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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/foi/m990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Ottawa Regional Hospital & Healthcare Center		D Employer identification number 36-2604009
	% MICHELE KONIEWICZ		E Telephone number (815) 431-5479
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1100 EAST NORRIS DRIVE		G Gross receipts \$ 97,472,982
City or town, state or province, country, and ZIP or foreign postal code OTTAWA, IL 61350			
F Name and address of principal officer KENNETH BEUTKE 1100 EAST NORRIS DRIVE OTTAWA, IL 61350		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ▶ www.osfhealthcare.org/saint-elizabeth/		H(c) Group exemption number ▶	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1964	M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O, PART III		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	573
6 Total number of volunteers (estimate if necessary)	6	377	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	1,907,428	2,718,448
	9 Program service revenue (Part VIII, line 2g)	71,727,913	90,747,583
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	405,389	548,545
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,025,752	1,452,161
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,066,482	95,466,737
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,000	8,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	38,107,986	44,095,511
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	32,981,617	44,034,737
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	71,096,603	88,138,248
	19 Revenue less expenses Subtract line 18 from line 12	3,969,879	7,328,489
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		61,610,898	71,959,678
21 Total liabilities (Part X, line 26)		15,923,171	26,485,012
22 Net assets or fund balances Subtract line 21 from line 20		45,687,727	45,474,666

Part II Signature Block

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

Sign Here	*****		2017-08-10			
	Signature of officer		Date			
	SISTER DIANE MARIE MCGREW TREASURER					
	Type or print name and title					
Paid Preparer Use Only	Pnnt/Type preparer's name MOLLIE P LONGHOUSE		Preparer's signature MOLLIE P LONGHOUSE	Date 2017-08-14	Check ☐ if self-employed	PTIN P00294881
	Firm's name ▶ KPMG LLP				Firm's EIN ▶	
	Firm's address ▶ 191 West Nationwide Blvd Ste 500 Columbus, OH 432152568				Phone no (614) 249-2300	

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1 Briefly describe the organization's mission

SEE SCHEDULE O, PART III

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 \$ 46,719,100 including grants of \$) (Revenue \$ 92,291,048)
	See Additional Data

4b	(Code) (Expenses \$ 8,000 including grants of \$ 8,000) (Revenue \$)
	See Additional Data

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

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 46,727,100
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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)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ 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	MICHELE KONIEWICZ 1100 E NORRIS DR OTTAWA, IL 61350 (815) 431-5479

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) GEORGE SHANLEY CHAIRPERSON	1 0	X		X				0	0	0
(2) CHRISTINA CANTLIN VICE CHAIRPERSON	1 0	X		X				0	0	0
(3) JEFFREY CROWHURST DPM SECRETARY	1 0	X		X				0	0	0
(4) SISTER DIANE MARIE MCGREW OSF TREASURER	1 0 40 0	X		X				0	4,880	0
(5) STEVEN GONZALO TRUSTEE	1 0	X						0	0	0
(6) CHARLES DENNIS MD TRUSTEE	1 0 40 0	X						0	473,232	35,323
(7) GERALD MCSHANE MD TRUSTEE	1 0 40 0	X						0	776,476	49,808
(8) JAMES MOORE TRUSTEE	1 0 0 0	X						0	7,500	0
(9) SISTER AGNES JOSEPH Williams TRUSTEE	1 0 40 0	X						0	4,880	0
(10) STEPHEN HIPPLER MD TRUSTEE	1 0 40 0	X						0	491,882	53,715
(11) DAVID L GORENZ MD TRUSTEE	1 0 40 0	X						0	600,980	49,968
(12) CANER CELEBOGLU MD TRUSTEE	1 0 1 0	X						0	0	0
(13) JIMMIE LANSFORD TRUSTEE	1 0 1 0	X						0	0	0
(14) MATT WINCHESTER TRUSTEE termed 12/31/15	1 0 1 0	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARK PALMER SECRETARY termed 12/31/15	1 0 1 0	X		X				0	0	0
(16) KENNETH BEUTKE PRESIDENT	1 0 40 0			X				0	171,487	28,536
(17) DAWN TROMPETER CFO	1 0 40 0			X				0	196,390	25,137
(18) EMMY HO MD PHYSICIAN	40 0 0 0					X		582,326	0	19,876
(19) JOSEPH W CHUPREVICH MD PHYSICIAN	40 0 0 0					X		467,006	0	36,456
(20) GARNER N ARNOLD MD PHYSICIAN	40 0 0 0					X		370,047	0	15,939
(21) DAVID S BAYLEY MD PHYSICIAN	40 0 0 0					X		350,049	0	2,689
(22) ANTHONY O FOULEN MD PHYSICIAN	40 0 0 0					X		346,171	0	21,681
(23) Robert Chaffin Former President	0 0 40 0						X	0	318,219	10,763
(24) Maeanne K Stevens Former Chief Nursing Officer	0 0 40 0						X	0	141,715	19,147
(25) Brian S Rosborough Former Chief Medical Officer	40 0 0 0						X	316,343	0	33,037
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,431,942	3,187,641	402,075

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 ► 45

		Yes	No
3	Did the organization list any former 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
TEVERBAUGH-CROLAND-MUELLER OBGYN, 6708 N KNOXVILLE STE 1 PEORIA, IL 61614	OBSETRICS	174,864
ILLINOIS VALLEY SURGICAL ASSOCIATES, 1050 E NORRIS DRIVE OTTAWA, IL 61350	SURGICAL	150,000

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

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	2,718,448				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		2,718,448				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 900099	90,747,583	90,747,583			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		90,747,583				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		557,648			557,648
4		Income from investment of tax-exempt bond proceeds . . .		0				
5		Royalties		0				
6a		Gross rents	(i) Real 1,050,876	(ii) Personal				
		b	Less rental expenses	1,144,599				
		c	Rental income or (loss)	-93,723	0			
		d	Net rental income or (loss)		-93,723			-93,723
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 831,984				
		b	Less cost or other basis and sales expenses		841,087			
		c	Gain or (loss)		-9,103			
		d	Net gain or (loss)		-9,103			-9,103
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 . . .		0				
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		0				
10a		Gross sales of inventory, less returns and allowances	a					
				22,978				
		b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . . .		2,419			2,419	
Miscellaneous Revenue		Business Code						
11a	Cafeteria	722320	436,178	436,178				
b	MEANINGFUL USE	900099	298,419	298,419				
c	CONTRACT PHARMACY	900099	294,784	294,784				
d	All other revenue		514,084	514,084				
e	Total. Add lines 11a-11d		1,543,465					
12	Total revenue. See Instructions		95,466,737	92,291,048			457,241	

Part IX Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	8,000	8,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	478,004		478,004	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	34,837,475	27,126,112	7,711,363	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,716,532		1,716,532	
9 Other employee benefits.	4,825,760	110,724	4,715,036	
10 Payroll taxes.	2,237,740		2,237,740	
11 Fees for services (non-employees):				
a Management.	13,773,411		13,773,411	
b Legal.	588		588	
c Accounting.	27,918		27,918	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	93,071	89,373	3,698	
12 Advertising and promotion.	6,080	210	5,870	
13 Office expenses.	2,059,277	741,366	1,317,911	
14 Information technology.	194,815	8,340	186,475	
15 Royalties.	0			
16 Occupancy.	440,337	4,273	436,064	
17 Travel.	214,360	116,334	98,026	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	675	675		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	3,919,500	1,136,441	2,783,059	
23 Insurance.	302,950	3,064	299,886	
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 SUPPLIES.	10,136,599	9,495,607	640,992	
b PURCHASED SERVICES.	8,609,737	7,003,989	1,605,748	
c MAINTENANCE.	1,942,855	1,113,684	829,171	
d OTHER.	2,312,564	-231,092	2,543,656	
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	88,138,248	46,727,100	41,411,148	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,585	1	3,234
	2	Savings and temporary cash investments		11,178,358	2	6,415,069
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		10,757,294	4	18,267,867
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		1,307,134	8	1,529,249
	9	Prepaid expenses and deferred charges		338,557	9	24,698
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 123,767,999			
	b	Less: accumulated depreciation	10b 82,666,784	35,044,312	10c	41,101,215
	11	Investments—publicly traded securities		846,797	11	2,693,061
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		2,135,861	15	1,925,285
	16	Total assets. Add lines 1 through 15 (must equal line 34)		61,610,898	16	71,959,678
Liabilities	17	Accounts payable and accrued expenses		15,125,928	17	25,676,913
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		797,243	25	808,099
	26	Total liabilities. Add lines 17 through 25		15,923,171	26	26,485,012
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		45,675,742	27	45,399,255
	28	Temporarily restricted net assets		11,985	28	75,411
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		45,687,727	33	45,474,666
	34	Total liabilities and net assets/fund balances		61,610,898	34	71,959,678

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	95,466,737
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,138,248
3	Revenue less expenses Subtract line 2 from line 1	3	7,328,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,687,727
5	Net unrealized gains (losses) on investments	5	-575,554
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,965,996
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,474,666

Part XII

Financial Statements and Reporting

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

☒

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:**Software Version:**

EIN: 36-2604009

Name: Ottawa Regional Hospital & Healthcare Center

Form 990, Part III, Line 4a

4a	(Code	) (Expenses \$	46,719,100	including grants of \$	) (Revenue \$	92,291,048)
	NON-PROFIT 97 BED, ACUTE CARE HOSPITAL, INCLUDING A 26 BED PSYCHIATRIC CARE UNIT \$5,565,411 CHARITY CARE PROVIDED					

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 8,000 including grants of \$ 8,000) (Revenue \$)

MONEY DONATED TO OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER AS FOLLOWS \$8,000 FOR SCHOLARSHIPS - THE HOSPITAL BOARD AWARDED SCHOLARSHIPS TO 16 AREA HIGH SCHOOL GRADUATING SENIORS INTERESTED IN PURSUING A CAREER IN A HEALTH RELATED FIELD

Form 990, Part III, Line 4c

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

SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Ottawa Regional Hospital & Healthcare Center	Employer identification number 36-2604009
--	--

Part I

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

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

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

☐

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

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

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

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Ottawa Regional Hospital & Healthcare Center	Employer identification number 36-2604009
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

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

☐ **Y e s** ☐ **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)?	Yes	
c	Media advertisements?		No
d	Mailings to members, legislators, or the public?	Yes	
e	Publications, or published or broadcast statements?		No
f	Grants to other organizations for lobbying purposes?	Yes	44,188
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?		No
j	Total. Add lines 1c through 1i.		44,188
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?		No

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
MAILING EXPENSES	FORM SCH C PART II-B LINE 1D THE ONLY COST OF MAILING RELATED TO LOBBYING EXPENSES IS RELATED TO THE COST OF STAMPS THE TOTAL EXPENITURES RELATED TO MAILING IS MINOR AND THE ACTUAL DOLLAR AMOUNT IS NOT READILY AVAILABLE
NATURE OF LOBBYING ACTIVITIES	FORM SCH C PART II-B LINE 1F THE ORGANIZATION'S LOBBYING ACTIVITIES INCLUDE PAYING MEMBERSHIP DOES TO THE ILLINOIS HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION, WHO PARTICIPATE IN LOBBYING ACTIVITIES

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

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.

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a

Held at the End of the Year

2b

2c

2d

3

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

4

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

5

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

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2015

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	4,725	4,725	4,725	4,725	4,725
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	4,725	4,725	4,725	4,725	4,725

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 ▶ 100 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	0	3,563,906		3,563,906
b Buildings	0	77,870,879	50,247,631	27,623,248
c Leasehold improvements	0	2,950,015	2,632,217	317,798
d Equipment	0	37,105,046	29,786,936	7,318,110
e Other	0	2,278,153		2,278,153
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				41,101,215

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

Supplemental Information

Return Reference	Explanation
Form Sch D Part V Line 4	THE ENDOWMENT FUND IS HELD BY THE OTTAWA REGIONAL HOSPITAL FOUNDATION, A RELATED ORGANIZATION THE EARNINGS FROM THE FUND ARE USED FOR GENERAL SUPPORT PURPOSES

Supplemental Information

Return Reference	Explanation
Form Sch D Part X Line 2	Under ASC Subtopic 740-10, Accounting for Uncertainty in Income Taxes An Interpretation of FASB Statement No 109, OSF must recognize 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. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. As of September 30, 2016 and 2015, OSF does not have any uncertain tax positions.

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization Ottawa Regional Hospital & Healthcare Center	Employer identification number 36-2604009
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other _____ 125 %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,275,036		1,275,036	1 450 %
b Medicaid (from Worksheet 3, column a)			21,026,164	16,344,962	4,681,202	5 310 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			22,301,200	16,344,962	5,956,238	6 760 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			147,175	11,927	135,248	0 150 %
f Health professions education (from Worksheet 5)			8,000		8,000	0 010 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			32,145		32,145	0 040 %
j Total. Other Benefits			187,320	11,927	175,393	0 200 %
k Total. Add lines 7d and 7j			22,488,520	16,356,889	6,131,631	6 960 %

Part II

Community Building Activities

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

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

2

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

2

920,431

3

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

3

4

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

Section B. Medicare

5

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

5

31,150,936

6

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

6

25,913,400

7

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

7

5,237,536

8

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

Section C. Collection Practices

9a

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

9a

Yes

b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 RADIATION ONCOLOGY	RADIATION ONCOLOGY	64 %		36 %
2 OF NORTHERN ILLINOIS				
3 LLC				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[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)

OTTAWA REGIONAL HOSPITAL & HEALTHCARE

Name of hospital facility or letter of facility reporting group

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

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
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	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) SEE PART V, SECTION C b ☐ Other website (list url) _____ c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	No
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)***Financial Assistance Policy (FAP)**

OTTAWA REGIONAL HOSPITAL & HEALTHCARE

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	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	☒ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☐ Underinsurance discount		
g	☒ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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)	15 Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	☒ The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c	☐ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

OTTAWA REGIONAL HOSPITAL & HEALTHCARE

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

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

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

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

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address		Type of Facility (describe)
1	OTTAWA REGIONAL MEDICAL CENTER INC 1614 EAST NORRIS DRIVE OTTAWA, IL 61350	OUTPATIENT MEDICAL AND DIAGNOSTIC SERVICES
2	RADIATION ONCOLOGY OF NORTHERN ILLINOIS 1200 STARFIRE DRIVE OTTAWA, IL 61350	RADIATION ONCOLOGY CENTER
3	OSF St Elizabeth Medical Center Sleep ct 1601 mercury circle suite 200 ottawa, IL 61350	polysymnography lab
4	Ottawa Medical Center Radiology svcs 1614 east norris drive Ottawa, IL 61350	Diagnostic Radiology
5	OSF Healthcare Ottawa South 1640 first ave ottawa, IL 61350	Occupational Health
6	OSF Center for Health - Streator 111 Spring Street Streator, IL 61364	Emergency
7		
8		
9		
10		

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	The corporation provides -Catastrophic charity assistance regardless of income or asset levels for medically necessary services which exceed 25% of annual family income The amount due is adjusted to 25% of family income when OSF determines catastrophic charity is more generous - PRESUMPTIVE CHARITY CHARGES MAY BE ADJUSTED TO PROVIDE FOR A CHARITY DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO AN UNINSURED PATIENT WHO ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA PRESUMPTIVE CHARITY CATEGORIES FOR ALL OSF HOSPITALS - HOMELESSNESS, -DECEASED WITH NO ESTATE, -MENTAL INCAPACITATION WITH NO ONE TO ACT ON PATIENT'S BEHALF, OR -CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE -All patients receive the greatest requested discount available under any of the OSF programs No asset tests are used -Except as otherwise noted, these policies apply both to uninsured patients and to insured patients with respect to the patient responsibility amount

Form and Line Reference	Explanation
PART I, LINE 7	Costs reported on lines 7a and b are calculated using the ratio of patient care cost-to-charges derived from the medicare cost report. Costs reported on lines 7 e, f, and i are costs derived from general ledger accounts and hospital department cost center reports which include both direct and indirect costs less revenue. Part II COMMUNITY BUILDING ACTIVITIES. THE CORPORATION'S COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITIES SERVED IN THE FOLLOWING WAYS -OTTAWA EXECUTIVE AND EMPLOYEE TIME WORKING WITHIN THE COMMUNITY AND ON COMMUNITY RELATED ACTIVITIES INCLUDES BUT IS NOT LIMITED TO, SERVING ON COMMUNITY BOARDS TO BETTER THE COMMUNITY AS A WHOLE.

Form and Line Reference	Explanation
PART III, LINES 2, 3, 4 and 8	In general, and in accordance with Medicare regulations, patient account balances are written off to bad debt expense after reasonable collection efforts have been exhausted and the account has been sent to a collection agency or law firm. Patients' accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patients' accounts receivable, ORHHC analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, ORHHC analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary, for receivables associated with patient responsibility (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the patients are screened against the ORHHC financial assistance policy and uninsured discount policy. For any remaining patient responsibility balance, ORHHC records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. Bad debt expense on form 990, is based upon accrual accounting required by generally accepted accounting principles. This amount consequently differs from the bad debt expense of \$920,431 on schedule h, part iii, line 2 which requires the organization to report aggregate bad debt at cost. Bad debt expense reported on part iii, line 2 is therefore calculated by multiplying gross charges written off to bad debt expense times the ratio of patient care cost-to-charges derived from the cost report. Discounts, including any applicable third party payer contractual allowances and any charity care discounts (valued at gross charges), are applied to patient account gross charges to determine the account balance before patient payments. The aggregate amount of all patient payments is then applied to the account balance. When determination is made that no further amounts can be collected in accordance with ORHHC's bad debt policy, the remaining balance is written off to bad debt expense. Presumptive charity charges may be adjusted to provide for a charity discount of 100% of billed charges for medically necessary services provided to an uninsured patient who establishes financial need at time of registration by satisfying one of the following categories of presumptive eligibility criteria: Presumptive charity categories for all OSF hospitals -homelessness, -deceased with no estate, -mental incapacitation with no one to act on patient's behalf, or -Current Medicaid eligibility, but not on date of service or for non-covered service. For OSF hospitals that are not critical access hospitals or rural hospitals, enrollment in any of the following programs with criteria at or below 200% of the federal poverty income guidelines shall establish a presumptive charity category -women, infants and children nutrition program (WIC), -supplemental nutrition assistance program (snap), -Illinois free lunch and breakfast program, -low income home energy assistance program (LIHEAP), -enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criterion for membership, or -Receipt of grant assistance for medical services. Therefore, the corporation does not believe that bad debt expense reported on part iii, line 3 includes any amounts that reasonably could be attributable to patients who would likely qualify under the corporation's financial assistance policy.

Form and Line Reference	Explanation
PART III, LINE 9B	ORHHC has a fair billing/collection policy which applies for all patients The policy includes - - Required information provided in bills to patients (including a requirement that information be provided on how the patient may apply for financial assistance) - Process for patients to inquire about or dispute a bill, including toll-free telephone number, address, contact name, and email address - Requirements for timely response to patient inquiries - conditions which must be satisfied before patient may be sent to a collection agency or attorney - Legal action for non-payment of a patient bill may not be initiated until an authorized hospital official has determined that all conditions in the corporation's policy (including all of the foregoing policy provisions) have been satisfied for initiating legal action - Legal action may not be pursued against uninsured patients who have clearly demonstrated that they have neither sufficient income nor assets to meet their financial obligations - even if such patients do not apply for financial assistance - ORHHC shall not engage in any extraordinary collection actions, such as submitting reports to credit agencies before reasonable attempts to determine eligibility for financial assistance have been completed - If a patient receives an application for financial assistance but fails to return it, OSF will try to use secondary sources to determine the patients eligibility for noncompliant charity before pursuing legal action for nonpayment - The hospital shall not obtain a body attachment against any patient or guarantor

Form and Line Reference	Explanation
PART VI, LINE 2	Saint Elizabeth Medical Center Completed a Community Health Needs Assessment ("CHNA") during fiscal year 2016 as required by Internal Revenue Code section 501(r)(3). The final CHNA for the hospital was approved and adopted by the system's board of directors on July 25, 2016. This most recent CHNA is effective for fiscal years 2017, 2018 and 2019 for the hospital. In response to the significant health needs identified in the hospital's 2016 CHNA, the hospital completed and adopted an implementation strategy to address these critical health needs. The LaSalle County CHNA was done as a collaborative undertaking by OSF Saint Elizabeth and OSF Saint Paul Medical Centers to highlight the health needs and well-being of residents in LaSalle County. The joint group identified the following significant community health needs as a priority: Healthy Behaviors and Behavioral Health. Healthy behaviors is defined as active living and healthy eating and their impact on society. Behavioral Health includes mental health and substance abuse. ACTIVE LIVING: A HEALTHY LIFESTYLE, COMPOSED OF REGULAR PHYSICAL ACTIVITY AND BALANCED DIET, HAS BEEN SHOWN TO INCREASE PHYSICAL, MENTAL, AND EMOTIONAL WELL-BEING. NOTE THAT 73% OF RESPONDENTS IN LASALLE COUNTY INDICATED THAT THEY DO NOT EXERCISE AT ALL, OR 1-2 TIMES PER WEEK. HEALTHY EATING: WELL OVER HALF (68%) OF LASALLE COUNTY RESIDENTS REPORT NO CONSUMPTION OR LOW CONSUMPTION (1-2 SERVINGS PER DAY) OF FRUITS AND VEGETABLES PER DAY. NOTE THAT THE PERCENTAGE OF LASALLE COUNTY RESIDENTS WHO CONSUME FIVE OR MORE SERVINGS PER DAY IS ONLY 5%. OBESITY: IN LASALLE COUNTY, THE NUMBER OF PEOPLE DIAGNOSED WITH OBESITY AND BEING OVERWEIGHT HAS INCREASED OVER THE YEARS FROM 2007-2009 TO 2010-2014. NOTE SPECIFICALLY THAT THE PERCENTAGE OF OBESE AND OVERWEIGHT PEOPLE HAS INCREASED FROM 63.5% TO 68.5%. OVERWEIGHT AND OBESITY RATES IN ILLINOIS HAVE DECREASED FROM 2009 (64.0%) TO 2014 (63.7%). BEHAVIORAL HEALTH - MENTAL HEALTH AND SUBSTANCE ABUSE: MENTAL HEALTH: FOR 2009, JUST OVER 25% OF RESIDENTS IN LASALLE COUNTY REPORTED THEY HAD EXPERIENCED 1-7 DAYS WITH POOR MENTAL HEALTH PER MONTH, AND 13.6% FELT MENTALLY UNHEALTHY ON EIGHT OR MORE DAYS PER MONTH. IN 2014, THERE WAS A MODERATE DECREASE IN THE NUMBER OF PEOPLE THAT REPORTED POOR MENTAL HEALTH FOR 1-7 DAYS (18.7%) AND A SLIGHT INCREASE OF PEOPLE THAT REPORTED POOR MENTAL HEALTH 8 OR MORE DAYS PER MONTH (14.3%). SUBSTANCE ABUSE: ALCOHOL AND DRUGS IMPAIR DECISION-MAKING OFTEN LEADING TO ADVERSE CONSEQUENCES AND OUTCOMES. RESEARCH SUGGESTS THAT ALCOHOL IS A GATEWAY DRUG FOR YOUTH, LEADING TO INCREASED USAGE OF CONTROLLED SUBSTANCES IN ADULT YEARS. ACCORDINGLY, THE SUBSTANCE ABUSE VALUES AND BEHAVIORS OF STUDENTS IS A LEADING INDICATOR OF ADULT SUBSTANCE ABUSE IN LATER YEARS. DATA FROM THE 2014 ILLINOIS YOUTH SURVEY MEASURES ILLEGAL SUBSTANCE USE (ALCOHOL, TOBACCO, AND OTHER DRUGS - MAINLY MARIJUANA) AMONG ADOLESCENTS. LASALLE COUNTY IS AT OR ABOVE STATE AVERAGES IN ALL CATEGORIES AMONG 8TH GRADERS EXCEPT FOR ALCOHOL AND MARIJUANA. FOR 12TH GRADERS, LASALLE COUNTY IS AT OR ABOVE THE STATE IN ALL CATEGORIES. OVERALL TOBACCO USAGE IS ALSO A CONCERN IN LASALLE COUNTY. The CHNA that was conducted in 2013 for the hospital is still effective for fiscal year ending 2016. The results of the implementation strategy adopted for the community health needs in the 2013 CHNA's are discussed in detail below. Identified need: access to healthcare services. This health need is based on results from survey respondents defined as living in deep poverty. They indicated that access to healthcare services is limited. This includes medical, prescription medications, dental and mental healthcare. Poverty is a key factor, as 9% of people living in poverty in LaSalle County consider the emergency department their primary source of healthcare. Furthermore, 24% of people in poverty were unable to obtain medical care when they needed it in the past year. Results also suggest a strong correlation between ethnicity and one's ability to obtain medical care, as survey data suggests individuals who identify themselves as black and/or Latino/a are more likely to use the emergency department. With regard to prescription drugs, 34% of individuals living in poverty in LaSalle County were unable to fill a prescription in the past year because they lacked healthcare coverage. With regard to dental care, 46% of individuals living in poverty in LaSalle County needed dental care and were unable to obtain it last year. With regard to mental healthcare, 30% of individuals living in poverty in LaSalle County needed counseling and were unable to obtain it in the last year. Affordability was cited as the leading impediment to various types of healthcare. FY2016 goals: access to healthcare *reach out to at-risk groups in the community with education and strategies for implementing lifelong changes in healthy behaviors. FY2016 accomplishments: access to healthcare *developed relationships with several

Form and Line Reference	Explanation
PART VI, LINE 2	I community agencies Identified need community misperceptions This health need observes the gap between patient perceptions of community health needs and the actual top causes of mortality in their community While the response of those living in deep poverty misinterprets some of the most critical needs of the community based on actual mortality data, there is much to be learned from their responses these people's perceptions are their reality and forces us to acknowledge that we must never lose focus on the individual as we improve the health of the community OSF healthcare system has developed a care management program to provide those in need with the help they need to improve their individual health and overcome barriers to health Based on results from the survey, respondents incorrectly perceived diabetes, heart disease, and dental as being relatively less important health concerns to the community these results conflict with morbidity data that suggests diabetes rates in LaSalle County are higher than rates across the state of Illinois, mortality data that indicates heart disease is the leading cause of death in LaSalle County, and dental data that illustrates LaSalle County residents have undergone annual dental checkups at a lower rate than rates for the state of Illinois Moreover, for those respondents living in poverty, misperceptions of programs such as Medicaid and financial assistance programs is evident given that respondents do not seek necessary medical care because they believe they cannot afford to pay Finally, there are misperceptions with respondents' self-perceptions of their own health, as 91% felt that they are either average or above average in terms of their overall health Fy2016 goals community misperceptions *improve diabetic education outreach Fy2016 accomplishments community misperceptions *education series offered referral and support with addition to distribution of flyers marketing diabetes education *Offered referral and support Identified need risky behaviors/substance abuse This health need is based on the prevalence of alcohol, tobacco and marijuana in our community In LaSalle County, 19.2% of respondents engage in binge drinking versus 17.5% in the state of Illinois Both figures exceed the U.S. national 90th percentile benchmark of 8% Youth substance usage in LaSalle County exceeds the state of Illinois averages for both 8th graders (alcohol, tobacco, and marijuana usage) and 12th graders (alcohol and tobacco usage) With regard to smoking, 45% of LaSalle county residents living in poverty smoke five or more cigarettes per day Additionally, according to survey respondents, for both LaSalle County's aggregate population and those living in poverty, drug and alcohol abuse were perceived as the two most important unhealthy behaviors in the community Fy2016 goals risky behaviors/substance abuse *educate medical staff about resources available for patients Fy2016 accomplishments risky behaviors/substance abuse *published news articles on substance abuse *provided patients with community resource guides *developed relationship for referral and treatment Identified need healthy behaviors This health need is based on results from survey respondents defined as living in deep poverty indicated that there are limited efforts at proactively managing one's own health This includes limited exercise, poor eating habits and increased incidence of smoking According to the Illinois behavioral risk factor surveillance system, 36.6% of LaSalle county residents report that their last routine checkup was more than 1 year ago this figure is 17.4% higher than the state of Illinois average (19.2%) there was a slight decrease in the percentage of LaSalle county residents reporting they had received a flu shot in the last 12 months between 2006 (32.3%) and 2009 (31.4%) for comparison, there was a 24% increase in the percentage of Illinois residents reporting they had received a flu shot

Form and Line Reference	Explanation
PART VI, LINE 3	patient education of eligibility for assistance The corporation informs and educates patients and persons who are billed for patient care about their eligibility for assistance under government programs and the corporation's financial assistance policy, in english and in any other language spoken by populations with limited english proficiency that constitute the lesser of 1,000 individuals or 5 % of the community of the hospital, in the following ways -Signs are posted in patient registration areas (including emergency department registration) informing patients of the availability of financial assistance, the availability of financial assistance counselors, and how to obtain a copy of the OSF financial assistance policy and application - a plain language summary of the OSF Financial Assistance Policy is offered to patients as part of the intake or discharge process and included in the billing statement mailed prior to initiating extraordinary collection actions - In addition, the plain language summary and application are provided to referring staff physicians -OSF makes reasonable efforts to orally notify patients about the financial assistance policy and how to obtain assistance in applying -A notice of availability of the corporation's financial assistance and uninsured patient discount policies is prominently available on the corporation's web site (and separate web sites of its hospital facilities) - The application form with instructions and the plain language summary is available for download -A note regarding the availability of financial assistance (together with contact phone numbers) appears on every patient billing statement as well as the website where copies of the policy, application and plain language summary may be obtained -Financial assistance counselors are available in person and by phone to assist patients in completing the financial assistance application and in determining eligibility and applying for government program benefits, including Medicaid -The corporation's financial assistance policy is filed with the Illinois attorney general and is available to the public

Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATION - AS NOTED IN CHNA The organization primarily serves Lasalle County (approximately 111,241 residents) According the U S census bureau in 2014, Lasalle County included an average of 12.2% of persons below poverty level The median household income was \$52,640

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH The ORHHC's sponsoring organization is a religious congregation of the Roman Catholic Church known as the sisters of the third order of St Francis In accordance with canon law of the Roman Catholic Church and federal tax law applicable to supporting organizations, a majority of the members of the board of directors of the corporation are professed members of the sponsoring religious congregation ORHHC has a community advisory board consisting of members of the community who are not directors, officers, or contractors of ORHHC Except for hospital departments which have been closed, or in which clinical privileges have been restricted, for clinical or quality of care reasons by actions of the hospital's medical staff and the board of directors, ORHHC extends medical staff privileges to all qualified physicians in its communities The ORHHC's surplus funds were used during its fiscal year ended September 30, 2016 for improvements in patient care, medical education, and research All of the OSF's hospitals including ORHHC meet the requirements of revenue ruling 69-545 by -Operating emergency departments which are staffed 24 hours per day by qualified physicians and other medical personnel and which are open to all persons without regard to ability to pay -having medical staffs which are open to all qualified physicians, Mid-level providers, podiatrists, and dentists in the community (except where restricted in rare cases for clinical quality reasons by action of the medical staff and the board of directors) -Accepting Medicare, Medicaid and other government program patients -accepting all patients, including uninsured patients, without regard to their ability to pay -Using surplus funds to improve their facilities, equipment, patient care, medical training, education, and research as described above

Form and Line Reference	Explanation
PART VI, LINE 6	Affiliated health care system roles The corporation is part of an affiliated health care system (the "osf system") which provides integrated health care services throughout central Illinois, parts of northern Illinois, and parts of the upper peninsula of Michigan The OSF system includes the other corporations listed below, all of which are controlled, directly or indirectly, by the sisters of the third order of St Francis (the "congregation") all affiliated corporations (whether taxable or exempt) apply and follow the charity care policy of the corporation and are operated in furtherance of the mission of the congregation to provide comprehensive, integrated, quality care, including preventive, primary, acute, continuous and rehabilitative health services to the communities served by the corporation and the osf system Special emphasis is placed on meeting the physical, spiritual, emotional, and social needs of everyone who is cared for in the OSF system regardless of race, color, religion and ability to pay The affiliated corporations are -The sisters of the third order of St Francis, which holds the assets of the religious congregation and directs all other corporations in the affiliated health care system through board representation and the exercise of reserved powers -OSF saint Francis, Inc , which provides home infusion and durable medical equipment services, mobile medical imaging services, medical equipment maintenance and repair services, medical staffing services, billing services, and other services in support of the affiliated health care system -OSF Aviation, LLC, which is an FAA Part 135 certified carrier providing EMS helicopter services throughOut Central Illinois and Parts of Northern Illinois -OSF lifeline ambulance, llc, which provides ground ambulance transportation services in parts of northern Illinois -OSF multispecialty group - Peoria, llc, which provides pediatric cardiology physician services in central Illinois effective until December 31, 2016 These providers and services after December 31, 2016 are provided under OSF multi-specialty group which is a separate corporation of which OSF Healthcare System is the sole member -ILLINOIS NEUROLOGICAL INSTITUTE - PHYSICIANS, LLC, WHICH PROVIDES PHYSICIAN NEUROSURGERY SERVICES IN CENTRAL ILLINOIS Effective until December 31, 2016 These providers and services after December 31, 2016 are provided under OSF multi-specialty group -Heartcare Midwest, ltd , which provides cardiology and cardiovascular sugery physician services in central illinois Effective until December 31, 2016 These providers and services after December 31, 2016 are provided under OSF multi-specialty group -Cardiovascular institute at OSF, llc, which provides cardiology and cardiovascular surgery physician services in parts of northern Illinois Effective until December 31, 2016 These providers and services after December 31, 2016 are provided under OSF multi-specialty group -OSF multispecialty group - eastern region, llc, which provides primary and specialty physician services in parts of central Illinois Effective until December 31, 2016 These providers and services after December 31, 2016 are provided under OSF multi-specialty group -Illinois pathologist services, llc, which provides professional pathology services in parts of northern Illinois -Illinois specialty physician services at OSF, llc, which provides pulmonology and critical care physician services in central Illinois Effective until December 31, 2016 These providers and services after December 31, 2016 are provided under OSF multi-specialty group -OSF perinatal associates, llc, which provides maternal fetal medicine physician services in central Illinois Effective until December 31, 2016 These providers and services after December 31, 2016 are provided under OSF multi-specialty group -OSF multispecialty group - western region, llc, which provides primary and specialty physician services in western Illinois Effective until December 31, 2016 These providers and services after December 31, 2016 are provided under OSF multi-specialty group -OSF children's medical group- congenital heart center, llc which provides pediatric care for cardiovascular illnesses in northern Illinois Effective until December 31, 2016 These providers and services after December 31, 2016 are provided under OSF multi-specialty group -Preferred emergency physicians of Illinois, llc which provides physician coverage for emergency departments Effective until December 31, 2016 These providers and services after December 31, 2016 are provided under OSF multi-specialty group -Saint Anthony physician group which provides a variety of general and specialty physicians services in Alton, Illinois

Form and Line Reference	Explanation
PART VI, LINE 7	All states which organization files a community benefit report IL

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

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	OTTAWA REGIONAL HOSPITAL & HEALTHCARE 1100 EAST NORRIS DRIVE OTTAWA, IL 61350	X	X				X			

2015

36-2604009

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) SCHOLARSHIPS	16	8,000			

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

Return Reference	Explanation
FORM SCH I PART I	SCHOLARSHIPS WERE AWARDED TO 16 AREA HIGH SCHOOL GRADUATING SENIORS INTERESTED IN PURSUING A CAREER IN A HEALTH RELATED FIELD FUNDS WERE PROVIDED TO PURCHASE A LIFEPAK TO BE DONATED TO A LOCAL BASEBALL TEAM

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

Part I Questions Regarding Compensation

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

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
Form Sch J Part I Line 3	THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMMITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE SISTERS OF THE THIRD ODRER OF ST FRANCIS WHO HAVE TAKEN A VOW OF POVERTY. HENCE, THEY DO NOT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE. THE CHIEF EXECUTIVE OFFICER (CEO) IS NOT A MEMBER OF THE COMMITTEE. THE PERFORMANCE OF THE CEO AND HIS ACHIEVEMENT OF ANNUAL GOALS IS EVALUATED EACH YEAR BY THE FULL BOARD OF DIRECTORS, AND THIS PERFORMANCE REVIEW IS PROVIDED TO THE COMMITTEE. THE COMMITTEE ALSO OBTAINS COMPENSATION SURVEY DATA AND RECOMMENDATIONS FROM A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT. BASED ON ALL OF THESE FACTORS, THE COMMITTEE SETS THE BASE SALARY AND BENEFITS OF THE CEO AND APPROVES THE EXECUTIVE COMPENSATION PLAN APPLICABLE TO THE CEO. PRIOR TO PAYMENT OF ANY BONUS OR INCENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR THE CEO, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO ENSURE THAT NO EXCESS BENEFIT AMOUNT IS PAID OR FURNISHED.
Form Sch J Part I Line 4a	Robert Chaffin received a severance payment of \$132,129.

Additional Data

Software ID:

Software Version:

EIN: 36-2604009

Name: Ottawa Regional Hospital & Healthcare Center

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 DENNIS MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	349,832	98,438	24,962	19,946	15,377	508,555	0
1GERALD MCSHANE MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	576,571	156,839	43,066	36,850	12,958	826,284	0
2STEPHEN HIPPLER MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	372,748	99,059	20,075	37,100	16,615	545,597	0
3DAVID L GORENZ MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	439,361	121,658	39,961	37,100	12,868	650,948	0
4KENNETH BEUTKE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	121,499	48,080	1,908	19,015	9,521	200,023	0
5DAWN TROMPETERCFO	(i)	0	0	0	0	0	0	0
	(ii)	166,581	28,271	1,538	13,898	11,239	221,527	0
6EMMY HO MDPHYSICIAN	(i)	558,571	0	23,755	6,454	13,422	602,202	0
	(ii)	0	0	0	0	0	0	0
7JOSEPH W CHUPREVICH MD PHYSICIAN	(i)	343,797	122,372	837	23,850	12,606	503,462	0
	(ii)	0	0	0	0	0	0	0
8GARNER N ARNOLD MD PHYSICIAN	(i)	351,563	0	18,484	15,900	39	385,986	0
	(ii)	0	0	0	0	0	0	0
9DAVID S BAYLEY MD PHYSICIAN	(i)	350,002	0	47	2,650	39	352,738	0
	(ii)	0	0	0	0	0	0	0
10ANTHONY O FOULEN MD PHYSICIAN	(i)	343,774	0	2,397	15,900	5,781	367,852	0
	(ii)	0	0	0	0	0	0	0
11Robert Chaffin Former President	(i)	0	0	0	0	0	0	0
	(ii)	164,869	0	153,350	4,805	5,958	328,982	0
12Maeanne K Stevens Former Chief Nursing Officer	(i)	0	0	0	0	0	0	0
	(ii)	117,349	20,150	4,216	13,097	6,050	160,862	0
13Bnan S Rosborough Former Chief Medical Officer	(i)	268,600	24,000	23,743	18,309	14,728	349,380	0
	(ii)	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.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
Ottawa Regional Hospital & Healthcare Center**Employer identification number**

36-2604009

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part I	The tax law requires that each legal entity within the OSF Healthcare System complete a separate tax return which appropriately reflects the activities and financial position of the particular organization. This reporting, however, is not reflective of the OSF Healthcare System as a whole. Please see the attached audited financial statements of OSF Healthcare System and Subsidiaries for a complete overview of the system. Form 990, Part I & Part II, Line 1 THE MISSION OF OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER IS TO MAINTAIN A LEADERSHIP POSITION IN THE PROVISION OF EFFICIENT AND QUALITY HEALTHCARE SERVICES CONSISTENT WITH THE NEEDS OF THE COMMUNITY AND THE RESOURCES OF THE HOSPITAL. OUR HEALTHCARE ORGANIZATION WILL PROVIDE SERVICES FOR ALL MEMBERS OF THE COMMUNITY, REGARDLESS OF ABILITY TO PAY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 6	OSF IS THE SOLE MEMBER OF ORHHC Form 990 Part VI Line 7a OSF AS THE SOLE MEMBR OF ORHHC H AS THE POWER TO ELECT MEMBERS OF THE BOARD OF SEMC FORM 990, PART VI, LINE 9 JAMES W GIR ARDY, M D 5666 EAST STATE STREET ROCKFORD, IL 61108 Form 990 Part VI Line 11b THE ORGANIZ ATION'S GOVERNING BODY WILL MEET WITH THE ORGANIZATION'S SENIOR FINANCIAL ANALYST AT A BOA RD MEETING TO REVIEW THE FINAL FORM 990 AFTER ITS FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 12c	IT SHALL BE THE POLICY OF THE GOVERNING BODY OF OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER TO REQUIRE THAT EACH BOARD MEMBER, PRIOR TO TAKING HIS/HER POSITION ON THE BOARD, AND ALL PRESENT BOARD MEMBERS AS SOON AS PRACTICABLE AFTER THE ADOPTION OF THIS POLICY, BUT NO LATER THAN FORTY-FIVE DAYS, SUBMIT IN WRITING TO THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL A LIST OF ALL BUSINESS OR OTHER ORGANIZATIONS OF WHICH HE/SHE IS AN OFFICER, MEMBER, OWNER OR EMPLOYEE OR WHICH HE/SHE ACTS AS AN AGENT, WITH WHICH THE HOSPITAL HAS, OR MIGHT REASONABLY IN THE FUTURE ENTER INTO, A RELATIONSHIP OR A TRANSACTION IN WHICH THE BOARD MEMBER WOULD HAVE CONFLICTING INTERESTS. EACH WRITTEN STATEMENT WILL BE RESUBMITTED WITH ANY NECESSARY CHANGES, EACH YEAR AT SUCH TIME AS ANY MATTER COMES BEFORE THE BOARD IN SUCH A WAY TO GIVE RISE TO A CONFLICT OF INTEREST, THE AFFECTED BOARD MEMBER SHALL MAKE KNOWN THE POTENTIAL CONFLICT, WHETHER DISCLOSED BY HIS/HER WRITTEN STATEMENT OR NOT, AND AFTER ANSWERING ANY QUESTIONS THAT MIGHT BE ASKED HIM/HER, EITHER AS TO THE CONFLICT OR AS TO ANY SPECIAL EXPERTISE POSSESSED BY THAT BOARD MEMBER, SHALL WITHDRAW FROM THE MEETING FOR SO LONG AS THE MATTER SHALL CONTINUE UNDER DISCUSSION. SHOULD THE MATTER BE BROUGHT TO A VOTE, THE AFFECTED BOARD MEMBER SHALL NOT VOTE ON IT. IN THE EVENT THAT HE/SHE FAILS TO WITHDRAW VOLUNTARILY, THE CHAIRMAN OF THE BOARD IS EMPOWERED AND SHALL REQUIRE THAT HE/SHE REMOVE HIMSELF/HERSELF FROM THE ROOM DURING BOTH THE DISCUSSION AND VOTE ON THE MATTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 15a	THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMMITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE SISTERS OF THE THIRD ORDER OF ST FRANCIS WHO HAVE TAKEN A VOW OF POVERTY HENCE, THEY DO NOT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE THE CHIEF EXECUTIVE OFFICER (CEO) IS NOT A MEMBER OF THE COMMITTEE THE PERFORMANCE OF THE CEO AND HIS ACHIEVEMENT OF ANNUAL GOALS IS EVALUATED EACH YEAR BY THE FULL BOARD OF DIRECTORS, AND THIS PERFORMANCE REVIEW IS PROVIDED TO THE COMMITTEE THE COMMITTEE ALSO OBTAINS COMPENSATION SURVEY DATA AND RECOMMENDATIONS FROM A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT BASED ON ALL OF THESE FACTORS, THE COMMITTEE SETS THE BASE SALARY AND BENEFITS OF THE CEO AND APPROVES THE EXECUTIVE COMPENSATION PLAN APPLICABLE TO THE CEO PRIOR TO PAYMENT OF ANY BONUS OR INCENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR THE CEO, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO ENSURE THAT NO "EXCESS BENEFIT" AMOUNT IS PAID OR FURNISHED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 15b	THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMMITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE SISTERS OF THE THIRD ORDER OF ST FRANCIS WHO HAVE TAKEN A VOW OF POVERTY HENCE, THEY DO NOT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE THE COMMITTEE DETERMINES WHICH OFFICERS, KEY EMPLOYEES AND OTHER EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN THE EXECUTIVE COMPENSATION PLAN BASED ON THE PERFORMANCE REVIEWS BY THE SUPERVISORS OF SUCH PERSONS AND COMPENSATION SURVEY DATA AND RECOMMENDATIONS FROM A NATIONALLY KNOWN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE APPROVES ANY EXECUTIVE COMPENSATION PLAN APPLICABLE TO KEY EMPLOYEES AND ESTABLISHES THE BASE SALARY AND BENEFITS FOR PLAN PARTICIPANTS PRIOR TO PAYMENT OF ANY BONUS OR INCENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR EACH KEY EMPLOYEE, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO ENSURE THAT NO "EXCESS BENEFIT" AMOUNT IS PAID OR FURNISHED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XI Line 9	EQUITY TRANSFERS \$(9,114,720) INCREASE IN TEMP RESTRICTED NET ASSETS \$ 63,426 PY UNCOLLECT ED PLEDGE \$(13,271) FOX RIVER Non Controlling Subs \$ 1,034,859 RONI ASSET TRANSFER \$ (215 ,210) Equity Income - ORMC \$ 789,765 Starfire Donation Transfer - Foundation \$ 489,155 --- ----- TOTAL \$(6,965,996)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XII Line 2c	THE ORGANIZATION'S GOVERNING BOARD MEETS WITH THE AUDITORS TO REVIEW THE AUDIT REPORT AND MANAGEMENT LETTER

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

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) RADIATION ONCOLOGY OF NORTHERN ILLINOIS 1200 STARFIRE DRIVE OTTAWA, IL 61350 75-3247165	ONCOLOGY	IL	-254,823	387,300	ORHHC

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	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Ottawa Regional Medical Center Inc	c	789,764	

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
FORM SCH R PART III	For purposes of completion, the related organizations listed below are taxable as a partnership Center for Health Ambulatory Surgery Center, LLC 20-5557171 8800 Route 91 North, Peoria, IL 61615 State and Roxbury, LLC 26-1728983 1725 Huntwood Dr , Ste 400, Cherry Valley, IL 61016 Eastland Medical Plaza Surgicenter, LLC 37-1400643 1505 Eastland Drive, Bloomington, IL 61701 Fort Jesse Imaging Center, LLC 46-0515604 2200 Ft Jesse Road, Suite B, Normal, IL 61761 Radiation Oncology of Northern Illinois, LLC 75-3247165 1200 Starfire Drive, Ottawa, IL 61350 Point Core Network Services, LLC 46-5393141 222 3rd Ave S E Suite 500, Cedar Rapids, Iowa 52401 Saint Clare's Villa Limited Partnership 37-1397289 915 East 5th Street, Alton, IL 62002 Fox River Cancer Center 87-0805865 1211 Starfire Drive, Ottawa, IL 61350

Additional Data

Software ID:

Software Version:

EIN: 36-2604009

Name: Ottawa Regional Hospital & Healthcare Center

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
SISTERS OF THE THIRD ORDER OF ST FRANCIS 800 NE GLEN OAK AVE PEORIA, IL 61603 37-1259286	PARENT/SU ORG	IL	501(C)(3)	LN11 TYPEII	NA		No
OSF HEALTHCARE FOUNDATION 800 NE GLEN OAK AVE PEORIA, IL 61603 37-1259284	SUPPORT ORG	IL	501(C)(3)	LN11 TYPEII	NA		No
ST FRANCIS COMMUNITY CLINIC 530 NE GLEN OAK AVE PEORIA, IL 61603 37-0661235	FREE CLINIC	IL	501(C)(3)	LN7	SISOF 3 OSF		No
OTTAWA REGIONAL HOSPITAL FOUNDATION 1100 EAST NORRIS DRIVE OTTAWA, IL 61350 36-4007569	SUPPORT ORG	IL	501(C)(3)	LN11A TYPEI	ORHHC	Yes	
OTTAWA REGIONAL HOSPITAL AUXILIARY 1100 EAST NORRIS DRIVE OTTAWA, IL 61350 36-3854788	SUPPORT ORG	IL	501(C)(3)	LN11A TYPEI	ORHHC	Yes	
OSF MULTI-SPECIALTY GROUP 800 NE GLEN OAK AVE PEORIA, IL 61603 38-3852646	HLTHCARE SVCS	IL	501(C)(3)	LN11A TYPEI	OSF		No
OSF HEART & VASCULAR INSTITUTE 800 NE GLEN OAK AVE PEORIA, IL 61603 35-2422385	HLTHCARE SVCS	IL	501(C)(3)	LN11A TYPEI	OSF		No
CHILDREN'S HOSPITAL OF ILLINOIS MED GRP 800 NE GLEN OAK AVE PEORIA, IL 61603 32-0353954	HLTHCARE SVCS	IL	501(C)(3)	LN11A TYPEI	OSF		No
ILLINOIS NEUROSCIENCE INSTITUTE 800 NE GLEN OAK AVE PEORIA, IL 61603 36-4709999	HLTHCARE SVCS	IL	501(C)(3)	LN11A TYPEI	OSF		No
OSF HEALTHCARE SYSTEM 800 NE GLEN OAK AVE PEORIA, IL 61603 37-0813229	HLTHCARE SVCS	IL	501(C)(3)	LN3	SIS 3RD OSF		No
MENDOTA COMMUNITY HOSPITAL 1201 E 12TH STREET MENDOTA, IL 61342 36-2167785	HOSPITAL	IL	501(C)(3)	LN3	OSF		No
SAINT ANTHONY'S PHYSICIAN GROUP PO BOX 340 ALTON, IL 62002 37-1365059	HLTHCARE SVCS	IL	501(C)(3)	LN9	OSF		No
SISTERS OF ST FRANCIS MARTYR ST GEORGE 1 FRANCISCAN WAY PO BOX 9020 ALTON, IL 62002 37-6034163	RELIGIOUS	IL	501(C)(3)	LN1	OSF		No
IPMR 6501 N SHERIDAN ROAD PEORIA, IL 61614 37-0681567	REHAB	IL	501(C)(3)	LN3	OSF		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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	
CENTER FOR HEALTH AMB SURGERY CTR LLC 8800 RTE 91 N PEORIA, IL 61615 20-5557171	SURGICAL CENTER	IL	OSF	related	0	0		No			No	
STATE AND ROXBURY LLC 1725 HUNTWOOD DR CHERRY VALLEY, IL 61016 26-1728983	REAL ESTATE MGMT	IL	OSF	related	0	0		No			No	
EASTLAND MED PLAZA SURGICENTER 1505 EASTLAND DR BLOOMINGTON, IL 61701 37-1400643	SURGICAL CENTER	IL	OSF	related	0	0		No			No	
FORT JESSE IMAGING CENTER LLC 2200 FT JESSE RD NORMAL, IL 61761 46-0515604	MEDICAL IMAGING	IL	OSF	related	0	0		No			No	
RADIATION ONCOLOGY OF NORTHERN ILLINOIS 1200 STARFIRE DR OTTAWA, IL 61350 75-3247165	RADIATION ONCOLOG	IL	ORHHC	related	-243,160	0		No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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	
POINT CORE NETWORK SERVICES LLC 222 3RD AVE SE STE 500 CEDAR RAPIDS, IA 52401 46-5393141	IT SERVICES	IA	POINTCORELLC	related	0	0		No			No	
SAINT CLARE'S VILLA LIMITED PARTNERSHIP 915 E 5TH ST ALTON, IL 62002 37-1397289	LOW INCOME HOUSIN	IL	OSF	unrelated	0	0		No		Yes		
FOX RIVER CANCER CENTER 121 STARFIRE DRIVE OTTAWA, IL 61350 87-0805865	ONCOLOGY	IL	ORHHC	related	0	0		No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) OSF SAINT FRANCIS INC 800 NE GLEN OAK AVE PEORIA, IL 61603 36-3484677	HLTHCARE SVCS	IL	OSF	C Corp	0	0			No
(1) HEARTCARE MIDWEST LTD 5405 N KNOXVILLE AVENU PEORIA, IL 61614 37-0996868	CARDIOVASCULAR	IL	OSF	C Corp	0	0			No
(2) CARDIOVASCULAR INSTITUTE AT OSF LLC 444 ROXBURY ROAD ROCKFORD, IL 61107 26-4225726	CARDIOVASCULAR	IL	OSF	C Corp	0	0			No
(3) ILLINOIS PATHOLOGIST SERVICES LLC 5666 EAST STATE STREET ROCKFORD, IL 61108 80-0439081	PATHOLOGY SVCS	IL	OSF	C Corp	0	0			No
(4) OSF MULTISPECIALTY GRP-EASTERN REG LLC 1701 E COLLEGE AVENUE BLOOMINGTON, IL 61704 30-0561892	MULTISPEC CLINIC	IL	OSF	C Corp	0	0			No
(5) OSF MULTISPECIALTY GRP-PEORIA LLC 530 NE GLEN OAK AVENUE PEORIA, IL 61637 26-2800379	PEDIATRIC CARDIOV	IL	OSF	C Corp	0	0			No
(6) ILLINOIS NEUROLOGICAL INSTITUTE- PHYLLC 719 N WILLIAM KUMPF BLVD PEORIA, IL 61605 26-3109118	PEDIATRIC NEUROLO	IL	OSF	C Corp	0	0			No
(7) ILLINOIS SPEC PHY SVCS AT OSF LLC 1001 MAIN STREET SUITE 200 PEORIA, IL 61606 80-0462209	PULMONOLOGY	IL	OSF	C Corp	0	0			No
(8) OSF PERINATAL ASSOCIATES LLC 4911 EXECUTIVE DRIVE SUITE 200 PEORIA, IL 61614 80-0498373	MATERNAL FET MED	IL	OSF	C Corp	0	0			No
OSF MULTISPECIALTY GR-WESTERN (9) REG LLC 3315 NORTH SEMINARY STREET GALESBURG, IL 61401 80-0608541	MULTISPEC CLINIC	IL	OSF	C Corp	0	0			No
OSF CHILDREN'S MEDICAL GROUP- (10) CONGENITAL 5701 STRATHMOOR DRIVE SUITE 1 ROCKFORD, IL 61107 90-0714643	PEDIATRIC CARDIOV	IL	OSF	C Corp	0	0			No
PREFERRED EMERGENCY PHY OF (11) ILLINOIS LLC 800 NE GLEN OAK AVE PEORIA, IL 61603 90-0749855	EMERGENCY ROOM	IL	OSF	C Corp	0	0			No
(12) OTTAWA REG HEALTHCARE AFFILIATES INC 1100 EAST NORRIS DRIVE OTTAWA, IL 61350 26-3937519	HOLDING COMPANY	IL	ORHHC	C Corp	-1,386,439	0	100 000 %	Yes	
(13) OTTAWA REGIONAL MEDICAL CENTER 1614 EAST NORRIS DRIVE OTTAWA, IL 61350 27-1036071	OUTPATIENT DIAG	IL	ORHHC	C Corp	-1,386,439	0	100 000 %	Yes	
(14) ASSOC MED INSTITUTE CONDO ASSOC 6501 N SHERIDAN ROAD PEORIA, IL 61614 37-1402305	CONDO ASSOC	IL	OSF	C Corp	0	0			No