF THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY,</li> <li>2. THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS IN THE BEST INTERESTS OF HSHS,</li> <li>3. THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS FAIR AND REASONABLE FROM THE PERSPECTIVE OF HSHS, AND</li> <li>4. HSHS CANNOT OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES.</li> </ol> <p>IN DETERMINING WHETHER A CONTRACT, TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO HSHS, THE COMMITTEE SHALL CONSIDER, WHERE APPLICABLE:</p> <ol style="list-style-type: none"> <li>1. APPRAISALS OR OTHER INDEPENDENT VALUATIONS OF THE FAIR MARKET VALUE OF THE CONTRACT, TRANSACTION, OR ARRANGEMENT,</li> <li>2. INFORMATION REGARDING COMPARABLE CONTRACTS, TRANSACTIONS, OR ARRANGEMENTS BETWEEN UNRELATED PARTIES,</li> <li>3. OFFERS FROM COMPARABLE COMPETING ENTITIES, AND/OR</li> <li>4. STUDIES OF COMPARABLE COMPENSATION ARRANGEMENTS.</li> </ol> <p>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:</p> <ol style="list-style-type: none"> <li>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,</li> <li>2. STATE THAT THE PLAN MUST BE SHARED WITH COVERED PERSON WHOSE INTERESTS IT WAS DEVELOPED TO MANAGE,</li> <li>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</li> <li>4. PROVIDE FOR SUCH OTHER MANAGEMENT STEPS AND MECHANISMS THE COMMITTEE CONSIDERS NECESSARY AND APPROPRIATE.</li> </ol> <p>IN ADDITION TO THE COMMITTEE, THE SYSTEM OFFICE VICE PRESIDENTS OF SYSTEM RESPONSIBILITY AND RISK &amp; 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.</p>

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>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.</p>

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	- Total Revenue 174682, Related or Exempt Function Revenue , Unrelated Business Revenue 63177, Revenue Excluded from Tax Under Sections 512, 513, or 514 111505,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Purchased Services - Total Expense 48504979, Program Service Expense 45347763, Management and General Expenses 3157216, Fundraising Expenses , Professional Fees - Total Expense 29950279, Program Service Expense 13974426, Management and General Expenses 15975853, Fundraising Expenses ,



Return Reference	Explanation
Form 990, Part X, Line 11 POOLED INVESTMENT ACCOUNT	<p>ST JOHN'S HOSPITAL'S CASH RESERVES ARE INVESTED IN A POOLED INVESTMENT ACCOUNT PARTICIPATION IN THE POOLED FUND IS LIMITED TO THE 501(C)(3) HOSPITALS AND RELATED HEALTH SERVICES ORGANIZATIONS SPONSORED BY HOSPITAL SISTERS HEALTH SYSTEM THE POOLED ACCOUNT CONSISTS OF CASH, AND EQUITY AND DEBT SECURITIES THAT ARE PUBLICLY TRADED IN ACCORDANCE WITH THE PROVISIONS OF SFAS NO 124 "ACCOUNTING FOR CERTAIN INVESTMENTS HELD BY NOT-FOR-PROFIT ORGANIZATIONS", INVESTMENTS IN EQUITY SECURITIES WITH READILY DETERMINABLE VALUES, AND ALL INVESTMENTS IN DEBT SECURITIES, ARE REPORTED AT FAIR VALUE ON THE BALANCE SHEET INCOME, REALIZED AND UNREALIZED GAINS AND LOSSES ARE POOLED AND ALLOCATED TO THE PARTICIPANTS INDIVIDUAL COMPONENTS OF ASSETS AND REVENUE ARE NOT IDENTIFIED TO THE INDIVIDUAL HOSPITAL PARTICIPANTS</p>

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS TO/FROM AFFILIATES - -31643348, PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS - -55624614, CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - -781572, CHANGE IN PERMANENTLY RESTRICTED NET ASSETS - 155463, SWAP PAYMENTS - -830592, CHANGE IN TEMPORARILY RESTRICTED NET ASSETS - 4772632,

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number  
37-0661238

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

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

Yes

d

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

1d

No

e

Loans or loan guarantees by related organization(s) . . . . .

1e

No

f

Dividends from related organization(s) . . . . .

1f

No

g

Sale of assets to related organization(s) . . . . .

1g

No

h

Purchase of assets from related organization(s) . . . . .

1h

Yes

i

Exchange of assets with related organization(s) . . . . .

1i

No

j

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

1j

Yes

k

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

1k

No

l

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

1l

Yes

m

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

1m

Yes

n

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

1n

No

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

Yes

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part V, Line 2 TRANSACTIONS WITH RELATED ENTITIES	ANY TRANSACTIONS LISTED ON SCH R, PART V, LINE 1 AND NOT ON SCH R, PART V, R, PART V, LINE 2 ARE BETWEEN RELATED 501(C)(3) AND DO NOT REQUIRE REPORTING ON THIS SECTION

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 37-0661238

Name: St John's 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 II	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)		HSBS	Yes	
HOSPITAL SISTERS HEALTHCARE WEST INC 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 51-0157933	HEALTHCARE	WI	501(c)(3)	Type II	HSSI	Yes	
SACRED HEART HOSPITAL 990 WEST CLAIREMONT AVENUE EAU CLAIRE, WI 54701 39-0807060	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
ST ANTHONY'S HOSPITAL 503 N MAPLE STREET EFFINGHAM, IL 62401 37-0661233	HEALTHCARE	IL	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 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 II	HSBS	Yes	
HSBS MEDICAL GROUP INC 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-3956318	HEALTHCARE	IL	501(c)(3)	Type II	HSSI	Yes	
HSBS WISCONSIN MEDICAL GROUP INC 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-4515959	HEALTHCARE	WI	501(c)(3)	Type II	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	