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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

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

Doing business as

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

503 N MAPLE STREET

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

Effingham, IL 624012099

F Name and address of principal officer

THERESA RUTHERFORD

503 N MAPLE STREET

Effingham, IL 624012099

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

0928

I Tax-exempt status

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

J Website: ▶

STANTHONYSHOSPITAL.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1955

M State of legal domicile

IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PARTICIPATE IN THE HEALTHCARE MINISTRY OF THE CHURCH BY COMMITTING OUR RESOURCES TO PROVIDE A FAMILY-CENTERED APPROACH IN MEETING THE HEALTHCARE NEEDS OF ALL PEOPLE IN THE COMMUNITY

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)

10

4 Number of independent voting members of the governing body (Part VI, line 1b)

9

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

982

6 Total number of volunteers (estimate if necessary)

190

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

473,659

9 Program service revenue (Part VIII, line 2g)

130,265,101

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

6,646,404

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,965,707

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

139,350,871

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

54,078,857

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

63,757,119

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

117,835,976

19 Revenue less expenses Subtract line 18 from line 12

21,514,895

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

408,779,060

21 Total liabilities (Part X, line 26)

64,922,066

22 Net assets or fund balances Subtract line 21 from line 20

343,856,994

Part II Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

Theresa Rutherford President and CEO

Type or print name and title

2018-04-11

Date

Paid Preparer Use Only

Print/Type preparer's name

RACHEL SPURLOCK

Preparer's signature

RACHEL SPURLOCK

Date

Check ☐ if self-employed

PTIN

P00520729

Firm's name ▶

CROWE HORWATH LLP

Firm's EIN ▶

35-0921680

Firm's address ▶

225 West Wacker Drive Suite 2600

Chicago, IL 606061224

Phone no

(312) 899-7000

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

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

|                     |         |                         |                        |                           |
|---------------------|---------|-------------------------|------------------------|---------------------------|
| <b>4a</b>           | (Code ) | (Expenses \$ 95,646,274 | including grants of \$ | (Revenue \$ 141,990,557 ) |
| See Additional Data |         |                         |                        |                           |

|           |         |              |                        |               |
|-----------|---------|--------------|------------------------|---------------|
| <b>4b</b> | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ ) |
|-----------|---------|--------------|------------------------|---------------|

|           |         |              |                        |               |
|-----------|---------|--------------|------------------------|---------------|
| <b>4c</b> | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ ) |
|-----------|---------|--------------|------------------------|---------------|

|           |                                                  |                        |             |   |
|-----------|--------------------------------------------------|------------------------|-------------|---|
| <b>4d</b> | Other program services (Describe in Schedule O ) |                        |             |   |
|           | (Expenses \$                                     | including grants of \$ | (Revenue \$ | ) |

|           |                                         |            |
|-----------|-----------------------------------------|------------|
| <b>4e</b> | <b>Total program service expenses ▶</b> | 95,646,274 |
|-----------|-----------------------------------------|------------|

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                               | Yes            | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                   | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                  | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                                 | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                     | <b>4</b> Yes   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                          | <b>5</b>       | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                               | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                       | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                                                    | <b>8</b>       | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                                        | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                                                | <b>10</b>      | No |
| <b>11</b> 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                                                                                                                                                                                      |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                 | <b>11a</b> Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                | <b>11b</b>     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                | <b>11c</b>     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                 | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                           | <b>11e</b> Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                                                   | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                 | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                   | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                        | <b>14a</b>     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                            | <b>14b</b>     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                      | <b>15</b>      | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                       | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                      | <b>18</b>      | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                                                | <b>19</b>      | No |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                     | Yes            | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .                                                                                                                                                           | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                            | <b>20b</b> Yes |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                                            | <b>21</b>      | No |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                                                | <b>22</b>      | No |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b> Yes  |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                                          | <b>24a</b>     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                | <b>24b</b>     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                       | <b>24c</b>     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                          | <b>24d</b>     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                                           | <b>25a</b>     | No |
| <b>b</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?<br><i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                    | <b>25b</b>     | No |
| <b>26</b> 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?<br><i>If "Yes," complete Schedule L, Part II</i> . . . . .                                                             | <b>26</b>      | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .                                | <b>27</b>      | No |
| <b>28</b> 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)<br><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                         | <b>28a</b>     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                                | <b>28b</b>     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                    | <b>28c</b>     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                                                 | <b>29</b>      | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                 | <b>30</b>      | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                                                       | <b>31</b>      | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                                                  | <b>32</b>      | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                 | <b>33</b> Yes  |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                            | <b>34</b> Yes  |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                  | <b>35a</b>     | No |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                         | <b>35b</b>     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                 | <b>36</b>      | No |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                                                      | <b>37</b>      | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                                                             | <b>38</b> 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  |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .                                                                                                                                                                | <b>1a</b>  | 84  |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .                                                                                                                                                             | <b>1b</b>  | 0   |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                   | <b>1c</b>  | Yes |
| <b>2a</b>  | 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>2a</b>  | 982 |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                   | <b>2b</b>  | Yes |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                              | <b>3a</b>  | No  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .                                                                                                                                | <b>3b</b>  |     |
| <b>4a</b>  | 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)? . . . . . | <b>4a</b>  | No  |
| <b>b</b>   | If "Yes," enter the name of the foreign country <input type="text"/><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                           |            |     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                      | <b>5a</b>  | No  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .                                                                                                                           | <b>5b</b>  | No  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                         | <b>5c</b>  |     |
| <b>6a</b>  | 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? . . . . .                                    | <b>6a</b>  | No  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                              | <b>6b</b>  |     |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                 |            |     |
| <b>a</b>   | 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? . . . . .                                                                                            | <b>7a</b>  | No  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                            | <b>7b</b>  |     |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                       | <b>7c</b>  | No  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                          | <b>7d</b>  |     |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                            | <b>7e</b>  | No  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                               | <b>7f</b>  | No  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                           | <b>7g</b>  |     |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                         | <b>7h</b>  |     |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                          | <b>8</b>   |     |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                         | <b>9a</b>  |     |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                          | <b>9b</b>  |     |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                        |            |     |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                   | <b>10a</b> |     |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                                | <b>10b</b> |     |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                       |            |     |
| <b>a</b>   | Gross income from members or shareholders . . . . .                                                                                                                                                                                                  | <b>11a</b> |     |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .                                                                                                               | <b>11b</b> |     |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .                                                                                                                          | <b>12a</b> |     |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                      | <b>12b</b> |     |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                              |            |     |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .                                               | <b>13a</b> |     |
| <b>b</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 . . . . .                                                                                  | <b>13b</b> |     |
| <b>c</b>   | Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                       | <b>13c</b> |     |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                 | <b>14a</b> | No  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                  | <b>14b</b> |     |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

|                                                                                                                                                                                                                              |              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 10 |     |    |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 9  |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | <b>2</b>     | Yes |    |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     | Yes |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                 | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.       | <b>9</b>     |     | No |

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

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

**Section C. Disclosure**

|                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>17</b> List the States with which a copy of this Form 990 is required to be filed▶                                                                                                                                                                                                                                                                                                                                    |  |
| <b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |  |
| <b>19</b> 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.                                                                                                                                                                                                              |  |
| <b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records.<br>▶Bill Hawley 503 N MAPLE STREET EFFINGHAM, IL 624012099 (217) 347-6738                                                                                                                                                                                                                      |  |

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

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

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

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

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

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

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

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) THERESA J RUTHERFORD<br>PRESIDENT & CEO   | 60 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 409,764                                                                   | 194,158                                                                                       |
| (2) DOT BEHRNS<br>BOARD MEMBER & 2017 Chair   | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) JOHN KINGERY<br>Vice Chair                | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) SR RITAMARY BROWN<br>Secretary            | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) SR MARYBETH CULNAN OSF<br>BOARD MEMBER    | 1 0<br>.....<br>9 3                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) Kelly Haller MD<br>BOARD MEMBER           | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) DEAN KELLER<br>BOARD MEMBER               | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) Didi Omiyi MD<br>BOARD MEMBER             | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) Bob Schultz<br>Board Member               | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) Eric Zeller<br>Board Member              | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) ANN M CARR<br>TREASURER                  | 0 3<br>.....<br>59 4                                                                       |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 359,960                                                                   | 312,526                                                                                       |
| (12) JAMES DOVER<br>CEO SOUTHERN IL DIVISION  | 15 0<br>.....<br>45 0                                                                      |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 688,696                                                                   | 133,124                                                                                       |
| (13) DAVID NOSACKA<br>DIVISION CFO            | 17 0<br>.....<br>44 0                                                                      |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 359,543                                                                   | 65,543                                                                                        |
| (14) DAVID A STORM<br>CFO                     | 40 0<br>.....<br>0                                                                         |                                                                                                           |                       | X       |              |                              |        | 165,037                                                              | 0                                                                         | 166,348                                                                                       |
| (15) RYAN L JENNINGS<br>CHIEF MEDICAL OFFICER | 40 0<br>.....<br>0                                                                         |                                                                                                           |                       |         | X            |                              |        | 332,610                                                              | 0                                                                         | 63,370                                                                                        |
| (16) KELLY M SAGER<br>Chief Nursing Officer   | 40 0<br>.....<br>0                                                                         |                                                                                                           |                       |         | X            |                              |        | 176,543                                                              | 0                                                                         | 143,699                                                                                       |
| (17) MARY BRYANT<br>CRNA                      | 40 0<br>.....<br>0                                                                         |                                                                                                           |                       |         |              | X                            |        | 188,251                                                              | 0                                                                         | 52,937                                                                                        |

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

| (A)<br>Name and Title                                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                           |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) ROBERT S BRYANT<br>CRNA                              | 40 0<br>.....0...                                                                          |                                                                                                           |                       |         |              | X                            |        | 187,388                                                              | 0                                                                         | 51,874                                                                                        |
| (19) LARRY J CARROLL<br>CRNA                              | 40 0<br>.....0...                                                                          |                                                                                                           |                       |         |              | X                            |        | 108,379                                                              | 0                                                                         | 49,979                                                                                        |
| (20) MARY C FINLEY<br>DIRECTOR, QUALITY MANAGEMENT        | 40 0<br>.....0...                                                                          |                                                                                                           |                       |         |              | X                            |        | 126,023                                                              | 0                                                                         | 129,628                                                                                       |
| (21) JODY A PUCKETT<br>DIRECTOR, FACILITY SERVICES        | 40 0<br>.....0...                                                                          |                                                                                                           |                       |         |              | X                            |        | 133,066                                                              | 0                                                                         | 132,646                                                                                       |
| (22) CURTIS WATSON<br>CRNA                                | 0 0<br>.....40 0                                                                           |                                                                                                           |                       |         |              |                              | X      | 0                                                                    | 243,720                                                                   | 219,136                                                                                       |
| (23) LAWRENCE SCHUMACHER<br>Former DIVISION CEO - INTERIM | 0 0<br>.....0 0                                                                            |                                                                                                           |                       |         |              |                              | X      | 0                                                                    | 622,151                                                                   | 0                                                                                             |
|                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

|                                                                          |   |           |           |           |
|--------------------------------------------------------------------------|---|-----------|-----------|-----------|
| <b>1b Sub-Total</b> . . . . .                                            | ▶ |           |           |           |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . | ▶ |           |           |           |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           | ▶ | 1,417,297 | 2,683,834 | 1,714,968 |

**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 ▶ 32

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                                     | (B)<br>Description of services | (C)<br>Compensation |
|--------------------------------------------------------------------------------------|--------------------------------|---------------------|
| PRAIRIE CARDIOVASCULAR<br>PO BOX 19420<br>SPRINGFIELD, IL 62794                      | PHYSICIAN SERVICES             | 3,254,719           |
| INFINITY MEDS LLP<br>111 E WISCONSIN AVE<br>STE 2100<br>MILWAUKEE, WI 532024809      | EMERGENCY SERVICES             | 1,447,553           |
| CENTRAL ILLINOIS ASSOC LTD<br>1800 E LAKE SHORE DR<br>STE 2<br>DECATUR, IL 625213810 | ANESTHESIA SERVICES            | 1,253,072           |
| INTERSTATE IMAGING<br>PO BOX 144<br>EVANSVILLE, IN 477010144                         | IMAGING SERVICES               | 812,555             |
| HEALTH CAROUSEL<br>PO BOX 714216<br>CINCINNATI, OH 452714216                         | STAFFING SERVICES              | 681,750             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 16

**Part VIII Statement of Revenue**

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

|                                                                   |                                                                                                                                                               |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .                                                                                                                           | <b>1a</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Membership dues . . .                                                                                                                                | <b>1b</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Fundraising events . . .                                                                                                                             | <b>1c</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Related organizations                                                                                                                                | <b>1d</b>                 | 129,717              |                                                    |                                         |                                                                  |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                                                    | <b>1e</b>                 | 13,370               |                                                    |                                         |                                                                  |
|                                                                   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                                 | <b>1f</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____                                                                                            |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶                                                                                                                   |                           | 143,087              |                                                    |                                         |                                                                  |
| <b>Program Service Revenue</b>                                    |                                                                                                                                                               | Business Code             |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>2a</b> PATIENT SERVICE REVENUE                                                                                                                             | 900099                    | 141,990,557          | 141,990,557                                        |                                         |                                                                  |
|                                                                   | <b>b</b> _____                                                                                                                                                |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> _____                                                                                                                                                |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> _____                                                                                                                                                |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>e</b> _____                                                                                                                                                |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>f</b> All other program service revenue                                                                                                                    |                           | 0                    | 0                                                  | 0                                       | 0                                                                |
|                                                                   | <b>g Total.</b> Add lines 2a-2f . . . . . ▶                                                                                                                   |                           | 141,990,557          |                                                    |                                         |                                                                  |
| <b>Other Revenue</b>                                              | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶                                                          |                           | 2,732,807            |                                                    |                                         | 2,732,807                                                        |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds ▶                                                                                                 |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>5</b> Royalties . . . . . ▶                                                                                                                                |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>6a</b> Gross rents                                                                                                                                         | (i) Real (ii) Personal    |                      |                                                    |                                         |                                                                  |
|                                                                   |                                                                                                                                                               | 515,734                   |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less rental expenses                                                                                                                                 | 443,733                   |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Rental income or<br>(loss)                                                                                                                           | 72,001 0                  |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Net rental income or (loss) . . . . . ▶                                                                                                              |                           | 72,001               |                                                    |                                         | 72,001                                                           |
|                                                                   | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                                                                                     | (i) Securities (ii) Other |                      |                                                    |                                         |                                                                  |
|                                                                   |                                                                                                                                                               | 10,181,928                |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less cost or<br>other basis and<br>sales expenses                                                                                                    |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Gain or (loss)                                                                                                                                       | 10,181,928 0              |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Net gain or (loss) . . . . . ▶                                                                                                                       |                           | 10,181,928           |                                                    |                                         | 10,181,928                                                       |
|                                                                   | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . <b>a</b> |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less direct expenses . . . . . <b>b</b>                                                                                                              |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events . . . ▶                                                                                                 |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . . <b>a</b>                                                                      |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less direct expenses . . . . . <b>b</b>                                                                                                              |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities . . . ▶                                                                                                  |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . <b>a</b>                                                                            |                           |                      |                                                    |                                         |                                                                  |
| <b>b</b> Less cost of goods sold . . . <b>b</b>                   |                                                                                                                                                               |                           |                      |                                                    |                                         |                                                                  |
| <b>c</b> Net income or (loss) from sales of inventory . . . ▶     |                                                                                                                                                               |                           |                      |                                                    |                                         |                                                                  |
| Miscellaneous Revenue                                             | Business Code                                                                                                                                                 |                           |                      |                                                    |                                         |                                                                  |
| <b>11a</b> ANESTHESIA LEASE INCOME                                | 900099                                                                                                                                                        | 1,805,016                 |                      |                                                    | 1,805,016                               |                                                                  |
| <b>b</b> MEDICAL RECORDS                                          | 900099                                                                                                                                                        | 61,969                    |                      |                                                    | 61,969                                  |                                                                  |
| <b>c</b> AUXILIARY GIFT SHOP                                      | 453220                                                                                                                                                        | 37,692                    |                      |                                                    | 37,692                                  |                                                                  |
| <b>d</b> All other revenue . . . . .                              |                                                                                                                                                               | 537,098                   | 0                    | 0                                                  | 537,098                                 |                                                                  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                     |                                                                                                                                                               | 2,441,775                 |                      |                                                    |                                         |                                                                  |
| <b>12 Total revenue.</b> See Instructions . . . . . ▶             |                                                                                                                                                               | 157,562,155               | 141,990,557          | 0                                                  | 15,428,511                              |                                                                  |

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    | 0                     | 0                                  |                                           |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               | 0                     | 0                                  |                                           |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                         | 0                     | 0                                  |                                           |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                         | 0                     | 0                                  |                                           |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 1,446,542             | 0                                  | 1,446,542                                 | 0                           |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           | 0                     | 0                                  | 0                                         | 0                           |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                | 41,241,365            | 31,483,224                         | 9,758,141                                 |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                     | 1,279,496             | 943,655                            | 335,841                                   |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                 | 10,951,715            | 8,077,119                          | 2,874,596                                 |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                          | 2,827,402             | 2,085,268                          | 742,134                                   |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                    |                                           |                             |
| <b>a</b> Management.                                                                                                                                                                                                                              |                       |                                    |                                           |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                   | 974,898               |                                    | 974,898                                   |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                              |                       |                                    |                                           |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                | 26,447                |                                    | 26,447                                    |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 |                       |                                    |                                           |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                              | 3,281,260             |                                    | 3,281,260                                 |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 8,995,049             | 6,270,160                          | 2,724,889                                 | 0                           |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                              | 198,046               |                                    | 198,046                                   |                             |
| <b>13</b> Office expenses.                                                                                                                                                                                                                        | 19,508,641            | 19,019,408                         | 489,233                                   |                             |
| <b>14</b> Information technology.                                                                                                                                                                                                                 | 5,299,325             | 3,908,363                          | 1,390,962                                 |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                              |                       |                                    |                                           |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                              | 1,360,410             | 122,500                            | 1,237,910                                 |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                 | 352,396               | 259,899                            | 92,497                                    |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                    |                                           |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                 | 132,093               | 97,421                             | 34,672                                    |                             |
| <b>20</b> Interest.                                                                                                                                                                                                                               | 382,240               |                                    | 382,240                                   |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                 |                       |                                    |                                           |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                              | 5,550,040             | 2,690,211                          | 2,859,829                                 |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                              | 1,199,393             | 884,577                            | 314,816                                   |                             |
| <b>24</b> 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):                                       |                       |                                    |                                           |                             |
| <b>a</b> PURCHASED SERVICES/MAINTENANCE & REPAIRS                                                                                                                                                                                                 | 13,823,772            | 1,191,201                          | 12,632,571                                |                             |
| <b>b</b> MEDICAID TAX ASSESSMENT                                                                                                                                                                                                                  | 3,570,985             | 3,570,985                          |                                           |                             |
| <b>c</b> BAD DEBT EXPENSE                                                                                                                                                                                                                         | 3,899,812             | 3,899,812                          |                                           |                             |
| <b>d</b> LEASE/RENTALS                                                                                                                                                                                                                            | 1,429,931             | 1,226,185                          | 203,746                                   |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                       | 3,632,048             | 9,916,286                          | -6,284,238                                | 0                           |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 131,363,306           | 95,646,274                         | 35,717,032                                | 0                           |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 0                     | 0                                  | 0                                         | 0                           |

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

|                                    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |             | (A)<br>Beginning of year |             | (B)<br>End of year |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                      | <b>1</b>                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                            |             |                          | <b>1</b>    | 0                  |
|                                    | <b>2</b>                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                               |             | 8,608,504                | <b>2</b>    | 18,083,647         |
|                                    | <b>3</b>                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                   |             |                          | <b>3</b>    | 0                  |
|                                    | <b>4</b>                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                             |             | 30,152,165               | <b>4</b>    | 28,752,275         |
|                                    | <b>5</b>                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.                                                                                                                                                           |             | 0                        | <b>5</b>    | 0                  |
|                                    | <b>6</b>                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. |             |                          | <b>6</b>    | 0                  |
|                                    | <b>7</b>                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                      |             | 0                        | <b>7</b>    | 0                  |
|                                    | <b>8</b>                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                          |             | 4,574,480                | <b>8</b>    | 4,539,938          |
|                                    | <b>9</b>                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                |             | 321,616                  | <b>9</b>    | 369,936            |
|                                    | <b>10a</b>                                                                                                                                                 | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.                                                                                                                                                                                                                                            | <b>10a</b>  | 170,321,071              |             |                    |
|                                    | <b>b</b>                                                                                                                                                   | Less: accumulated depreciation                                                                                                                                                                                                                                                                                                 | <b>10b</b>  | 113,649,505              |             |                    |
|                                    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |             | 59,190,284               | <b>10c</b>  | 56,671,566         |
|                                    | <b>11</b>                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                               |             | 302,365,649              | <b>11</b>   | 330,824,935        |
|                                    | <b>12</b>                                                                                                                                                  | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                   |             | 0                        | <b>12</b>   |                    |
|                                    | <b>13</b>                                                                                                                                                  | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                    |             | 0                        | <b>13</b>   |                    |
|                                    | <b>14</b>                                                                                                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                    |             | 0                        | <b>14</b>   | 0                  |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .                                                                                                               |                                                                                                                                                                                                                                                                                                                                | 3,566,362   | <b>15</b>                | 1,504,407   |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                                | 408,779,060 | <b>16</b>                | 440,746,704 |                    |
| <b>Liabilities</b>                 | <b>17</b>                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                |             | 7,783,568                | <b>17</b>   | 7,259,388          |
|                                    | <b>18</b>                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                       |             | 0                        | <b>18</b>   | 0                  |
|                                    | <b>19</b>                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                     |             | 0                        | <b>19</b>   | 0                  |
|                                    | <b>20</b>                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                          |             | 23,621,708               | <b>20</b>   | 22,462,511         |
|                                    | <b>21</b>                                                                                                                                                  | Escrow or custodial account liability. Complete Part IV of Schedule D.                                                                                                                                                                                                                                                         |             | 0                        | <b>21</b>   | 0                  |
|                                    | <b>22</b>                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                 |             |                          | <b>22</b>   |                    |
|                                    | <b>23</b>                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                       |             | 2,612,052                | <b>23</b>   | 2,376,120          |
|                                    | <b>24</b>                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                         |             |                          | <b>24</b>   | 0                  |
|                                    | <b>25</b>                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.                                                                                                                                                         |             | 30,904,738               | <b>25</b>   | 29,982,099         |
|                                    | <b>26</b>                                                                                                                                                  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                    |             | 64,922,066               | <b>26</b>   | 62,080,118         |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                |             |                          |             |                    |
|                                    | <b>27</b>                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                        |             | 342,309,823              | <b>27</b>   | 376,996,707        |
|                                    | <b>28</b>                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                    |             | 1,369,037                | <b>28</b>   | 1,491,745          |
|                                    | <b>29</b>                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                              |             | 178,134                  | <b>29</b>   | 178,134            |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                                |             |                          |             |                    |
|                                    | <b>30</b>                                                                                                                                                  | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                   |             | 0                        | <b>30</b>   | 0                  |
|                                    | <b>31</b>                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                      |             | 0                        | <b>31</b>   | 0                  |
|                                    | <b>32</b>                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                               |             | 0                        | <b>32</b>   | 0                  |
|                                    | <b>33</b>                                                                                                                                                  | <b>Total net assets or fund balances . . . . .</b>                                                                                                                                                                                                                                                                             |             | 343,856,994              | <b>33</b>   | 378,666,586        |
| <b>34</b>                          | <b>Total liabilities and net assets/fund balances . . . . .</b>                                                                                            |                                                                                                                                                                                                                                                                                                                                | 408,779,060 | <b>34</b>                | 440,746,704 |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |                                                                                                               |           |             |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 157,562,155 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 131,363,306 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 26,198,849  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 343,856,994 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  | 10,508,445  |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |             |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  | -1,897,702  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 378,666,586 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 37-0661233  
**Name:** St Anthony's Memorial Hospital of the Hospital Sisters of  
The Third Order of  
St Francis

Form 990 (2016)

**Form 990, Part III, Line 4a:**  
SEE SCHEDULE O - PROGRAM SERVICE ACCOMPLISHMENTS

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number  
37-0661233

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

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 )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 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, 8, or 9 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                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |         |         |           |          |
| <div>Calendar year<br/>(or fiscal year beginning in) ▶</div>                                                                                                                                                                                                                                                                                                                                                                          | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016   | (f)Total |
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")                                                                                                                                                                                                                                                                                                                             |         |         |         |         |           |          |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                                                                                                                                                                                                                                              |         |         |         |         |           |          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                                                                                                                                                                                                                                                      |         |         |         |         |           |          |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                                                                                                                                                                                                                                                 |         |         |         |         |           |          |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)                                                                                                                                                                                                                          |         |         |         |         |           |          |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                                                                                                                                                                                                                                                  |         |         |         |         |           |          |
| Section B. Total Support                                                                                                                                                                                                                                                                                                                                                                                                              |         |         |         |         |           |          |
| <div>Calendar year<br/>(or fiscal year beginning in) ▶</div>                                                                                                                                                                                                                                                                                                                                                                          | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016   | (f)Total |
| <b>7</b> Amounts from line 4                                                                                                                                                                                                                                                                                                                                                                                                          |         |         |         |         |           |          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                                                                                                                                                                                               |         |         |         |         |           |          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                                                                                                                                                                                                                           |         |         |         |         |           |          |
| <b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))                                                                                                                                                                                                                                                                                                                            |         |         |         |         |           |          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                                                                                                                                                                                                                                                       |         |         |         |         |           |          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                                                                                                                                                                                                                                                             |         |         |         |         | <b>12</b> |          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                   |         |         |         |         |           |          |
| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                                                                   |         |         |         |         |           |          |
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                      |         |         |         |         | <b>14</b> |          |
| <b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                             |         |         |         |         | <b>15</b> |          |
| <b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                           |         |         |         |         |           |          |
| <b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                        |         |         |         |         |           |          |
| <b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |         |         |         |         |           |          |
| <b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |         |         |         |         |           |          |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                               |         |         |         |         |           |          |

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

(Complete only if you checked the box on line 10 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<br>(or fiscal year beginning in) ►                                                                                                                                  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |         |         |         |         |         |          |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |         |         |         |         |         |          |
| <b>6</b> <b>Total.</b> Add lines 1 through 5                                                                                                                                      |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |         |         |         |         |         |          |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |         |         |         |         |         |          |
| <b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)                                                                                                                   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                          | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6                                                                                                              |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b                                                                                                            |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |         |         |         |         |         |          |
| <b>13</b> <b>Total support.</b> (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**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a** **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes        | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                | <b>1</b>   |    |
| <b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             | <b>2</b>   |    |
| <b>3a</b> 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>3a</b>  |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           | <b>3b</b>  |    |
| <b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                | <b>4a</b>  |    |
| <b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                        | <b>4b</b>  |    |
| <b>c</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                           | <b>4c</b>  |    |
| <b>5a</b> 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 <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | <b>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                          | <b>6</b>   |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                              | <b>7</b>   |    |
| <b>8</b> 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 I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                                     | <b>8</b>   |    |
| <b>9a</b> 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 <b>Part VI</b>.</i>                                                                                                                                                                                                                                      | <b>9a</b>  |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                          | <b>9b</b>  |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                               | <b>9c</b>  |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                     | <b>10a</b> |    |
| <b>b</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>                                                                                                                                                                                                                                                                                                                                                          | <b>10b</b> |    |

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |     |    |
| <b>a</b> 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>b</b> A family member of a person described in (a) above?                                                                                                                 |     |    |
| <b>c</b> 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>                                         |     |    |
| <b>11a</b>                                                                                                                                                                   |     |    |
| <b>11b</b>                                                                                                                                                                   |     |    |
| <b>11c</b>                                                                                                                                                                   |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>2</b> 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>                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> 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>                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> 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>                                                                                          |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| <b>2</b> Activities Test <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>a</b> 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>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>b</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>                                                                                                                              |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| <b>a</b> 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>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>b</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>                                                                                                                                                                                                                                                                                    |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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 2016 from Section C, line 6                                                                                     |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                             | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2016 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2016                                                                                                   |                             |                                        |                                           |
| a                                                                                                                                                   |                             |                                        |                                           |
| b                                                                                                                                                   |                             |                                        |                                           |
| c From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2014. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2015. . . . .                                                                                                                                |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h Applied to 2016 distributable amount                                                                                                              |                             |                                        |                                           |
| i Carryover from 2011 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4 Distributions for 2016 from Section D, line 7 \$                                                                                                  |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b Applied to 2016 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a                                                                                                                                                   |                             |                                        |                                           |
| b Excess from 2013. . . . .                                                                                                                         |                             |                                        |                                           |
| c Excess from 2014. . . . .                                                                                                                         |                             |                                        |                                           |
| d Excess from 2015. . . . .                                                                                                                         |                             |                                        |                                           |
| e Excess from 2016. . . . .                                                                                                                         |                             |                                        |                                           |

**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).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>SCHEDULE C</b><br>(Form 990 or 990-EZ)              | <b>Political Campaign and Lobbying Activities</b><br><br>For Organizations Exempt From Income Tax Under section 501(c) and section 527<br>▶ <b>Complete if the organization is described below.</b> ▶ <b>Attach to Form 990 or Form 990-EZ.</b><br>▶ <b>Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b> | OMB No 1545-0047<br><br><b>2016</b><br><br><b>Open to Public Inspection</b> |
| Department of the Treasury<br>Internal Revenue Service |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |

**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<br>St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order o<br>f St Francis | <b>Employer identification number</b><br>37-0661233 |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

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

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

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

|                                                                                                  |                                                          |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>1</b> Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$ _____                                               |
| <b>2</b> Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ _____                                               |
| <b>3</b> If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4a</b> Was a correction made?                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</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).**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>1</b> Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$ _____                                               |
| <b>2</b> Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                       | ▶ \$ _____                                               |
| <b>3</b> Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$ _____                                               |
| <b>4</b> Did the filing organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5</b> 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

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                |
|-------------------------------------------------|---------------------------------------------------|
| Not over \$500,000                              | 20% of the amount on line 1e                      |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000   |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000  |
| Over \$17,000,000                               | \$1,000,000                                       |

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                         | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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 |
| <b>1</b>  | 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 |     |    |        |
| <b>a</b>  | Volunteers?                                                                                                                                                                                                                  |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     | No |        |
| <b>c</b>  | Media advertisements?                                                                                                                                                                                                        |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public?                                                                                                                                                                             |     | No |        |
| <b>e</b>  | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     | No |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |        |
| <b>i</b>  | Other activities?                                                                                                                                                                                                            | Yes |    | 26,447 |
| <b>j</b>  | Total. Add lines 1c through 1i                                                                                                                                                                                               |     |    | 26,447 |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

**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."**

|          |                                                                                                                                                                                                                                            |           |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |  |
| <b>a</b> | Current year                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> | Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> | Total                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  |  |
| <b>4</b> | 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? | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  |  |

**Part IV Supplemental Information**

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

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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number  
37-0661233

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

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

5

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

☐ Yes ☐ No

6

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

☐ Yes ☐ No

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

|   | Held at the End of the Year |
|---|-----------------------------|
| a | 2a                          |
| b | 2b                          |
| c | 2c                          |
| d | 2d                          |

3

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

4

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

5

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

6

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

7

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

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

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

10

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

11

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                  | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance                     |                 |               |                   |                     |                    |
| b Contributions                                  |                 |               |                   |                     |                    |
| c Net investment earnings, gains, and losses     |                 |               |                   |                     |                    |
| d Grants or scholarships                         |                 |               |                   |                     |                    |
| e Other expenditures for facilities and programs |                 |               |                   |                     |                    |
| f Administrative expenses                        |                 |               |                   |                     |                    |
| g End of year balance                            |                 |               |                   |                     |                    |

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property                                                                         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                         | 1,931,097                            | 768,477                         |                              | 2,699,574      |
| b Buildings                                                                                     | 212,144                              | 68,578,020                      | 31,653,301                   | 37,136,863     |
| c Leasehold improvements                                                                        |                                      | 3,431,092                       | 2,224,783                    | 1,206,309      |
| d Equipment                                                                                     |                                      | 91,898,775                      | 79,771,421                   | 12,127,354     |
| e Other                                                                                         |                                      | 3,501,466                       | 0                            | 3,501,466      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 56,671,566     |

Part VII

Investments—Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|-------------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                   |                                                             |
| (2) Closely-held equity interests . . . . .                             |                   |                                                             |
| (3) Other _____                                                         |                   |                                                             |
| (A)                                                                     |                   |                                                             |
| (B)                                                                     |                   |                                                             |
| (C)                                                                     |                   |                                                             |
| (D)                                                                     |                   |                                                             |
| (E)                                                                     |                   |                                                             |
| (F)                                                                     |                   |                                                             |
| (G)                                                                     |                   |                                                             |
| (H)                                                                     |                   |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶     |                   |                                                             |

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                                 |                |                                                             |
| (2)                                                                 |                |                                                             |
| (3)                                                                 |                |                                                             |
| (4)                                                                 |                |                                                             |
| (5)                                                                 |                |                                                             |
| (6)                                                                 |                |                                                             |
| (7)                                                                 |                |                                                             |
| (8)                                                                 |                |                                                             |
| (9)                                                                 |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ |                |                                                             |

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description                                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (1)                                                                           |                |
| (2)                                                                           |                |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶ |                |

Part X

Other Liabilities.

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

| 1. (a) Description of liability                                     | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            |                |
| PENSION BENEFIT LIABILITY                                           | 16,709,942     |
| RETIRE OBLIGATION-ASBESTOS                                          | 492,911        |
| BLUE CROSS SETTLEMENT                                               | 12,544,246     |
| SETTLEMENT-HSHS BC (EMP)                                            | 235,000        |
| (5)                                                                 |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 29,982,099     |

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

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

|          |                                                                                                         |           |  |
|----------|---------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                  | <b>2a</b> |  |
| <b>b</b> | Donated services and use of facilities . . . . .                                                        | <b>2b</b> |  |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                               | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                         | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                    | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                             | <b>4c</b> |  |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  |  |

**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.

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

**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:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 37-0661233  
**Name:** St Anthony's Memorial Hospital of the Hospital Sisters of  
The Third Order o  
f St Francis

## Supplemental Information

| Return Reference                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | <p>HSHS and the Foundation are Illinois not-for-profit organizations as described in Section 501 (c) (3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501 (a) of the Code. Kiara, Inc. is an Illinois for-profit corporation that recognizes income taxes under the asset-and-liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the consolidated financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not Kiara, Inc. will not realize the majority of the benefits of these deductible differences. Full valuation allowances have been applied against the deferred tax assets attributable to the net operating loss carryforwards not realized as of June 30, 2017 and 2016 in the accompanying consolidated financial statements due to the uncertainty of realization. HSHS recognizes the tax benefit from an uncertain tax position only if it is more likely than not the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of June 30, 2017 and 2016, HSHS does not have any liabilities for unrecognized tax benefits.</p> |

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Internal Revenue Service

Name of the organization

Employer identification number

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

37-0661233

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1)                                           |                                                 |                               | 1,967,998                           |                               | 1,967,998                         | 1 54 %                       |
| b Medicaid (from Worksheet 3, column a)                                                     |                                                 |                               | 20,891,711                          | 16,410,993                    | 4,480,718                         | 3 52 %                       |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              |                                                 |                               |                                     |                               | 0                                 | 0 %                          |
| d Total Financial Assistance and Means-Tested Government Programs                           | 0                                               | 0                             | 22,859,709                          | 16,410,993                    | 6,448,716                         | 5 06 %                       |
| Other Benefits                                                                              |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) |                                                 |                               | 675,014                             | 729                           | 674,285                           | 0 53 %                       |
| f Health professions education (from Worksheet 5)                                           |                                                 |                               | 506,976                             |                               | 506,976                           | 0 40 %                       |
| g Subsidized health services (from Worksheet 6)                                             |                                                 |                               |                                     |                               | 0                                 | 0 %                          |
| h Research (from Worksheet 7)                                                               |                                                 |                               |                                     |                               | 0                                 | 0 %                          |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   |                                                 |                               | 376,263                             |                               | 376,263                           | 0 30 %                       |
| j Total. Other Benefits                                                                     | 0                                               | 0                             | 1,558,253                           | 729                           | 1,557,524                         | 1 22 %                       |
| k Total. Add lines 7d and 7j                                                                | 0                                               | 0                             | 24,417,962                          | 16,411,722                    | 8,006,240                         | 6 28 %                       |

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

Cat No 50192T

Schedule H (Form 990) 2016

**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 |
|--------------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>2</b> Economic development                                      |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>3</b> Community support                                         |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>4</b> Environmental improvements                                |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>5</b> Leadership development and training for community members |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>6</b> Coalition building                                        |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>7</b> Community health improvement advocacy                     |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>8</b> Workforce development                                     |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>9</b> Other                                                     |                                                 |                               | 31,626                               |                               | 31,626                             | 0 02 %                       |
| <b>10 Total</b>                                                    | 0                                               | 0                             | 31,626                               | 0                             | 31,626                             | 0 02 %                       |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|                                                                                                                                                                                                                                                                                                                                                |          | Yes       | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?                                                                                                                                                                                                         | <b>1</b> | Yes       |    |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.                                                                                                                                                                                         | <b>2</b> | 3,899,812 |    |
| <b>3</b> 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. | <b>3</b> |           |    |
| <b>4</b> 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**

|                                                                                                                                                                                                                                                                                     |                                                          |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME).                                                                                                                                                                                                        | <b>5</b>                                                 | 38,907,349                     |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.                                                                                                                                                                                                     | <b>6</b>                                                 | 52,740,015                     |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).                                                                                                                                                                                                           | <b>7</b>                                                 | -13,832,666                    |
| <b>8</b> 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. |                                                          |                                |
| <input type="checkbox"/> Cost accounting system                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

**Section C. Collection Practices**

|                                                                                                                                                                                                                                                                                       |           |     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year?                                                                                                                                                                                             | <b>9a</b> | Yes |  |
| <b>b</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. | <b>9b</b> | 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 % |
|--------------------|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>1</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>2</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>3</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>4</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>5</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>6</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>7</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>8</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>9</b>           |                                               |                                                  |                                                                                    |                                               |
| <b>10</b>          |                                               |                                                  |                                                                                    |                                               |
| <b>11</b>          |                                               |                                                  |                                                                                    |                                               |
| <b>12</b>          |                                               |                                                  |                                                                                    |                                               |
| <b>13</b>          |                                               |                                                  |                                                                                    |                                               |

**Part V Facility Information****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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

|                           | Other (Describe) | ER-other | ER-24 hours | Research facility | Critical access hospital | Teaching hospital | Children's hospital | General medical & surgical | Licensed hospital | Facility reporting group |
|---------------------------|------------------|----------|-------------|-------------------|--------------------------|-------------------|---------------------|----------------------------|-------------------|--------------------------|
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
| See Additional Data Table |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |
|                           |                  |          |             |                   |                          |                   |                     |                            |                   |                          |

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ST ANTHONY'S MEMORIAL HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

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

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

ST ANTHONY'S MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes           | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <p>Did the hospital facility have in place during the tax year a written financial assistance policy that</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? . . . . .</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP</p> <p><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 600.0 %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input checked="" type="checkbox"/> Asset level</p> <p><b>d</b> <input checked="" type="checkbox"/> Medical indigency</p> <p><b>e</b> <input checked="" type="checkbox"/> Insurance status</p> <p><b>f</b> <input checked="" type="checkbox"/> Underinsurance discount</p> <p><b>g</b> <input checked="" type="checkbox"/> Residency</p> <p><b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>13</b> Yes |    |
| <p><b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .</p> <p><b>15</b> Explained the method for applying for financial assistance? . . . . .</p> <p>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)</p> <p><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>14</b> Yes |    |
| <p><b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .</p> <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</p> <p><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br/><u><a href="https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.aspx">https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.aspx</a></u></p> <p><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br/><u><a href="https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.aspx">https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.aspx</a></u></p> <p><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br/><u><a href="https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.aspx">https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.aspx</a></u></p> <p><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p><b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p><b>j</b> <input type="checkbox"/> Other (describe in Section C)</p> | <b>15</b> Yes |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>16</b> Yes |    |

**Part V Facility Information** (continued)**Billing and Collections**

ST ANTHONY'S MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>17</b> 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? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>17</b> | Yes |    |
| <b>18</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                        |           |     |    |
| <b>19</b> 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? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>19</b> |     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                      |           |     |    |
| <b>20</b> 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |     |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations<br><b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |           |     |    |

**Policy Relating to Emergency Medical Care**

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--|
| <b>21</b> 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? . . . . .                                                                              | <b>21</b> | Yes |  |
| If "No," indicate why                                                                                                                                                                                                                                                                                                                                                                                                                    |           |     |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) |           |     |  |

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST ANTHONY'S MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**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

**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

|           | Yes | No |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | No |

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| <b>1</b>         |                             |
| <b>2</b>         |                             |
| <b>3</b>         |                             |
| <b>4</b>         |                             |
| <b>5</b>         |                             |
| <b>6</b>         |                             |
| <b>7</b>         |                             |
| <b>8</b>         |                             |
| <b>9</b>         |                             |
| <b>10</b>        |                             |

**Part VI Supplemental Information**

Provide the following information

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

| Form and Line Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Schedule H, Part VI, Line 5 Promotion of community health (continued A) | <p>HSHS St. Anthony's quarterly Emergency Department and Convenient Care data indicates a slight decline in visits for oral health concerns since implementation of the Dental Voucher program in April 2014. The number of clients served by the program has ranged between 35 and 75 patients each quarter. The program served 292 patients and provided \$79,860 in Community Benefit in FY2017. More than 70 percent of clients who have completed program surveys indicate they feel the program contributed to a significant improvement in their overall quality of life while 52% have not missed work since seeing the dentist. Comments from voucher recipients include, "You have a great program, and am truly grateful for your help. God Bless You All!" "This program is truly a lifesaver and great for people who do not have dental coverage." School Hearing/Vision Screenings For the second consecutive year, HSHS St. Anthony's provided hearing and vision screenings free of charge to all Effingham County schools to assist the schools in meeting a State of Illinois requirement in FY2017. Under the Illinois Child Vision and Hearing Test Act, 410 ILCS 205/1 et seq., hearing and vision screenings are required annually for all public, private, and parochial schools and licensed childcare facilities at certain grade levels. In previous years, hearing and vision screenings for Effingham County schools were provided by the Effingham County Health Department, but due to State budget cuts, the health department no longer had the staff to provide the screenings. Knowing the difficulty the school districts would have in providing these screenings, St. Anthony's reached out to the area school districts in 2015 to offer to provide the required screenings. By partnering with area school districts, the hospital is ensuring that hearing or vision problems are detected early so that they can be corrected and not hinder children's learning capacity. HSHS St. Anthony's provides all the equipment and staffing, as well as handling all the reporting requirements to the State. A certified hearing and vision technician for HSHS St. Anthony's provides the screenings in each school location. During the school year, the technician provided 2,680 hearing screenings and 2,958 vision screenings. These screenings identified 55 children who failed their hearing screening and 124 children who failed their vision screening. From the follow-up vision reports received, at least 19 students required glasses or contacts due to their vision issues. Area school principals and superintendents expressed their gratitude for the hospital's support. Vicki Wenthe, Principal of Sacred Heart School, shared, "It is fantastic that the hospital is able to provide this service to Sacred Heart School and the other schools in the area. Then the fact that they are doing it free of charge is unbelievable. It has been a great help to us as we had trouble finding a qualified person to do it and having to contract the service from an agency in Springfield." Colorectal Cancer Screening Colorectal cancer is the nation's second-leading cause of cancer-related deaths when men and women are combined. However, routine screening can prevent colon cancer or find it at an early, treatable stage. According to the hospital's cancer registry, 43 percent of patients diagnosed with colorectal cancer were at stage 3 or 4 in 2014. One initiative of HSHS St. Anthony's Cancer Committee is to offer free colorectal screenings to promote colorectal health in the community. The goal, in partnership with the American Cancer Society's 80 x 20 18 colorectal screening initiative, is to screen 80% of individuals over the age of 50 by 2018. Community screening events were held in November 2016 and March 2017 providing a total of 61 screenings. The screenings resulted in two positive FIT tests and one colonoscopy with benign polyps removed. Primary Care Access Since FY15, a primary care physician from a local physician group has offered services to residents of Jasper County to address that county's need for local access to primary care. HSHS St. Anthony's continues to pursue the recruitment of an additional primary care provider for Jasper County. HSHS St. Anthony's continues to offer medical services at its Convenient Care clinic for residents who cannot access their primary care physician during regular office hours or on weekends. Convenient Care hours are available 10 a.m. to 8 p.m. seven days a week, 365 days a year, including holidays to increase access to care. In keeping with our Mission, health care services are available to all, regardless of ability to pay. Beginning in January 2017, HSHS St. Anthony's partnered with the Effingham County Health Department to offer monthly low-cost health screenings to the community. "Working Together for Health" is available to anyone in the community, especially those with high-deductible insurance plans. In the first six months of the program, 25 individuals were served. 2</p> |

| Form and Line Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Schedule H, Part VI, Line 5 Promotion of community health (continued A) | <p>Chronic Disease Diabetes Following the FY2015 Community Health Needs Assessment (CHNA), it was discovered that diabetes prevalence in Jasper County exceeded the state average consistently between 2007 and 2011 with a most recent prevalence of 10.8%. Effingham County prevalence between 2007 and 2011 was similar to the state rate with the most recent prevalence at 8.8%. However, among Medicare enrollees, the prevalence of diabetes in Jasper County and Effingham County in 2011 was 30.2% and 26.9%, respectively, compared to the Illinois prevalence of 27.7%. In addition to the results discovered through the CHNA, St. Anthony's continues to seek opportunities to enhance social determinants of health. HSHS St. Anthony's began partnering with Catholic Charities to offer a free community program for people with diabetes. Clients meet with a Registered Dietitian that will assist them in obtaining the necessary resources to manage their disease. Through this free program, people can get help with healthy food options, medication costs, free blood sugar testing supplies, nutrition education, behavioral goal setting and laboratory exams. Clients partner with a registered dietitian to work toward goals to improve their health. The program evaluates clients' blood pressure, HgbA1c, total cholesterol, LDL, HDL, and triglyceride levels pre- and post-participation in the Diabetes Community Education Program. As part of the program, HSHS St. Anthony's also works with Catholic Charities to evaluate the availability of diabetic-friendly foods provided by their food pantry and fill any gaps as needed to support the overall program. Since the program began in July 2015, the number of clients who meet with a registered dietitian on a regular basis has increased. Starting with just four consultations in July 2015, the program had 1302 consultations in FY17. Because of our partnership, these people now have access to blood glucose testing materials, including meters, test strips and lancets, and assistance with their diabetes medications. Bonnie Kruse, RD, Clinical Nutrition Services, shared why HSHS St. Anthony's wanted to offer this program to the community in partnership with Catholic Charities, "Catholic Charities already provided services for many low income individuals needing help with food and medicine. Many of their clients requesting assistance are diabetic and need help managing their disease, as well as needing financial assistance to get their needed medicines and testing supplies", she said. "Our Mission to reveal Christ's healing love for all people through our high quality Franciscan health care ministry extends well beyond the doors of our hospital. We want to meet people where they are to help them manage their disease so that they don't need further advanced medical care." Following the success of the Community Diabetes Program offered at Catholic Charities, HSHS St. Anthony's expanded the program to other locations as well. It is also offered at Family Care Associates in Effingham, Jasper County Health Department in Newton, and at Lutheran Care Center in Altamont (in partnership with Altamont Medical Center). Over 30 million Americans - 9.4 percent of the U.S. population - are diabetic, according to the Centers for Disease Control and Prevention. HSHS St. Anthony's Memorial Hospital offers a free monthly diabetes support group to help people cope with their disease. Each session includes an educational presentation as well as discussion. By sharing ideas and struggles with others who deal with the same disease, each person finds encouragement and comfort, as well as advice on avoiding future problems. Ninety-four individuals took advantage of the monthly support group last fiscal year.</p> |

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| Schedule H, Part VI, Line 5 Promotion of community health (continued B) | <p>3 Chronic Disease Cerebrovascular Disease/Stroke To raise the awareness of the symptoms of stroke, HSHS St. Anthony's provided education in the community through various health fairs held throughout the year including the Effingham Senior Center Health Fair, Illinois Senators Senior Health Fair and the Effingham County Fair During National Stroke Awareness Month in May and at various times throughout the year, St. Anthony's provided information on its social media pages to educate the community on signs and symptoms of a stroke More than 190 women took the opportunity to attend the 9th Annual HSHS St. Anthony's Women's Wellness Event in October 2016 at the Keller Convention Center The free event included health informational displays on topics such as nutrition and diabetes and stroke education Dr. Jessica Prange presented on "Getting to the Heart of the Matter Women's Cardiovascular Health " This year's topic provided information on risk factors, and signs and symptoms of cardiovascular disease and stroke HSHS St. Anthony's continues to utilize telemedicine technology in partnership with our Sister facility, HSHS St. John's Hospital in Springfield, for identification and diagnosis of stroke symptoms when patients present in our Emergency Department as well as current inpatients</p> <p>4 Nutrition Launched in 2014, HSHS St. Anthony's School Wellness Program is designed to educate and instill good habits in children to increase their physical activity levels and teach them valuable nutrition and safety lessons Community Programs staff members teach the six to eight-week program to third grade classes in the hospital's primary service area, teaching one lesson a week Topics include information on why we should exercise, healthy snacking, bone health, thinking about what we drink, personal hygiene, sun safety and smoking prevention After each week's lesson, the instructor gives students an activity to complete At the end of the program students receive a prize bag Informational sheets about each week's lesson are sent home to parents to reinforce the lesson's concept in the home To measure the effectiveness of the program, students are given a survey at start of the program The survey is comprised of questions regarding their current knowledge about nutrition, exercise and safety At the conclusion of the program, students are given the same survey to determine if they have become more knowledgeable about the topics The School Wellness Program's unique design helps teach these children valuable health lessons at an early age in a fun way, with the goal that these students develop good habits that will continue as they get older In the 2016/2017 school year, the program had multiple interactions with 507 third grade students in 12 schools and 26 classrooms with an average increase in survey scores of 33% Comments from teachers surveyed include "This was a very well-rounded program The activities were great " Another commented "It was wonderful! The students seemed to remember the lesson The parents said their kids talked about what they learned at home!" Another barrier to healthy nutrition is not having the funds to buy an adequate food supply or milk to make a nutritious meal Through spending time with Catholic Charities' clients with the community diabetes program, HSHS St. Anthony's discovered that many clients desired to make healthy meals for their families, but could not due to the inability to purchase some basic ingredients and a simple necessity of most recipes - milk To help meet this need, HSHS St. Anthony's began donating healthy food bags to Catholic Charities' Food Pantry, as well as gallons of milk for their clients On average, HSHS St. Anthony's donates 10 healthy food bags as well as 809 gallons of milk per month to the food pantry HSHS St. Anthony's also supports the local Meals on Wheels and Crisis Nursery organizations by preparing food for their clients to ensure that those who are most vulnerable receive the most basic of needs, a nutritious meal In FY17, HSHS St. Anthony's provided the food and staff to prepare 3,076 meals to those in need Another avenue to reach children and teach them about nutrition was through an educational booth for children at the Effingham Farmer's Market Dietitians from HSHS St. Anthony's provided nutritional games and activities for a total of 85 kids during we ekends in August to celebrate "Kids Eat Right" month designated by the Academy of Nutrition and Dietetics</p> <p>5 Smoking HSHS St. Anthony's offers the American Cancer Society's Fresh Start program This program is designed for adults who are ready to quit smoking and guides participants in selecting a method of quitting while providing social support in a group setting led by a trained facilitator Methods utilized include learning problem-solving skills and receiving support and encouragement throughout the quitting process The program consisted of four sessions Four people participated</p> |

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| Schedule H, Part VI, Line 5 Promotion of community health (continued B) | <p>ed in the spring program with 50 percent of the participants returning a three month survey. Of the surveys returned, two of the participants have cut their smoking in half and hope to completely quit in the future. The School Wellness Program described above also includes a lesson on the hazards of smoking. Children learn the dangers of cigarettes, smokeless tobacco, e-cigarettes and secondhand smoke. Smoking cessation and secondhand smoke information is also included in prenatal packets for expectant mothers given at the hospital's free prenatal classes. Mothers who deliver at HSHS St. Anthony's also receive an informational book that contains information about the hazards of smoking.</p> <p><b>OTHER COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS</b> In addition to the initiatives described above, HSHS St. Anthony's continues to conduct programs that touch the lives of community members, including Sunscreen Station. HSHS St. Anthony's Memorial Hospital is always seeking ways to promote safety in our communities. One of the easiest cancers to prevent and detect is skin cancer. People who have fair skin or burn easily face a higher risk of developing skin cancer. But people of all skin types can develop this disease and should take precautions to protect their skin from the sun's rays. For the second summer season, HSHS St. Anthony's has worked in conjunction with the Effingham Park District to offer a sunscreen station for patrons of the Kluthe Memorial Pool in Effingham. The station includes a pump jar of SPF30 sunscreen provided by the hospital free for pool patrons and a sign with tips on sunscreen application for parents and kids. While the pool staff previously kept some sunscreen on hand to have for children who didn't have any, this station provided by HSHS St. Anthony's makes sun protection more easily accessible and provides tips on staying sun safe. According to the Effingham Park District, the pool sees approximately 1,800 patrons each month in the summer.</p> <p><b>Clare's Closet</b> Established in FY16, HSHS St. Anthony's Clare's Closet continues to give support to those who are less fortunate or who have encountered an unexpected situation. Clare's Closet contains various clothing items and basic essentials that are available to meet the immediate needs of patients or visitors. All colleagues have access to Clare's Closet and are encouraged to use this resource when they have a patient or visitor who needs basic provisions. In FY17, Clare's Closet met the needs of 188 individuals.</p> <p><b>Clean Air Initiative</b> HSHS St. Anthony's conducted a leaf burning education campaign to encourage the community to consider alternative options to leaf burning that are less toxic to the environment and community members. This campaign included digital media ads, radio ads and local newspaper media releases. These efforts and those of local citizens have led the City of Effingham to revise its open burning regulations. In order to insure the health, safety and welfare of the general public, the City Council put an ordinance in place to restrict the days that residents are allowed to burn landscape waste in the corporate city limits.</p> <p><b>Crisis Nursery</b> In 2015, HSHS St. Anthony Memorial Hospital, in collaboration with the Alliance for a Healthier Effingham County and the Jasper County Steering Committee, conducted a community health needs assessment with the goal of determining the health needs of Effingham and Jasper county residents. This assessment shows that in Effingham County there are 28.5 per 1,000 children suffering from abuse or neglect with the rate in Jasper County at 41.1 per 1,000 children.</p> |

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| Schedule H, Part VI, Line 5 Promotion of community health (continued C) | <p>HSHS St. Anthony's is always looking for ways to enhance the health and wellbeing of the community we serve, including our youngest citizens. With the launch of the new Crisis Nursery of Effingham County, this offered an opportunity to expand the hospital's support of area children, particularly those in possible crisis situations. Crisis Nursery of Effingham County's mission is to prevent and protect children from childhood trauma, abuse and neglect. The Nursery is working to bring the mission to life first and foremost through a 24-hour emergency shelter for children birth through six, with no income or residency guidelines. The Nursery provides shelter, basic needs from food to clothing and other child care essentials, and nurturing love and care to children in need. HSHS St. Anthony's assisted the Crisis Nursery by providing the start-up costs for the program and operational funds. In its first four months of operation, the Crisis Nursery served 58 families with 375 total admissions. Clients' surveys before and after services showed a 96% decreased level of stress, 97% reduced risk of maltreatment and 98% improvement in parenting skills. Drug Overdose Prevention In FY17, HSHS St. Anthony's Memorial Hospital began partnering with the Effingham City Police Department to assist with their Drug Overdose Prevention program. To relieve or reduce the burden of the local government, the hospital made a donation that allows the police department to have doses of Narcan in nasal spray form to use in cases of heroin overdoses. Effingham City Police Chief Jeff Fuesting shared his appreciation for HSHS St. Anthony's support of the Police Department's efforts to prevent fatal drug overdoses. "We appreciate the support from HSHS St. Anthony's Memorial Hospital by equipping Effingham Police Officers with Narcan that will give us an opportunity to save lives. Often police officers arrive prior to EMS and when minutes matter, it can be the difference in life and death. Since 2015 Effingham County has experienced four overdose deaths," said Chief Fuesting.</p> <p>Harmony Playground To support area efforts to enhance the health of community residents, HSHS St. Anthony's contributed \$10,000 to help build the Harmony Playground. Once completed, this all-inclusive playground will be accessible to all children, adults, and veterans including those with disabilities and special needs. One of those who will benefit from the Harmony Playground is Elizabeth Hastings and her daughter Adelaide. Adelaide is three years old and has Cerebral Palsy. Elizabeth, who is a big supporter of the Harmony Playground project, shared how excited she and her daughter are about the playground. "Adelaide needs assistance in all that she does and is unable to play at a regular playground. She LOVES being outside and loves to swing," she shared. "Having this playground means that she will be able to play and interact with other kids of all abilities. She will also get to enjoy playing on equipment that is safe for her and easy for us to enjoy with her. I am personally so grateful to the hospital for this donation."</p> <p>Jasper County Eagle Trail To promote outdoor fitness opportunities in the community, HSHS St. Anthony's made a donation to the Jasper County Eagle Trail. This donation was for the addition of fit stations along the trail to encourage physical activity for the broader community. Safe Sitter Safe Sitter teaches 11- to 14-year-old babysitters how to handle crises, how to keep their charges secure, and how to nurture and guide a young child. In short, Safe Sitter babysitters help children stay safe and sound while their parents are away (<a href="http://www.safesitter.org">ref www.safesitter.org</a>). Safe Sitter is taught by certified instructors at St. Anthony's during the summer months. St. Anthony's provides Safe Sitter for a minimal charge of \$15 to cover the cost of materials. There is financial assistance available for the class. During the one-day class, adolescents learn babysitting and future parenting skills such as - Child care essentials including feeding and diaper changing - Choking child and infant rescue - Injury management - Basic first aid - Preventing problem behavior - Child and infant CPR - Games and entertainment for children of various ages - Responsibility and success as a babysitter. The program is extremely popular in the community. HSHS St. Anthony's often has waiting lists of students wanting to participate in this program. Since HSHS St. Anthony's began offering the program in 1994, they have graduated 931 students. The program was extended to include area home school students this fiscal year. The students commented that they liked learning about behavior management, CPR and choking and what to do in emergencies. One student commented on their evaluation, "I experienced so much and it was so fun and really useful."</p> <p>School CPR In June 2014, the State of Illinois passed House Bill 3724, the Lauren Laman CPR &amp; AED Training Law. This law requires all high s</p> |

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| Schedule H, Part VI, Line 5 Promotion of community health (continued C) | <p>chool students to be trained on how to properly administer cardiopulmonary resuscitation ( which training must be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally-recognized certifying organization) and how to use an automated external defibrillator (AED) HSHS St Anthony's Memorial Hospital contacted high schools in its primary and secondary service areas to offer free CPR training to assist these schools in meeting this state requirement, with a majority of the area schools accepting the offer HSHS St Anthony's provided community programs staff members to teach CPR classes to students In addition to the high school students, many school teachers wanted to be taught CPR and AED use as well The Adult Heart Saver CPR/AED for Schools class is taught by certified CPR instructors, and all students and teachers received a certification card upon completion of the course In the 2016-17 school year, HSHS St Anthony's taught the Heart Saver CPR/AED at ten area schools Beecher City High School, Cowden-Herrick High School, Effingham CTEC, Neoga High School, South Central High School, St Anthony High School, St Anthony Grade School teachers, St Michael Grade School teachers, Stewardson-Strasburg High School and Teutopolis High School In total, HSHS St Anthony's taught 322 high school students and 92 teachers CPR and AED use, providing all those involved a level of comfort in how to perform CPR and use an AED should the need arise Other Community Benefit Programs In addition to the partnership projects with members of the Alliance and the annual programs referenced above, HSHS St Anthony's offers numerous community programs free of charge to residents in area communities These programs help increase access to health care services for the underserved and improve the overall health of the community These programs range from support groups to free prenatal classes for new parents, and health fairs in area communities where people can have their blood pressure, cholesterol and glucose levels checked by health care professionals Specifically, the community programs conducted to better the health of the region were Health and Wellness Programs * Antibiotic/C Difficile Education Campaign * Breastfeeding Support Group * Bridges For Healing Hearts Monthly Support Group * Caregiver Symposium * Community Presentations on Nutrition , Children's Health, Diabetes, Hand Hygiene and Oral Hygiene * Continental Mills Health Fair * CPR - Basic Life Support For Healthcare Providers &amp; Heart Saver CPR AED Classes * Effingham County Fair * Effingham Senior Center Health Fair * Family Fun Fair * Go! Healthy - Children's Summer Wellness Education Program * Healing The Grieving Heart Group Program * High School Free Heart Screenings * Illinois Senators' Senior Health Fair * Jasper County Health Dept Health Fair * Lake Sara Dam Run * Mattoon Ge Plant Employee Health Fair * Memorial Mass * Memory Screening Event * Newton Dynege Power Station Employee Health Fair * Prenatal Classes (Having A Baby Class 1-3, Breastfeeding and New Brother/New Sister) * SHARE Program * Southside School PTO Event * Walk With A Doc Program Cancer Awareness/Prevention * Breast Cancer Support Group * Cancer Survivor's Day * CHAT Cancer Support Group * Look Good/Feel Better Program * Women's Wellness Wig Bank Assistance Programs * Emergency Assistance For Transportation, Lodging, Medication and Meals * Advance Directives, Power of Attorney for Healthcare and Living Will Assistance Volunteer Opportunities * Blood Drives * Board Memberships Catholic Charities, Heartland Human Services, Sexual Assault and Family Emergencies (SAFE), United Way</p> |

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| <p>Schedule H, Part VI, Line 6<br/> DESCRIPTION OF AFFILIATED GROUP<br/> (continued A)</p> | <p>SHS Good Shepherd Hospital in Shelbyville, Illinois increases access to mammograms, diagnostic screenings and breast cancer treatments for women through the hospital's Pink Ribbon Program and Vicky Wagner Breast Cancer Assistance Fund. The Pink Ribbon Program covers the costs of mammograms or diagnostic screenings for women living in rural areas who are under or uninsured. The Vicky Wagner Breast Cancer Assistance Fund assists women living in Shelby County who are receiving treatment for breast cancer with out of pocket expenses such as wigs, transportation to treatment appointments, child care, meals or other expenses that insurance doesn't cover. In southwest Illinois, SHS St. Joseph's Hospital in Highland provides enhanced offerings for senior population based on their CHNA. "Senior Renewal" is an outpatient counseling program for senior adults who may be facing emotional and physical problems unique to the aging process such as feelings of loneliness, isolation and anxiety. Clients receive a comprehensive level of treatment without inpatient hospitalization through counseling strategies and education. In addition, St. Joseph's Hospital is the lead collaborator in the Highland Area Meals on Wheels Program. In April 1977, the hospital partnered with the now defunct Highland Area Council of Churches to introduce the Meals on Wheels program. Today, St. Joseph's partners with the civic organization Highland Area Meals on Wheels Program to prepare and deliver nutritious meals to the elderly, those who are recuperating from illness or hospital stays, or anyone wishing to participate in the program within a 15-mile radius (cumulative population 20,000+) of the hospital. Annually, approximately 16,896 meals are delivered in eight communities. In addition to programs designed to increase access to care, SHS makes sure that those who need financial assistance receive it. SHS's Financial Assistance (Charity Care) policy was modified to offer a 45 percent self-pay discount to all patients who register without insurance. SHS Financial Assistance programs have a sliding scale, in some instances providing up to a 55 percent reduction off billed charges if an uninsured patient's family income level is determined to be above 500 percent but equal to or less than 600 percent of the current Federal Poverty Guidelines. SHS hospitals waive all charges for patients below 200 percent of the Federal Poverty Levels. Counselors are available in our hospitals to explain our financial assistance policy to patients, provide them with assistance in filling out a simple application form, or help them enroll in publicly funded health care programs. Enhance community health. As part of our mission to embody Christ's healing love for all people, we understand that we have a responsibility to improve the overall quality of life in our communities by supporting initiatives that promote health and wellness. We recognize we are most successful when we work together with a wide array of public and private organizations that share our commitment to improving lives. By doing so, we maximize our efforts and reduce the duplication of services. To ensure the health care needs of all are being met, SHS hospitals also understand we need to listen closely to the residents of the communities we serve. In turn, 13 SHS hospitals conducted Community Health Needs Assessments (CHNAs) in FY2015. SHS St. Clare Memorial Hospital in Oconto Falls, Wisconsin, who affiliated with SHS in September 2015, and SHS Holy Family Hospital in Greenville, Illinois, who affiliated with SHS in May 2016, both completed their CHNAs in FY2014. SHS Good Shepherd Hospital in Shelbyville, Illinois who affiliated with SHS in January 2017, conducted its most recent CHNA in FY2016. SHS hospitals are using the information gathered from their most recent CHNAs to develop new, and enhance existing, programs and services that best address the needs of the community. Priority health care needs were identified in the FY2015 CHNAs including access to health care services, alcohol, tobacco, and other drug abuse, chronic disease prevention and management, nutrition/wellness, mental health, and oral health. SHS hospitals are addressing these and other needs by proactively offering educational opportunities, preventative screenings, and new or enhanced clinical services. In many cases, the hospitals collaborate with other hospital facilities, local departments of public health and community organizations to address identified needs. In western Wisconsin, SHS Sacred Heart Hospital in Eau Claire and SHS St. Joseph's Hospital in Chippewa Falls are taking the lead to educate the public about mental health issues and treatment, the stigma associated with mental health, and the recognition of mental health issues. Under the umbrella of 3D Community Health, the hospitals led suicide prevention activities across multiple sectors in collaboration with the Chippewa Health Improvement Plan.</p> |

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| <p>Schedule H, Part VI, Line 6<br/> DESCRIPTION OF AFFILIATED GROUP<br/> (continued A)</p> | <p>Partnership in FY2017. Strategies included community trainings of an evidence-based suicide prevention program, QPR (question, persuade &amp; refer), and a variety of events, activities and displays pertaining to suicide prevention. Efforts are measured by the county suicide rate, inventory of change in community knowledge, stigma and behaviors, as well as participation in the county suicide death review team to monitor for potential trends and respond accordingly. 3D formed a suicide death review team in both Eau Claire and Chippewa Counties. These teams review details of each suicide to look for trends and key pieces of information that may guide efforts in targeting certain geographic areas, certain age or gender, etc. 3D is also focused on increasing community awareness and knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery in collaboration with multiple community partners on an ongoing basis. One strategy is to promote effective programs and practices to address adverse childhood experiences (ACEs) that increase protection from suicidal risk and promote connectedness among residents of Chippewa and Eau Claire Counties. At the Children, Health and Family Summit that 3D Community Health coordinated in partnership with the County Department of Human Services in FY2017, 99 of the 190 attendees took a pre-and- post-event survey about ACEs and brain development. There was a 24% increase in the percentage who strongly agreed that exposing infants to stress can actually cause them to develop a smaller brain post-event compared to pre-event survey. HS Holy Family Hospital in Greenville, Illinois has sponsored a multi-faceted health fair for decades, one of the largest Health Fairs in the east St. Louis metropolitan area. The event provides many free health tests in addition to five, low-cost comprehensive blood tests. In FY2017, more than 2,000 blood tests were performed as part of the hospital's annual Health Fair. Participants could choose from a comprehensive blood test, prostate specific antigen blood test (PSA), Hemoglobin A1-C, Vitamin D blood test, Colovantage or a combination of the five blood tests. The cost incurred by HSHS Holy Family Hospital for offering these discounted services was \$1,431,105. In addition to the services provided on the day of the Health Fair, the hospital also performs the low-cost blood tests at several off-site locations including area schools, businesses, and manufacturers. Through the years, life-threatening and serious medical conditions have been discovered through testing performed in association with the Health Fair. Mary's Garden is a community teaching garden located on the campus of HSHS St. Mary's Hospital in Decatur, Illinois. The goals of the community garden are to improve community health and food accessibility for those in need, teach the younger generation sustainable gardening and offer a comprehensive, place-based approach to community health improvement. In FY2017 Mary's Garden became a living classroom for Eisenhower High School students who use the garden for interactive instruction on health and nutrition, science, mathematics, ecology and agriculture. Mary's Garden also provided opportunities for two apprentices to develop competencies and self-confidence to move into rural and urban farming/gardening leadership roles and launched a community-supported agriculture (CSA) program for colleagues. This created two jobs and is providing a model for turning dilapidated city lots into urban gardens. The hospital has engaged City officials about a job creation program and neighborhood revitalization.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <p>Schedule H, Part VI, Line 6<br/> DESCRIPTION OF AFFILIATED GROUP<br/> (continued B)</p> | <p>In FY2017, HSHS St Nicholas Hospital in Sheboygan supported a case manager position to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) services at Lakeshore Community Health Care (LCHC) in Sheboygan. First year funding by the hospital in FY2016 was used to create the position. In FY2018, the position will be solely funded by LCHC. SBIRT is an evidence-based practice designed to identify, reduce and prevent problematic use, abuse and dependence on drugs and alcohol. The creation of the SBIRT case manager position stems from Healthy Sheboygan County's 2020 Community Health Implementation Plan which was created following the Community Health Needs Assessment in 2014. Studies show that excessive use of alcohol and other drugs contributes to more than 70 diseases and leads to expensive, long-term health problems. Through early intervention, provided by the SBIRT case manager, the plan is to reduce costs and decrease the severity of drug and alcohol abuse. Advance medical knowledge HSHS works to advance medical knowledge by supporting research initiatives and educational opportunities. In FY2017, HSHS hospitals and affiliated physician groups contributed more than \$21.5 million toward research and health professions education. Highlights of this commitment include subsidizing medical school residency programs, offering ongoing medical education to physicians and clinicians, and providing job shadowing programs for high school students. In southern Illinois, HSHS St. Joseph's Hospital in Breese, hosted members of the Health Occupations Students of America onsite to learn about job opportunities in health care from health care professionals. St. Joseph's also provided clinical experience for Kaskaskia College students enrolled in nursing, physical therapy and radiology programs. Pharmacy students have also completed their clinical training at St. Joseph's Hospital. In FY2017, the program served more than 200 students. In FY2017, HSHS St. Mary's Hospital Medical Center and HSHS St. Vincent Hospital in Green Bay invested more than \$636,000 to provide onsite training and education of nurses and allied health professionals. In addition, the hospitals have been collaborating with the Medical College of Wisconsin to establish a community medical education program in Green Bay and to provide financial support to offset operating costs in FY2017. Also in eastern Wisconsin, HSHS St. Clare Memorial Hospital in Oconto Falls provided training for local paramedics and emergency response personnel through the hospital's EMS liaison program. Mission-driven and strategically implemented Community Benefit is an integral part of Hospital Sisters Health System's Mission. Our commitment to Community Benefit arises from our Catholic identity, Mission and Core Values shared by 14,000 colleagues across Illinois and Wisconsin. Through our work to improve access to health care services, enhance community health, advance medical knowledge, and relieve or reduce the burden of government, we believe we have made a positive difference in the quality of lives of tens of thousands of people in Illinois and Wisconsin in FY2017. As a Catholic health care ministry, HSHS is concerned with the dignity of all persons, the common good, and the stewardship of resources. We advocate for health care for all and work to improve social conditions that lead to improved health and well-being. We engage partners in our communities to improve health and quality of life and to reduce duplication. Working side-by-side with many faith communities, HSHS remains dedicated to our common purpose of compassionate care for all people.</p> |

| 990 Schedule H, Supplemental Information                                                   |             |
|--------------------------------------------------------------------------------------------|-------------|
| Form and Line Reference                                                                    | Explanation |
| Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation | 3899812     |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                                               | Explanation                                                                                                                                                 |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | THE COST TO CHARGE RATIO COSTING METHODOLOGY, UTILIZING THE LYON'S CBISA SOFTWARE, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE AT HOSPITAL COST |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Schedule H, Part II Community Building Activities | <p>Coalition Building Organized by the Effingham County Chamber of Commerce, HSHS St Anthony's is part of the newly formed Impact 2030 Beyond the Vision community initiative Impact 2030 builds on Effingham County's original Vision 2020 project that was grassroots, county-wide effort to proactively build a positive future and improve the quality of life for its residents Community leaders serve as team leaders with HSHS St Anthony's community benefit representatives leading the Safe/Healthy People team Other Impact 2030 teams include Well-Planned, Vibrant Economy, Creative Learning Culture, Strong Community and Quality Environment The goal of Impact 2030 is to build a bright future for all residents of Effingham County</p> <p>Workforce Development St Anthony's partners with the Eastern Illinois Education for Employment System (EIEFES) to provide classroom space for their Health Occupations program During this year-long course, students also participate in the direct care of patients, work alongside medical and administrative staff in the hospital as well as in several local nursing homes The Health Occupations program is a Health Science Technology program designed primarily for high school seniors who are interested in pursuing a career in a health care field Students who successfully complete this course are eligible to take the Basic Nurse Assistant Competency Exam In addition, the hospital offers a job shadowing program to high school and college students This program gives students the opportunity to shadow hospital colleagues in their various roles Students are able to obtain firsthand knowledge about their future career path Through these programs, HSHS St Anthony's gives young adults in the community access to educational and job opportunities, which are factors related to social determinants of health</p> |

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | HSHS St Anthony's Memorial Hospital strongly believes that its charity care, and the related community benefit obtained from such care, is understated because of those patients who potentially qualify for charity care but do not wish to apply for it. In addition, some care is not classified as charity because of missing documentation on patient resources. Thus, the hospital's bad debt includes a portion that could be classified as charity care if application for such care was sought and/or completed. |

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                                                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Schedule H, Part III, Line 8<br>Community benefit & methodology for determining medicare costs | <p>HSHS St Anthony's Memorial Hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital management continually advocates for improved Medicare payment so that the cost of quality care to those patients who are not able to afford it is not compromised and is fairly subsidized by all payers. While this shortfall in Medicare payments is not classified as community benefit by the IRS, we nonetheless believe it is an important contribution made by the hospital to the health and well-being of the community. If the Medicare program did not exist, many Medicare patients would be eligible for charity care or other means-tested government programs. Further, by absorbing this payment shortfall and providing care below cost to these individuals, HSHS St Anthony's Memorial Hospital is relieving the burdens of the government. Accordingly, this shortfall restricts St Anthony's ability to make funds available to provide for charity care and other community benefits. The hospital Medicare shortfall at cost for fiscal year 2017 was \$13,832,666.</p> |

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                                       | Explanation                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16c<br>FAP plain language summary website | - ST ANTHONY'S MEMORIAL HOSPITAL Line 16c URL <a href="https://www.stanthonyshospital.org/PATIENT-GUEST/FINANCIAL-ASSISTANCE.aspx">https //www stanthonyshospital org/PATIENT-GUEST/FINANCIAL-ASSISTANCE ASPX,</a> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Schedule H, Part VI, Line 2 Needs assessment | <p>As indicated in Part V, Section C, the hospital conducted a Community Health Needs Assessment in FY2015. In addition to conducting a Community Health Needs Assessment (CHNA) triennially per the provisions in the Affordable Care Act, the hospital routinely assesses the health care needs of the communities it serves in a variety of ways, including reviewing the health needs assessments of other health care organizations in our service area as well our local and state health departments and the United Way. We continually review primary data such as hospital and emergency department utilization and patient surveys as well as secondary data from our county and state public health departments, the Centers for Disease Control, County Health Rankings, and the Behavioral Risk FS Survey to name a few. On occasion, we will also collect primary data through telephone and electronic survey instruments. In addition to ongoing primary and secondary data collection and analysis, the hospital regularly assesses the health care needs of the communities it serves through feedback received from its internal assessment team, assessment advisory team, hospital leadership, Strategy department and hospital Board members. As part of the three-year Implementation Plan, the hospital shares its progress toward achieving its short and long term indicators in various community venues such as town hall meetings, community forums, and Chamber of Commerce. Also through volunteer and board service with other local health care, social service agencies, law enforcement task forces, and area schools, hospital colleagues gather ongoing information on the health care needs of the communities it serves.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | <p>HSHS St. Anthony's offers a Financial Assistance Program for those with limited financial resources. We respect the medical needs of all people who come to our doors and the financial concerns of those with limited resources. HSHS St. Anthony's has designated funds to aid patients who are unable to pay their obligation in full. Eligibility requirements have been set for those who request financial assistance. The guidelines are not meant to discourage anyone from seeking treatment, but they are designed to ensure the hospital's resources are used for the people who need them most and who are the least able to pay. To qualify for assistance, applicants complete an application form, provide documentation of income, provide a statement of assets and provide evidence that they have explored all other means of assistance, including private and public aid when appropriate. HSHS St. Anthony's informs patients about financial assistance programs in various ways. Patients receive a patient guide, which explains that hospital staff will assist patients in filing claims for governmental programs. The patient guide also explains HSHS St. Anthony's financial assistance program and how to apply for assistance. Brochures about the financial assistance program are also located in waiting rooms throughout HSHS St. Anthony's campus. For patients who visit HSHS St. Anthony's emergency department, each patient is visited bedside by a hospital staff member who provides them with a brochure about the financial assistance program if they are self-pay or if they express concern about the hospital bill. The brochures are available in English and Spanish. During registration, the hospital also provides uninsured or underinsured patients with information about the cardinal health e-recovery pharmaceutical program, which offers medication assistance for medications received during the hospital visit. There is signage about financial assistance in all of the hospital registration areas. In addition, every hospital billing statement includes information about the availability of financial assistance. In HSHS St. Anthony's business office, when staff members receive calls from people expressing problems with being able to pay their hospital bills, they share information with them about the availability of government programs and the financial assistance program. All patients with a self-pay portion greater than \$1000 are mailed a copy of the financial assistance application form. HSHS St. Anthony's website also explains that hospital staff can assist patients who have financial concerns, provide phone numbers to call for assistance and information on the financial assistance program.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Schedule H, Part VI, Line 4 Community Information | <p>Located in rural central Illinois, the hospital's primary service area includes Effingham and Jasper counties with a combined population of approximately 43,940 and a population density of 44.9 per square mile. HSHS St. Anthony's Memorial Hospital is the only hospital located in its primary service area. The hospital's total service area is Effingham and Jasper counties along with portions of the counties of Clark, Clay, Crawford, Cumberland, Fayette, Marion, Richland, and Shelby, serving a population of over 250,000 people. The hospital does not exclude Medically Underserved Areas (MUAs), low income or minority populations from its service area. According to the 2016 estimates of the US Census Bureau, the demographic make-up of Effingham County is 96.1% white (non-Hispanic), 1.9% of Hispanic or Latino origin, and 2.3% other. The demographic make-up of Jasper County is 97.1% white (non-Hispanic), 1.5% of Hispanic or Latino origin, and 1.4% other. The Community Health Needs Assessment (CHNA), using data from the US Census Bureau's American Community Survey 2008 to 2012, indicated that 29.9% of Effingham County and 35.5% of Jasper County of those insured have health insurance coverage through a government-sponsored program (e.g., Medicaid, Medicare, VA or state programs). Additionally, 8.6% of Effingham County and 9.9% of Jasper County residents have no insurance coverage for health care expenses. Within the primary service area, 9.1% of residents are living in households with income below the Federal Poverty Level (FPL). According to the US Census Bureau (2011-2015) the median household income for Effingham County is \$52,224 and Jasper County is \$54,209.</p> |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Schedule H, Part VI, Line 5 Promotion of community health | <p>As a healing ministry of the Catholic Church and an affiliate of Hospital Sisters Health System (HSHS), HSHS St. Anthony's Memorial Hospital is committed to delivering high quality, compassionate, and cost-effective health care services to all. Founded in 1875, the hospital brings a healing presence and improves the health of our community, especially those persons who are sick, poor, and disadvantaged. Because of the hospital's mission and heritage, the hospital is dedicated to promoting the health of Effingham and surrounding areas. The hospital is governed by a Board of Directors, at least a majority of whom reside in the hospital's primary service area and who are neither employees nor independent contractors of the hospital (nor family members thereof). The Board ensures that HSHS St. Anthony's Memorial Hospital is responding to community need. In FY2017, for example, the Board reviewed the Community Health Needs Assessment and approved an implementation strategy for addressing selected needs. HSHS St. Anthony's also has a Hospital Advisory Council comprised of community leaders who serve as liaisons between the hospital and its publics by advising on matters of community health care service and its effective delivery. Community leaders also serve on the Foundation Leadership Council, which ensure the continuing growth, stability and future of health care in the region, by accepting and acknowledging charitable contributions to the hospital. HSHS St. Anthony's Auxiliary Executive Committee is a board of volunteers who direct the Auxiliary volunteer program which promotes and advances the welfare of the hospital through services for patients and their families, and fundraising for hospital needs. Also consistent with its exempt purpose, HSHS St. Anthony's Memorial Hospital has an open medical staff with privileges available to all qualified physicians in the area. The hospital also operates an emergency department that is open 24 hours to all persons regardless of their ability to pay. As a not-for-profit hospital, HSHS St. Anthony's Memorial Hospital reinvests surplus funds to support the mission of the organization and promote the health of the community rather than distributing surplus funds as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, improve patient care, provide medical education and support initiatives designed to promote health and ensure access for all. For example, HSHS St. Anthony's Memorial Hospital Laboratory invested in a new state-of-the-art BioFire molecular panels which represent a striking improvement in the ability to identify infectious agents in as little as two hours. The BioFire molecular panels offer rapid and accurate identification of infectious agents in patients with meningitis/encephalitis, blood stream infections (sepsis), upper respiratory infections, and gastrointestinal infections. Critical tests that used to take days now take only a few hours, which has a huge positive impact on patient care. Faster identification of infectious agents allows for quicker diagnosis and improved results for the plan of care, decreased lengths of hospital stays, improved infection control practices and, most importantly, better and happier outcomes for our patients. For the second year, HSHS St. Anthony's Memorial Hospital has partnered with the Liberty University College of Osteopathic Medicine (LUCOM) to provide clinical education for their osteopathic medical students. These third-year medical students learn alongside hospital colleagues and Medical Staff. HSHS St. Anthony's Memorial Hospital also devotes significant resources to access for patients who cannot afford care, along with other Community Benefits. In FY2017, HSHS St. Anthony's Memorial Hospital provided more than \$8 million in Community Benefit, including financial assistance at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health. Additionally, in FY2017, HSHS St. Anthony's Memorial Hospital provided \$1.9 million (at cost) in uncompensated care to patients who did not qualify for charity care or public assistance and more than \$13.8 million (at cost) in excess of Medicare payment for health care services. HSHS St. Anthony's Memorial Hospital provides a range of Community Benefit initiatives and programs that further our mission and long-standing commitment to our community. In many cases, these Community Benefits would not exist without the leadership role played by HSHS St. Anthony's Memorial Hospital and they often relieve a burden that would otherwise be carried by government. The hospital's FY2015 Community Health Needs Assessment (CHNA) surfaced the following health focus areas to be addressed by the hospital in collaboration with other hospitals and community organizations: 1. Access to Primary Care 2. Chronic Disease 3. Di</p> |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Schedule H, Part VI, Line 5 Promotion of community health | <p>abetes 3 Cerebrovascular Disease Stroke 4 Nutrition 5 Smoking 1 Access to Primary Care Health Insurance Exchange (HIE) To address access to primary care, HSHS St. Anthony's promoted the availability of the Health Insurance Exchange (HIE) to the community. A hospital-based enrollment counselor was available during the enrollment period to community members. A news release was distributed to the local media about open enrollment and information was placed on the hospital's web site. In addition, social media posts reminded area residents of the availability of the HIE. Distribution of flyers and "prescription notepads," containing HIE contact information and local in-person counselor information were given to health fair attendees, local primary care physicians and social service agencies. Throughout FY2017, an enrollment counselor assisted 2,083 individuals with insurance. Catholic Charities Prescription Assistance Since 2000, HSHS St. Anthony's has assisted Effingham Catholic Charities by co-sponsoring their prescription assistance program. This is one of the ongoing programs that HSHS St. Anthony's has supported based on the health priorities established by the Alliance following Checkup 2005. HSHS St. Anthony's and Catholic Charities believe that no one should be without prescribed medications because they cannot afford to pay for them. Catholic Charities' staff members work with clients who need prescription medication but may not be able to afford them because they are uninsured or underinsured. HSHS St. Anthony's provides assistance to Catholic Charities to help pay for the costs incurred by the program. Rather than establishing their own prescription assistance and duplicating efforts, HSHS St. Anthony's partners with Catholic Charities who already had an excellent program in place to assist those in need of prescription medication. Catholic Charities is grateful for the assistance, given the number of clients they help each month through the program. In FY2017, Catholic Charities was able to help 246 people receive the prescription medications they need, thanks to the support of the hospital. Without the assistance that HSHS St. Anthony's provides, Catholic Charities might not be able to continue to provide prescription medication assistance to those in need. Blood Pressure Program HSHS St. Anthony's monthly blood pressure program provides better access to low-income populations. Monthly screening locations include Effingham, Altamont, Dieterich, Shumway and Newton. The screening locations were evaluated to determine access to the underserved. In FY2017, 553 individuals were served by this program. Catholic Charities Dental Voucher Program HSHS St. Anthony's Memorial Hospital in partnership with Effingham Catholic Charities provides a dental voucher program for adults 18 years and older who are underinsured or uninsured and in need of an emergency tooth extraction. CNHA survey results related to oral health and access to dental care indicated 27% of Effingham County respondents had not visited a dentist within the past year. Those at lower income levels were less likely to report having seen a dentist in the last year. The goal is to increase access to emergency dental care and improve the oral health for the underserved in HSHS St. Anthony's service area. The program facilitates access to the appropriate care for those individuals needing emergency tooth extraction. Those qualifying for the program will also find relief from the burden of paying for emergency, dental and oral surgery services when they cannot afford to do so.</p> |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Schedule H, Part VI, Line 6 Affiliated health care system | <p>HSHS St Anthony's Memorial Hospital is an affiliate of Hospital Sisters Health System (HS HS), a health care ministry that includes 15 hospitals, numerous community-based health centers and clinics, and hundreds of physician partners across Illinois and Wisconsin. The mission of HSHS is "to reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry." We live our mission by providing holistic healing to all who seek our care, as well as through Community Benefit. In tandem with other services in the communities we serve, our Community Benefit initiatives are strategically increasing access to care, improving the health status of residents, and increasing medical education and knowledge. In FY2017, our hospitals responded to the top needs identified in each of their most recent Community Health Needs Assessments (CHNAs). The information gathered from these assessments was used to develop or enhance Community Benefit programs and services to best address community health needs. Among the priority needs identified in the most recent CHNA process were access to care, alcohol, tobacco, and other drug abuse, chronic disease prevention and management, nutrition/wellness, mental health, and oral health. HSHS hospitals are proactively addressing these and other needs through patient, provider and community education, preventative screenings, self-management classes, and new or enhanced clinical services. In FY2017, HSHS collectively provided \$197.6 million in Community Benefit (9.2% of total hospital expenses). This amount included \$26.0 million provided for Financial Assistance (aka Charity Care) and \$128.6 million for unreimbursed care provided as part of the Medicaid program. In addition, HSHS hospitals committed significant resources to treat Medicare patients. The cost of providing services to primarily elderly beneficiaries of the Medicare program - in excess of governmental and managed care contract payments - was \$205.9 million. HSHS hospitals also recorded \$40.9 million in uncollectible accounts. While HSHS does not count the latter two amounts as Community Benefit, they nonetheless reflect our commitment to serving all persons in need of care. In addition to the dollars invested in our Community Benefit programs, HSHS continues to reinvest any surplus revenue from operations and investments into new medical technology, facility infrastructure and health care services in our communities. By doing so, we ensure our ability to meet the ongoing demand for high quality, efficient and easily accessible health care. Improve access to health care. As a Franciscan health care ministry, HSHS is deeply committed to serving those who are most in need with a special focus on the poor and vulnerable. We not only provide care to every patient who walks through our doors, but also reach out beyond the walls of our hospitals and clinics to care for those in our communities. Our efforts to ensure residents in the communities we serve receive the right care, at the right time, and in the right setting involve collaborating with others to achieve this goal. Across our two-state System, there are numerous examples of partnerships with departments of public health, other health care facilities and community and social service organizations to enhance access to care for those in need. In FY2017, HSHS and our 15 hospitals dedicated Community Benefit resources to educate uninsured persons about enrollment opportunities in affordable health care coverage and to facilitate the enrollment process. Studies have shown that people without insurance are more likely to postpone care and develop more severe and expensive conditions than their insured counterparts. It is for this reason that the Catholic Church, Catholic health care and HSHS have long promoted "coverage and access for all." HSHS and our 15 hospitals in partnership with local health departments, social service agencies and other health care providers played a vital role in educating eligible people in their service areas, by referring people to Certified Application Counselors and/or in enrolling them in the health insurance exchanges, or by helping them to obtain coverage through Medicaid expansion. In southern Illinois, HSHS St Elizabeth's Hospital in Belleville is committed to improving access to health care services by assisting eligible patients to enroll in health care plans. In FY2017, more than 3,200 patients were screened and 74% met eligibility criteria and were enrolled in Medicaid. Access to health care is not limited to insurance coverage and access to primary care providers. In FY2017, the hospital assisted patients with access to medications, durable medical equipment, and transportation including more than \$5,600 in cab and bus tickets for patients and \$14,000 for patients who needed transfer by ambulance. In response to its FY2015 CHNA, HSHS St John's Hospital in Springfield, Illinois established a community health</p> |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 6 Affiliated health care system | <p>alth worker program to increase access to health care and coordination of care for residen ts of the Enos Park Neighborhood The hospital also helped establish an Enos Park Neighbor hood Advisory Council and Providers Alliance as part of the access collaborative to drive behavior changes and improve health outcomes In the first three years, the program has re alized 93% engagement of 300 clients Services rendered include basic needs and health car e access Sixteen formally homeless individuals or families were placed in affordable, saf e housing Of the 35 parolees in the program, the recidivism rate was only 18% compared to 60% nationwide The only reason participating parolees went back to prison was because of lack of a job or housing One-hundred percent of our clients saw a primary care provider and 84% were connected to a medical home This program is being replicated in a second loc ation in Sangamon County's eastside where our most vulnerable, low-income and underserved populations exist Through the support of HSHS St Mary's Hospital Medical Center and St Vincent Hospital in Green Bay, the Oral Health Partnership (OHP) continues to expand to co mmunities throughout Brown County, providing dental care to 0 - 19 year olds who are unins ured or underinsured In FY2017, more than 12,000 general dentistry procedures, including exams, X-rays, cleanings, fillings, and crowns, were completed for youth in Brown County's smaller, less urban communities, and more than 1,300 preventative sealants were applied OHP serves more than 9,000 kids each year through three fixed-site clinics and the traveli ng school-based program In January 2017, OHP's West location was opened in response to da ta showing an unmet need of medical assistance children in the Ashwaubenon area This clin ic, along with the traveling school-based team, will help OHP and HSHS reach the goal of e xpanding services to a wider population of Brown County children in need HSHS St Francis Hospital in Litchfield, Illinois collaborated with Lewis &amp; Clark Community College and lo cal dental providers to bring the College's mobile dental health unit to the Litchfield ar ea, the unit provides free or low cost dental exams and screenings, x-rays and hygiene ser vices In addition, three local dental providers also participated by opening their office s and donating time, staff and supplies to provide either a free filling, extraction or hy giene services Beginning in 2015, the hospital collaborated with Catholic Charities to la unch a dental voucher program Five dentists in Macoupin and Montgomery counties participa te in the program, which covers an initial exam and x-rays, one tooth extraction and up to three fillings per year per individual The percentage of total emergency department visi ts related to dental issues has decreased from 2 2% in 2011 to 95% in 2016 because of thi s collaboration In southeast Illinois, area residents can get help filling a prescription through the long-term collaboration between HSHS St Anthony's Memorial Hospital in Effin gham and Catholic Charities In FY2017, St Anthony's Memorial Hospital helped to underwri te the cost of prescription medications for 246 residents St Anthony's Memorial Hospital and Catholic Charities believe no one should be without prescriptions because of the inab ility to pay</p> |

| 990 Schedule H, Supplemental Information                             |             |
|----------------------------------------------------------------------|-------------|
| Form and Line Reference                                              | Explanation |
| Schedule H, Part VI, Line 7 State filing of community benefit report | IL          |

## Additional Data

Software ID: 16000421

**Software Version:** 2016v3.0

**EIN:** 37-0661233

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

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

## Section A. Hospital Facilities

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

**1**

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

Licensed hospital

General medical &amp; surgical

Children's hospitals

Teaching hospital

Critical access hospital

Research facility;

EF-24 hours

ER-other

Other (Describe)

**Facility  
reporting group**

1

ST ANTHONY'S MEMORIAL HOSPITAL  
503 N MAPLE STREET  
EFFINGHAM, IL 62401  
[http //stanthonyshospital org/](http://stanthonyshospital.org/)  
HF107112

X

X

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 5<br>Facility , 1 | Facility , 1 - HSHS St Anthony's Memorial Hospital Qualitative data was reviewed to help validate the selection of health priorities In alignment with IRS Treasury Notice 2011-5 2 2 data reviewed represented 1) the broad interests of the community, and 2) the voice of community members who were medically underserved, minorities, low-income, and/or those pe rsons with chronic illnesses The University of Illinois, Springfield, Survey Research Off ice conducted focus groups consisting of community leaders, physicians, local school distr ict representatives, religious leaders, and other health care professionals in both counti es This input, combined with the quantitative and secondary data, was shared with the two leading CHNA committees, the Alliance for a Healthier Effingham County and the Jasper Cou nty Steering Committee for further input The results of the CHNA were also shared with HS HS St Anthony's Board of Directors, Hospital Advisory Council, Physician Strategy Committ ee, and Medical Executive Committee As a collective, members of these focus groups and co mmittees represented the broad interests of the community served by the hospital, includin g those with special knowledge of, or expertise in public health (local, regional, and sta te) Members of medically underserved, low-income and minority populations served by the h ospital or individuals or organizations representing the interests of such populations als o provided input The medically underserved are members of a population who experience hea lth disparities, are at risk of not receiving adequate medical care as a result of being u ninsured or underinsured, and/or experiencing barriers to health care due to geographic, l anguage, financial or other barriers Members of the Alliance for a Healthier Effingham Co unty and the Jasper County Steering Committee were chosen based on their unique expertise and experience, informed perspectives and involvement with the community Committee member s included Alliance For A Healthier Effingham County Members * Sister Carol Beckermann, O SF, Catholic Charities of Effingham Director, Low-Income, Medically Underserved, Minority Populations, Charity Care * Dorothy Behrns, APN, Family Nurse Practitioner, Family Care As sociates, Effingham, Chairperson Of HSHS St Anthony's Memorial Hospital Board of Director s, Nursing, Low-Income, Minority Populations, Medically Underserved * Mary Finley, RN, BSN , MBA, CPHQ, CPPS, HSHS St Anthony's Memorial Hospital, Director Of Quality Improvement * Michelle Fombelle, MPH, CHES, Illinois Nutrition Education Programs (INEP), Extension Edu cator, Low-Income, Minority Populations * Jennifer Fox, Early Learning Center, Principal, Minority Populations, Low-Income * Joann Garbe, RN, Registered Nurse * Lisa Hoelscher, HSH S St Anthony's Memorial Hospital, Community Benefit Specialist * Dr Charles Horin, DDS, Horin Dentistry, Dentist, Low-Income * Linda Hubbartt, Effingham County Committee On Aging , Executive Director, Low-Inco |

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 5<br>Facility , 1 | me, Minority Populations, Medically Underserved * John Kingery, Kingery Printing, Owner, V ice-Chairperson Of HSHS St Anthony's Memorial Hospital Board of Directors * Bonnie Kruse, MSRDS, HSHS St Anthony's Memorial Hospital, Clinical Nutrition Manager * Norma Lansing, Effingham Chamber of Commerce, President * Jennifer Moore, Effingham County Public Transpo rtation & Central Illinois Public Transit, Mobility Manager, Low-Income, Minority Populati ons * Deena Mosbarger, Effingham & Clay County Health Departments, HR/Special Projects Dir ector, Low-Income, Minority Populations, Medically Underserved, Disease Management, Public Health * Nikki Quandt, Heartland Human Services Executive Director, Mental Health, Medica lly Underserved * Ross Richardson, HSHS St Anthony's Memorial Hospital, Director of Commu nity Benefit, United Way Executive Board, Low-Income, Minority Populations * Greg Sapp, Pr emier Broadcasting, Owner/Station Manager Jasper County Steering Committee Membe rs * Ken Albrecht, Retired Veterinarian * Scott Bloomberg, DC, Bloomberg Chiropractic, Low -Income, Medically Underserved, Public Health * Mark Bolander, Mayor of Newton, Low-Income , Minority Populations * Tom Brown, Retired Engineer * Jeffrey Drake, Rides Mass Transit D istrict, Public Relations and Marketing Coordinator, Minority Populations, Low-Income * Li sa Hoelscher, HSHS St Anthony's Memorial Hospital, Community Benefit Specialist * Angie W etherholt, School Nurse, Jasper County School Nurse, Low-Income, Minority Populations, Med ically Underserved, Disease Management, Public Health * Jeannie Johnson, MS, Jasper County Health Department, Director, Low-Income, Minority Populations, Medically Underserved, Dis ease Management, Public Health * Roger Kinder, Community Member, Fitness Advocate * Ken La rimore, University of Illinois Extension, Educator * Deborah Riddle, BSN, Jasper County He alth Department, Administrator, Low-Income, Minority Populations, Medically Underserved, D isease Management, Public Health * Ross Richardson, HSHS St Anthony's Memorial Hospital, Director of Community Benefit, United Way Executive Board, Low-Income, Minority Population s * Bill Weber, Jasper County Economic Development COOP Past Chairperson, Low-Income, Mino rity Populations * Sandy Zumbahlen, RN, BSN, Jasper County Health Department, Director of Nursing, Low-Income, Minority Populations, Medically Underserved, Disease Management, Publ ic Health |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 6b<br>Facility , 1 | Facility , 1 - HSHS St Anthony's Memorial Hospital HSHS St Anthony's Memorial Hospital conducted its FY2015 CHNA with the University Of Illinois at Springfield Survey Research Office, Southern Illinois University School of Medicine Office Of Community Health And Service, Alliance For A Healthier Effingham County, and Jasper County Steering Committee |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 7<br>Facility , 1 | Facility , 1 - HSHS St Anthony's Memorial Hospital Results were shared with the Alliance For Healthier Effingham, Jasper County Steering committee, HSHS St Anthony's Memorial Hospital's leadership groups, and at Colleague Town Halls In addition, a news release was distributed to the local news media St Anthony's CHNA Report and Implementation Plan are available to the public by contacting the hospital's Community Programs department at 217-347-1529 |

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 11<br>Facility , 1 | Facility , 1 - HSHS St Anthony's Memorial Hospital HSHS St Anthony's Memorial Hospital partners with various organizations to develop, implement, monitor and evaluate both new and ongoing initiatives that address the identified priority community health needs The set of implementation strategies and interventions are contained in the Implementation Plan which was approved and adopted by an authorized body of the hospital The implementation strategies and interventions include, but are not limited to, the following initiatives in each of the following categories 1 Access to Primary Care a Goal To provide access to primary care services to individuals who are unable to attain these services due to financial burden or location of residence Measure During the period of open enrollment on the health insurance exchange, November 1, 2015 to January 31, 2016, HSHS St Anthony's will hold one education event for the community, distribute one news release to the local media about open enrollment and place information on the hospital's website The need for services of a hospital-based enrollment counselor will be evaluated prior to the enrollment period Measure In accordance with HSHS St Anthony's Medical Staff Development Plan, HSHS St Anthony's will pursue the recruitment of a primary care provider for Jasper County Measure HSHS St Anthony's will continue to offer medical services at its Convenient Care clinic for residents who cannot access their primary care physician during regular office hours or on weekends In keeping with our Mission, health care services are available to all, regardless of ability to pay Measure HSHS St Anthony's will continue to partner with Catholic Charities to provide access for adults, age 18 plus for emergent tooth extraction The program is provided to uninsured and underinsured community members Additional education and awareness of the program will be provided through the hospital's website and educational materials available at Catholic Charities, area health fairs, and food pantries Measure In collaboration with local school districts, HSHS St Anthony's will begin offering vision and hearing testing to local schools, which are required by the State of Illinois Historically, this program was provided through the County Health Department, but budget cuts led to the elimination of the program by the County Health Department To reduce the financial burden for school districts to contract private agencies to provide the service or passing the cost on to area residents, HSHS St Anthony began providing this service free of charge in the 2015/2016 school year Additional testing of hearing and vision for students with identified needs will be performed, regardless of insurance 2 Chronic Disease Diabetes a Goal To improve the health of individuals with diabetes by supporting their efforts in normalizing their blood glucose levels thereby minimizing the complications and hospitalizations related |

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 11<br>Facility , 1 | <p>to diabetes Measure HSHS St Anthony's will partner with Catholic Charities to develop a program for people with diabetes that will assist them in obtaining resources needed to manage their disease Resources include access to food and recipes, financial assistance with medications, access to diabetic supplies, nutrition education, behavioral goal setting and laboratory exams Outcome measures that will be evaluated include blood pressure, HgbA 1c, total cholesterol, LDL, HDL, and triglyceride levels pre and post participation in the Diabetes Community Education Program As part of this program, HSHS St Anthony's will also work with Catholic Charities to evaluate the availability of "diabetic-friendly" foods provided by their Food Pantry and fill any gaps as needed to support the overall program</p> <p>3 Chronic Disease Cerebrovascular Disease/Stroke a Goal To raise awareness of the symptoms of stroke and educate the public on the appropriate actions necessary in the event of a stroke Measure Stroke education will be the focus of at least two educational events sponsored by HSHS St Anthony's each year Digital media will also be utilized to increase the awareness of stroke symptoms and educate the public on the steps necessary to identify the signs of stroke b Goal To utilize advanced technology in the diagnosis and proper treatment of stroke victims Measure Advances in technology and partnership with our Sister facility, HSHS St John's Hospital in Springfield, have allowed us to utilize telemedicine for the identification of stroke symptoms Continued utilization of this technology will allow us to diagnose patients presenting in our Emergency Department as well as current inpatients</p> <p>4 Nutrition a Goal To provide area students with education on the importance of proper nutrition and maintaining a healthy, active lifestyle Measure A School Wellness Program has been developed to provide third grade students with basic health information, nutritional information, smoking cessation, and fitness/exercise education This 8-week program measures the student's knowledge of nutrition and physical fitness using a pre-test and post-test to evaluate program success The outcome measure will evaluate the success of the program based on at least a 35% increase of total student scores between the pre- and post-test 5 Smoking a Goal To decrease the number of individuals who use cigarettes with a special emphasis on grade school students and pregnant women Measure HSHS St Anthony's will begin offering a Smoking Cessation Program with the anticipated impact of reaching community members who need assistance to stop smoking Smoking cessation information will also be included in prenatal packets for expectant mothers The School Wellness Program described above will also include a chapter on the hazards of smoking Areas of Opportunity Not Addressed HSHS St Anthony's and the CHNA committees did not choose to address the following areas of op</p> |

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 11<br>Facility , 1 | <p>portunity since there were already resources available in the community The members felt that this would lead to a duplication of services if addressed through this CHNA process</p> <p>1 Dental Access A A dental voucher program is offered by St Anthony's and Catholic Char ities</p> <p>2 Mental Health Provider Access A There are established resources available throu gh Heartland Human Services, the Jasper County Health Department and various other individ ual providers</p> <p>3 Access to Exercise Opportunities A With the support of HSHS St Anthony 's, a new community sports complex opened in January 2016 In addition, there are various gyms and exercise facilities available and walking trails in both Effingham and Jasper Cou nties</p> |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 20<br>Facility , 1 | Facility , 1 - St Anthony's Memorial Hospital HSHS provides a written notice about upcoming ECAs at least 30 days prior to initiating ECAs This statement is included on a patient billing statement prior to placement with an agency Additionally, a message about the availability of financial assistance is included on the statement, but it was not a separate summary document |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number  
37-0661233

Part I

Questions Regarding Compensation

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

**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 |
|---------------------|-------------|
| See Additional Data |             |

**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 37-0661233  
**Name:** St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order o  
f St Francis

**Part III, Supplemental Information**

| Return Reference                                                      | Explanation                                                                                                                                                                                       |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 1a Tax indemnification and gross-up payments | TAX GROSS-UPS WERE PAID BY THE ORGANIZATION TO VARIOUS INDIVIDUALS LISTED IN SCH J THAT WERE LESS THAN \$50 A PERSON THE FAIR VALUE OF THIS WAS INCLUDED IN EACH EMPLOYEES ANNUAL REPORTED INCOME |

**Part III, Supplemental Information**

| Return Reference                                                                                             | Explanation                                                      |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Schedule J, Part I, Line 3<br>Arrangement used to establish the<br>top management official's<br>compensation | PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A IN SCHEDULE O |

**Part III, Supplemental Information**

| Return Reference                                                         | Explanation                                                                                                                                                                                              |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 4a<br>Severance or change-of-control<br>payment | ORGANIZATION HOSPITAL SISTERS HEALTH SYSTEM, INC EIN 37-1058692 INTERESTED PERSON LAWRENCE<br>SCHUMACHER AMOUNT \$619,080 TERMS COMPENSATION PAID AS A RESULT OF A SEVERANCE FROM THE POSITION OF<br>COO |

Part III, Supplemental Information

| Return Reference                                                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 4b<br>Supplemental nonqualified<br>retirement plan | HSHS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSHS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSHS COMPENSATION COMMITTEE THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN DOCUENTS FOR THE PLAN YEAR PARTICIPANTS CONSTRUCTIVELY RECEIVE A DISTRIBUTION FROM THE PLAN NO LATER THAN MARCH 15TH OF THE CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH AN AMOUNT IS VESTED AND TAXABLE PURSUANT TO A VESTING SCHEDULE AS SPECIFIED IN THE PLAN DOCUMENT THE ACTUAL DISTRIBUTION OF THE VESTED BENEFIT UNDER THE PLAN IS PAID IN A SINGLE LUMP SUM TO THE PARTICIPANT OR THE PARTICIPANT'S BENEFICIARY UPON THE EARLIER OF THE PARTICIPANT'S TERMINATION OF EMPLOYMENT, DEATH, OR TOTAL AND PERMANENT DISABILITY THE FOLLOWING INTERESTED PERSONS CONSTRUCTIVELY RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2016 THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) Ann Carr -- \$31,564 James Dover -- \$85,408 Theresa Rutherford -- \$35,788 THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2016 THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE Ann Carr -- \$31,485 Theresa Rutherford -- \$37,545 |

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 |                                                |                         |                                 |                                                                       |
| 1THERESA J RUTHERFORD<br>PRESIDENT & CEO                 | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                          | (ii) | 301,923                                            | 50,518                              | 57,323                              | 173,895                                        | -                       | -                               | 37,545                                                                |
|                                                          |      |                                                    |                                     |                                     |                                                | 20,263                  | 603,922                         |                                                                       |
| 1LAWRENCE SCHUMACHER<br>Former DIVISION CEO -<br>INTERIM | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                          | (ii) | 0                                                  | 0                                   | 622,151                             | 0                                              | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 0                       | 622,151                         |                                                                       |
| 2ANN M CARR<br>TREASURER                                 | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                          | (ii) | 251,800                                            | 39,616                              | 68,544                              | 291,816                                        | -                       | -                               | 31,485                                                                |
|                                                          |      |                                                    |                                     |                                     |                                                | 20,710                  | 672,486                         |                                                                       |
| 3JAMES DOVER<br>CEO SOUTHERN IL DIVISION                 | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                          | (ii) | 550,475                                            | 96,529                              | 41,692                              | 95,620                                         | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 37,504                  | 821,820                         |                                                                       |
| 4DAVID NOSACKA<br>DIVISION CFO                           | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                          | (ii) | 325,821                                            | 28,676                              | 5,046                               | 42,252                                         | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 23,291                  | 425,086                         |                                                                       |
| 5DAVID A STORM<br>CFO                                    | (i)  | 164,647                                            | 0                                   | 390                                 | 158,546                                        | 7,802                   | 331,385                         | 0                                                                     |
|                                                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 0                       | 0                               |                                                                       |
| 6BRYAN L JENNINGS<br>CHIEF MEDICAL OFFICER               | (i)  | 311,798                                            | 19,170                              | 1,642                               | 42,653                                         | 20,717                  | 395,980                         | 0                                                                     |
|                                                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 0                       | 0                               |                                                                       |
| 7KELLY M SAGER<br>Chief Nursing Officer                  | (i)  | 164,178                                            | 11,249                              | 1,116                               | 123,178                                        | 20,521                  | 320,242                         | 0                                                                     |
|                                                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 0                       | 0                               |                                                                       |
| 8CURTIS WATSON<br>CRNA                                   | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                          | (ii) | 231,943                                            | 7,238                               | 4,539                               | 193,387                                        | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 25,749                  | 462,856                         |                                                                       |
| 9MARY BRYANT<br>CRNA                                     | (i)  | 187,840                                            | 0                                   | 411                                 | 44,276                                         | 8,661                   | 241,188                         | 0                                                                     |
|                                                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 0                       | 0                               |                                                                       |
| 10ROBERT S BRYANT<br>CRNA                                | (i)  | 186,977                                            | 0                                   | 411                                 | 43,211                                         | 8,663                   | 239,262                         | 0                                                                     |
|                                                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 0                       | 0                               |                                                                       |
| 11LARRY J CARROLL<br>CRNA                                | (i)  | 108,265                                            | 0                                   | 114                                 | 47,983                                         | 1,996                   | 158,358                         | 0                                                                     |
|                                                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 0                       | 0                               |                                                                       |
| 12MARY C FINLEY<br>DIRECTOR, QUALITY<br>MANAGEMENT       | (i)  | 125,219                                            | 0                                   | 804                                 | 114,845                                        | 14,783                  | 255,651                         | 0                                                                     |
|                                                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 0                       | 0                               |                                                                       |
| 13JODY A PUCKETT<br>DIRECTOR, FACILITY<br>SERVICES       | (i)  | 124,885                                            | 7,380                               | 801                                 | 112,324                                        | 20,322                  | 265,712                         | 0                                                                     |
|                                                          | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -                       | -                               | 0                                                                     |
|                                                          |      |                                                    |                                     |                                     |                                                | 0                       | 0                               |                                                                       |

|                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                  |                                                     |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <b>SCHEDULE O</b><br>(Form 990 or 990-EZ)                                                                                                                                     | <b>Supplemental Information to Form 990 or 990-EZ</b><br>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.<br>▶ Attach to Form 990 or 990-EZ.<br>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . |                                                     | OMB No 1545-0047                                |
|                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                  |                                                     | <b>2016</b><br><b>Open to Public Inspection</b> |
| Department of the Treasury<br>Internal Revenue Service<br>Name of the organization<br>St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis |                                                                                                                                                                                                                                                                                                                                                                                  | <b>Employer identification number</b><br>37-0661233 |                                                 |

990 Schedule O, Supplemental Information

| Return Reference                                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 4a STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | ST ANTHONY'S MEMORIAL HOSPITAL, EFFINGHAM OF THE HOSPITAL SISTERS HEALTH SYSTEM PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED,SEX, NATIONAL ORIGIN, HANDICAP, AGE, RELIGION, OR ABILITY TO PAY ALTHOUGH REIMBURSEMENT FOR SERVICES IS CRITICAL TO THE CONTINUED OPERATION AND STABILITY OF THE HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE NECESSARY MEDICAL SERVICES OUR MISSION IS TO SERVE THE COMMUNITY WITH THE BEST QUALITY HEALTHCARE SERVICES AND HEALTHCARE EDUCATION INHERENT TO OUR MISSION, WE PROVIDE CARE TO THE POOR, THE ELDERLY, AND THE NEEDY OF THE COMMUNITY THROUGH VARIOUS PROGRAMS AND SERVICES THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF COMMUNITY SUPPORT ACTIVITIES DURING FISCAL YEAR 2017, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 5,127 INPATIENTS UTILIZING 15,618 ADULT AND PEDIATRIC DAYS OF CARE IN ADDITION, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 150,866 OUTPATIENTS ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO THE POOR AT FREE OR REDUCED COST THROUGH OUR CHRISTIAN CARE PROGRAM CHARITY CARE PROVIDED AT COST WAS \$1,926,212 IN ADDITION, THE HOSPITAL PARTICIPATES IN THE ILLINOIS MEDICAID PROGRAM, WHICH REIMBURSES THE HOSPITAL AT RATES SUBSTANTIALLY BELOW THE COST OF PROVIDING THE SERVICES FULFILLING OUR MISSION TO THE COMMUNITY, SERVICES WERE PROVIDED TO MEDICAID INPATIENTS UTILIZING 1,499 DAYS OF CARE THE UNPAID COST OF MEDICAID WAS \$7,395,730 OTHER BENEFITS INCLUDED IN-KIND DONATIONS IN THE AMOUNT OF \$14,163 ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO MEMBERS OF THE BROADER COMMUNITY THROUGH OUR PARTICIPATION IN THE MEDICARE PROGRAM, PROVIDING MANY PROGRAMS AND SERVICES FREE OR AT A REDUCED PRICE, PROVIDING SERVICES THAT BENEFIT THE COMMUNITY BUT HAVE A NEGATIVE MARGIN, AND THROUGH EDUCATIONAL PROGRAMS AT NO COST THE UNPAID AND UNREIMBURSED COST OF PARTICIPATING IN THE MEDICARE PROGRAM WAS \$13,832,666 DURING FISCAL YEAR 2017 |

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                                                                  | Explanation                                       |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Form 990, Part<br>VI, Line 2<br>Family/business<br>relationships<br>amongst<br>interested<br>persons | ROBERT BRYANT & MARY BRYANT - Family relationship |

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>7b Decisions<br>requiring<br>approval by<br>members or<br>stockholders | <p>RESPONSIBILITY FOR THE POLICY AND OPERATIONS OF ST ANTHONY'S HOSPITAL (THE "CORPORATION") IS VESTED IN ITS BOARD OF DIRECTORS, EXCEPT WITH RESPECT TO SPECIFIC POWERS RESERVED IN T HE CORPORATION'S BYLAWS TO THE CORPORATION'S MEMBER, HOSPITAL SISTERS SERVICES, INC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE THE MEMBER OF HSSI IS HOSPITAL SISTERS HEALTH SYSTEM ("HSHS"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTIO N 501(C)(3) OF THE INTERNAL REVENUE CODE THE GOVERNANCE AND OPERATIONS OF THE CORPORATION ARE SUBJECT TO HSSI'S RIGHT TO EXERCISE THESE RESERVED POWERS WITH RESPECT TO THE CORPORA TION AND ORGANIZATIONS OF WHICH THE CORPORATION IS EITHER, DIRECTLY OR INDIRECTLY, A CONTR OLLING MEMBER OR A CONTROLLING SHAREHOLDER ("AFFILIATES") HSSI'S RIGHT TO EXERCISE CERTAI N OF THESE RESERVED POWERS IS, IN TURN, SUBJECT TO THE APPROVAL OF HSHS AND HSHS' MEMBERS THE RESERVED POWERS INCLUDE ALL RIGHTS GRANTED TO HSSI BY LAW AND THE RIGHT TO (A) ADOPT , APPROVE AMENDMENTS TO, OR AMEND ANY STATEMENT OF PHILOSOPHY, MISSION, MISSION INTEGRATIO N OR VALUES OR ANY NAME, LOGO, OR MARK OF THE CORPORATION OR OF ANY AFFILIATE, (B) ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION OR OF ANY AFFILIATE, (C) ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE BYLAWS OF THE CORPORATION OR OF ANY AFFILIATE, (D) APPOINT AND REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE OF THE DIRE CTORS OF THE CORPORATION OR OF ANY AFFILIATE, AND THE CHAIRPERSON AND PRESIDENT OF THE COR PORATION OR OF ANY AFFILIATE, (E) APPROVE THE RECOMMENDATION OF THE BOARD OF DIRECTORS TO APPOINT OR REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE DIRECTORS OF THE CORPORATION OR OF ANY AFFILIATE, OR THE CHAIRPERSON AND PRESIDENT OF THE CORPORATION OR OF ANY AFFILIATE (F) WITH RESPECT TO THE CORPORATION OR ANY AFFILIATE, APPROVE THE PURCHASE, SALE, ALIENAT ION, EXCHANGE, LEASE OR ENCUMBRANCE OF ANY REAL PROPERTY OF THE CORPORATION OR OF ANY AFFI LIATE, WHICH PROPERTY HAS A VALUE IN EXCESS OF LIMITS SET FROM TIME TO TIME BY HSSI, (G) A PPROVE THE OPERATING AND CAPITAL BUDGETS OF THE CORPORATION OR OF ANY AFFILIATE, AND ANY D EVIATIONS BY THE CORPORATION OR OF ANY AFFILIATE FROM SUCH BUDGETS IN AN AMOUNT OR PERCENT AGE SPECIFIED BY HSSI FROM TIME TO TIME, (H) APPROVE THE STRATEGIC PLAN AND GOALS OF THE C ORPORATION OR OF ANY AFFILIATE, (I) APPROVE THE SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR OF ANY AFFILIATE, (J) APPROVE THE MERGER OR DISSOLUTION OF THE CORPORA TION OR OF ANY AFFILIATE, (K) ADOPT OR AMEND THE PLAN FOR MINISTRY EDUCATION AND GOVERNANC E FOR THE CORPORATION AND ITS AFFILIATES, (L) APPROVE THE CORPORATION'S MISSION ACCOUNTABI LITY REPORTS AND THOSE OF ANY AFFILIATE, (M) APPROVE THE FINANCIAL POLICIES AND PROCEDURES OF THE CORPORATION OR OF ANY AFFILIATE AND APPROVE ANY DEVIATIONS FROM SUCH POLICIES AND PROCEDURES BY THE CORPORATION</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                  | Explanation                                                                       |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>7b Decisions<br>requiring<br>approval by<br>members or<br>stockholders | OR ANY AFFILIATE, AND (N) ADOPT POLICIES TO IMPLEMENT THE RESERVED POWERS OF HSSI |

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>12c Conflict<br>of interest<br>policy | <p>THE ORGANIZATION IS SUBJECT TO THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY ("POLICY") OF HOSPITAL SISTERS HEALTH SYSTEM, AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. A REVISED CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY HAVE BEEN USED SINCE JANUARY 2009 TO ESTABLISH THE PRACTICE OF MANAGING CONFLICTS OF INTEREST USING A SYSTEM-WIDE PROTOCOL FOR DISCLOSURE STATEMENTS. IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, ALL COVERED PERSONS HAVE A DUTY TO COMPLY WITH THE CONFLICT OF INTEREST POLICY FOR ANY CONTRACT, TRANSACTION, RELATIONSHIP OR ACTIVITY CONTEMPLATED, ENTERED INTO OR CONDUCTED AT HSHS OR ITS AFFILIATES. THE POLICY DEFINES COVERED PERSONS AS BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS, BOARD DESIGNEES, SENIOR MANAGEMENT, MEMBERS OF ANY COMMITTEE THAT OVERSEES THE APPROVAL OF PHARMACEUTICALS, AND MEDICAL DEVICES, ANY OTHER INDIVIDUAL WHO HOLDS A POSITION OF TRUST. ON AN ANNUAL BASIS, HSHS DISCLOSES A COPY OF THE CONFLICT OF INTEREST POLICY (AND ALL CORRESPONDING PROCEDURES, GUIDELINES, FORMS AND TOOLS) TO ALL COVERED PERSONS AND ADVISES ALL COVERED PERSONS IN WRITING OF ANY SUBSTANTIVE CHANGES TO THIS POLICY AND SUCH RELATED MATERIALS. COVERED PERSONS ARE REQUIRED TO REVIEW AND COMPLETE THE CORRESPONDING CONFLICT OF INTEREST STATEMENT. THE SYSTEM OFFICE VICE PRESIDENT, SYSTEM RESPONSIBILITY OR MEMBERS OF THE AUDIT AND INTEGRITY COMMITTEE ("COMMITTEE") ARE AVAILABLE TO ANSWER ANY QUESTIONS A COVERED PERSON MAY HAVE. IN ADDITION, IF, AT ANY TIME AFTER SUBMITTING AN ANNUAL CONFLICT OF INTEREST STATEMENT, A COVERED PERSON BECOMES AWARE OF AN INTEREST THAT HE OR SHE WOULD HAVE HAD TO DISCLOSE AT THE ANNUAL INTERVAL, THE COVERED PERSON IS REQUIRED PROMPTLY TO DISCLOSE THE INTEREST TO THE COMMITTEE USING THE HSHS CONFLICT OF INTEREST DISCLOSURE STATEMENT. COMPLETED CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED TO THE COMMITTEE, WHICH IS RESPONSIBLE FOR IDENTIFYING, ASSESSING, AND MANAGING CONFLICTS OF INTEREST THAT ARISE IN THE COURSE OF CONDUCTING THE AFFAIRS OF HSHS AND ITS AFFILIATES. IF THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE CONFLICT OF INTEREST POLICY REQUIRES HSHS NOT TO ENGAGE IN OR ENTER INTO A PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY UNLESS THE COMMITTEE OR, WHERE NECESSARY, THE BOARD OF DIRECTORS (ACTING THROUGH ITS DISINTERESTED MEMBERS), HAS INVESTIGATED ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY AND, IN THE ABSENCE OF ALTERNATIVES THAT ARE IN THE BEST INTERESTS OF HSHS, HAS DETERMINED 1 THAT, REGARDLESS OF WHETHER THE COVERED PERSON PARTICIPATES IN THE IMPLEMENTATION OF THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY, 2 THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS IN THE BEST INTERESTS OF HSHS, 3 THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS FAIR.</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>12c Conflict<br>of interest<br>policy | <p>AND REASONABLE FROM THE PERSPECTIVE OF HSHS, AND 4 HSHS CANNOT OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES IN DETERMINING WHETHER A CONTRACT, TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO HSHS, THE COMMITTEE SHALL CONSIDER, WHERE APPLICABLE 1 APPRAISALS OR OTHER INDEPENDENT VALUATIONS OF THE FAIR MARKET VALUE OF THE CONTRACT, TRANSACTION, OR ARRANGEMENT, 2 INFORMATION REGARDING COMPARABLE CONTRACTS, TRANSACTIONS, OR ARRANGEMENTS BETWEEN UNRELATED PARTIES, 3 OFFERS FROM COMPARABLE COMPETING ENTITIES, AND/OR 4 STUDIES OF COMPARABLE COMPENSATION ARRANGEMENTS IN ANY CASE IN WHICH THE COMMITTEE FINDS, AFTER TAKING THE STEPS DESCRIBED ABOVE, THAT HSHS SHOULD PARTICIPATE IN A PROPOSED TRANSACTION OR ARRANGEMENT DESPITE THE EXISTENCE OF A CONFLICT OF INTEREST, THE COMMITTEE SHALL DEVELOP, IMPLEMENT, MONITOR, AND ENFORCE COMPLIANCE WITH A CONFLICT MANAGEMENT PLAN FOR MANAGING THE CONFLICT OF INTEREST AS IT CONSIDERS NECESSARY FOR SUCH FINDINGS TO REMAIN VALID THROUGHOUT THE LIFE OF THE CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY ALL CONFLICT MANAGEMENT PLANS SHALL 1 STATE THAT THE COMMITTEE WILL OVERSEE, MONITOR, AND ENFORCE COMPLIANCE WITH THE PLAN THROUGHOUT THE COURSE OF THE STUDY AND SPECIFY MEANS FOR DOING SO, INCLUDING , WITHOUT LIMITATION, THAT THE APPROPRIATE INDIVIDUALS MUST PROVIDE THE COMMITTEE WITH WRITTEN REPORTS PERTAINING TO COMPLIANCE WITH THE CONFLICT MANAGEMENT PLAN, THAT THE COMMITTEE SHALL HAVE THE RIGHT TO AUDIT THE STUDY FOR SUCH COMPLIANCE, AND THE RIGHT TO IMPOSE SANCTIONS FOR NON-COMPLIANCE, 2 STATE THAT THE PLAN MUST BE SHARED WITH COVERED PERSON WHOSE INTERESTS IT WAS DEVELOPED TO MANAGE, 3 STATE THAT THE PLAN MUST BE SHARED WITH, AND PERIODIC REPORTS ON COMPLIANCE WITH THE PLAN MUST BE PROVIDED TO, THE BOARD, SENIOR MANAGEMENT, AND/OR GOVERNMENT AGENCIES, AND 4 PROVIDE FOR SUCH OTHER MANAGEMENT STEPS AND MECHANISMS THE COMMITTEE CONSIDERS NECESSARY AND APPROPRIATE IN ADDITION TO THE COMMITTEE, THE SYSTEM OFFICE VICE PRESIDENTS OF SYSTEM RESPONSIBILITY AND RISK &amp; COMPLIANCE MAY RETAIN SUCH INDEPENDENT ADVISORS OR EXPERTS AS DEEMED NECESSARY TO ASSIST IN MAKING ITS DETERMINATIONS AND DECISIONS IF THE COMMITTEE DETERMINES THAT THE CONTEMPLATED TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY CANNOT PROCEED DUE TO A CONFLICT OF INTEREST, THE COMMITTEE SHALL INFORM THE APPLICABLE COVERED PERSON OR DECISION-MAKING BODY OF SUCH DETERMINATION WITHIN ONE WEEK OF THE COMMITTEE MEETING AT WHICH THE CONTEMPLATED TRANSACTION WAS DISCUSSED THE COMMITTEE SHALL DOCUMENT ITS REJECTION OF THE CONTEMPLATED TRANSACTION IN THE COMMITTEE'S MEETING MINUTES</p> |

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                   | Explanation                                                                                                                                                                  |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VIII, Line<br>11d Other<br>Miscellaneous<br>Revenue | Misc Revenues - Total Revenue 537098, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue<br>Excluded from Tax Under Sections 512, 513, or 514 537098, |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                                                      | Explanation                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part XI, Line<br>9 Other<br>changes in<br>net assets or<br>fund<br>balances | Change in fair value of interest rate swap - 3221870, Swap payments - -1199611, CHANGE IN TEMPORARILY RESTRICTED<br>NET ASSETS - 108377, TRANSFERS TO/FROM AFFILIATES - -3381594, Change in Pension - -646744, |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number  
37-0661233

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                        | (b)<br>Primary activity        | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) KIARA CLINICAL INTEGRATION NETWORK LLC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>26-1417684     | HEALTHCARE                     | IL                                               | -1,762,307          | 6,257,513                 | HSSI                             |
| (2) PHYSICIAN CLINICAL INTEGRATION NETWORK LLC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1668647 | HEALTHCARE                     | IL                                               | -950,689            | 8,580,781                 | KCIN                             |
| (3) HSHS ACO LLC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>32-0465666                               | HEALTHCARE & SOCIAL ASSISTANCE | IL                                               | -515,297            | 146,855                   | KCIN                             |
|                                                                                                            |                                |                                                  |                     |                           |                                  |
|                                                                                                            |                                |                                                  |                     |                           |                                  |
|                                                                                                            |                                |                                                  |                     |                           |                                  |

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization                                                                                   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income<br>(related,<br>unrelated,<br>excluded<br>from tax<br>under<br>sections 512-<br>514) | (f)<br>Share of<br>total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule<br>K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                                            |                         |                                                                 |                                        |                                                                                                                   |                                    |                                           | Yes                                     | No |                                                                               | Yes                                       | No |                                |
| <b>(1)</b> MEMORIAL AND ST ELIZABETH'S HEALTHCARE CANCER TREATMENT CENTER<br>4000 NORTH ILLINOIS STREET<br>SWANSEA, IL 62226<br>37-1312961 | HEALTHCARE              | IL                                                              | ST ELIZABETH'S                         | Related                                                                                                           | 674,729                            | 4,464,307                                 |                                         | No |                                                                               |                                           | No | 50 %                           |
| <b>(2)</b> PRAIRIE HEART INSTITUTE ST JOHN'S<br>800 EAST CARPENTER STREET<br>SPRINGFIELD, IL 62769<br>37-1321197                           | HEALTHCARE              | IL                                                              | HSHS                                   | Related                                                                                                           | 0                                  | 8,000                                     |                                         | No |                                                                               |                                           | No | 100 %                          |
| <b>(3)</b> PAIN CENTER OF WISCONSIN<br>4131 W LOOMIS ROAD<br>SUITE 300<br>GREENFIELD, WI 53221<br>26-3155343                               | HEALTHCARE              | WI                                                              | ST VINCENT                             | Related                                                                                                           | 527,290                            | 608,459                                   |                                         | No |                                                                               |                                           | No | 50 %                           |
| <b>(4)</b> PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC<br>4131 W LOOMIS ROAD<br>SUITE 300<br>GREENFIELD, WI 53221<br>36-4717036            | HEALTHCARE              | WI                                                              | ST CLARE                               | Related                                                                                                           | 82,878                             | 213,434                                   |                                         | No |                                                                               |                                           | No | 50 %                           |
| <b>(5)</b> CARPENTER STREET HOTEL LLC<br>525 NORTH SIXTH STREET<br>SPRINGFIELD, IL 62702<br>36-4128127                                     | HOTEL                   | IL                                                              | LASANTE INC                            | N/A                                                                                                               |                                    |                                           |                                         |    |                                                                               |                                           |    | 0 %                            |
| <b>(6)</b> SPRINGFIELD URGENT CARE REAL ESTATE LLC<br>PO BOX 19456<br>SPRINGFIELD, IL 62794<br>03-0413258                                  | RENTAL REAL<br>ESTATE   | IL                                                              | LASANTE INC                            | N/A                                                                                                               |                                    |                                           |                                         |    |                                                                               |                                           |    | 0 %                            |
| <b>(7)</b> PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>26-1479945                      | MEDICAL                 | IL                                                              | HSHS                                   | Related                                                                                                           | -7,119                             | 10,276                                    |                                         | No |                                                                               | Yes                                       |    | 100 %                          |

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

See Additional Data Table

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

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

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

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

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

1a

No

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

1b

No

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

1c

No

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

1d

No

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

1e

No

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

1f

No

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

1g

No

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

1h

No

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

1i

No

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

1j

No

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

1k

No

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

1l

No

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

1m

Yes

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

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

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

1r

Yes

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

1s

No

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

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

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

[illegible]

**Part VII**   **Supplemental Information**

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

Additional Data

Software ID: 16000421  
Software Version: 2016v3.0  
EIN: 37-0661233  
Name: St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis

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

| (a)<br>Name, address, and EIN of related organization                        | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                              |                         |                                                        |                               |                                                               |                                     | Yes                                                    | No |
| (1)<br><br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1058692          | HEALTHCARE              | IL                                                     | 501(c)(3)                     | Type III-FI                                                   | NA                                  |                                                        | No |
| (1)<br><br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1186514          | HEALTHCARE              | IL                                                     | 501(c)(3)                     | 7                                                             | HSHS                                | Yes                                                    |    |
| (2)<br><br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1120626          | INSURANCE               | IL                                                     | 501(c)(3)                     | Type I                                                        | HSHS                                | Yes                                                    |    |
| (3)<br><br>2661 COUNTY HIGHWAY 1<br>CHIPPEWA FALLS, WI 54729<br>51-0157933   | HEALTHCARE              | WI                                                     | 501(c)(3)                     | Type I                                                        | HSSI                                | Yes                                                    |    |
| (4)<br><br>990 WEST CLAIREMONT AVENUE<br>EAU CLAIRE, WI 54701<br>39-0807060  | HEALTHCARE              | WI                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (5)<br><br>211 SOUTH THIRD STREET<br>BELLEVILLE, IL 62220<br>37-0663567      | HEALTHCARE              | IL                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (6)<br><br>3100 SUPERIOR AVENUE<br>SHEBOYGAN, WI 53081<br>39-0808480         | HEALTHCARE              | WI                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (7)<br><br>800 EAST CARPENTER STREET<br>SPRINGFIELD, IL 62769<br>37-0661238  | HEALTHCARE              | IL                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (8)<br><br>9515 HOLY CROSS LANE<br>BREESE, IL 62230<br>37-1208459            | HEALTHCARE              | IL                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (9)<br><br>2661 COUNTY HIGHWAY 1<br>CHIPPEWA FALLS, WI 54729<br>39-0810545   | HEALTHCARE              | WI                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (10)<br><br>1800 E LAKE SHORE DRIVE<br>DECATUR, IL 62521<br>37-0661244       | HEALTHCARE              | IL                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (11)<br><br>111 SPRING STREET<br>STREATOR, IL 61364<br>36-2169181            | HEALTHCARE              | IL                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (12)<br><br>1762 SHAWANO AVENUE<br>GREEN BAY, WI 54303<br>39-0818682         | HEALTHCARE              | WI                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (13)<br><br>835 S VAN BUREN<br>GREEN BAY, WI 51301<br>39-0817529             | HEALTHCARE              | WI                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (14)<br><br>12866 TROXLER AVENUE<br>HIGHLAND, IL 62249<br>37-0663568         | HEALTHCARE              | IL                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (15)<br><br>1215 FRANCISCAN DRIVE<br>LITCHFIELD, IL 62056<br>37-0661236      | HEALTHCARE              | IL                                                     | 501(c)(3)                     | 3                                                             | HSSI                                | Yes                                                    |    |
| (16)<br><br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1163402         | HEALTHCARE              | IL                                                     | 501(c)(3)                     | Type III-FI                                                   | HSHS                                | Yes                                                    |    |
| (17)<br><br>3215 EXECUTIVE PARK DRIVE<br>SPRINGFIELD, IL 62703<br>26-3956318 | HEALTHCARE              | IL                                                     | 501(c)(3)                     | Type III-FI                                                   | HSSI                                | Yes                                                    |    |
| (18)<br><br>3215 EXECUTIVE PARK DRIVE<br>SPRINGFIELD, IL 62703<br>26-4515959 | HEALTHCARE              | WI                                                     | 501(c)(3)                     | Type III-FI                                                   | HSSI                                | Yes                                                    |    |
| (19)<br><br>919 ASHLAND AVENUE<br>SHEBOYGAN, WI 53081<br>39-1860942          | HEALTHCARE              | WI                                                     | 501(c)(3)                     | 10                                                            | ST NICHOLAS                         | Yes                                                    |    |

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

| (a)<br>Name, address, and EIN of related organization                    | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------|--------------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                          |                         |                                                     |                            |                                                        |                                  | Yes                                           | No |
| (21)<br><br>2366 OAK RIDGE CIRCLE<br>DE PERE, WI 54115<br>39-1750729     | HEALTHCARE              | WI                                                  | 501(c)(3)                  | 10                                                     | HSSI                             | Yes                                           |    |
| (1)<br><br>317 NORTH 5TH STREET<br>SPRINGFIELD, IL 62701<br>37-1157915   | HEALTHCARE              | IL                                                  | 501(c)(3)                  | 4                                                      | HSSI                             | Yes                                           |    |
| (2)<br><br>855 S MAIN STREET<br>OCONTO FALLS, WI 54154<br>39-0848401     | HEALTHCARE              | WI                                                  | 501(c)(3)                  | 3                                                      | HSSI                             | Yes                                           |    |
| (3)<br><br>200 HEALTHCARE DRIVE<br>GREENVILLE, IL 62246<br>37-0792770    | HEALTHCARE              | IL                                                  | 501(c)(3)                  | 3                                                      | HSSI                             | Yes                                           |    |
| (4)<br><br>200 HEALTHCARE DRIVE<br>GREENVILLE, IL 62246<br>37-1140166    | FUNDRAISING             | IL                                                  | 501(c)(3)                  | Type II                                                | HSSI                             | Yes                                           |    |
| (5)<br><br>200 SOUTH CEDAR STREET<br>SHELBYVILLE, IL 62565<br>37-1294401 | FUNDRAISING             | IL                                                  | 501(c)(3)                  | Type I                                                 | HSSI                             | Yes                                           |    |
| (6)<br><br>200 SOUTH CEDAR STREET<br>SHELBYVILLE, IL 62565<br>37-0512290 | HEALTHCARE              | IL                                                  | 501(c)(3)                  | 3                                                      | HSSI                             | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of<br>related organization                                                                                         | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproporionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------------------------|----|-------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                                                                                                  |                         |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                    | No |                                                                         | Yes                                          | No |                                |
| (1)<br>MEMORIAL AND ST<br>ELIZABETH'S HEALTHCARE<br>CANCER TREATMENT CENTER<br><br>4000 NORTH ILLINOIS STREET<br>SWANSEA, IL 62226<br>37-1312961 | HEALTHCARE              | IL                                                              | ST ELIZABETH'S                         | Related                                                                                                   | 674,729                         | 4,464,307                              |                                        | No |                                                                         |                                              | No | 50 %                           |
| (1)<br>PRAIRIE HEART INSTITUTE ST<br>JOHN'S<br><br>800 EAST CARPENTER STREET<br>SPRINGFIELD, IL 62769<br>37-1321197                              | HEALTHCARE              | IL                                                              | HSHS                                   | Related                                                                                                   | 0                               | 8,000                                  |                                        | No |                                                                         |                                              | No | 100 %                          |
| (2)<br>PAIN CENTER OF WISCONSIN<br><br>4131 W LOOMIS ROAD<br>SUITE 300<br>GREENFIELD, WI 53221<br>26-3155343                                     | HEALTHCARE              | WI                                                              | ST VINCENT                             | Related                                                                                                   | 527,290                         | 608,459                                |                                        | No |                                                                         |                                              | No | 50 %                           |
| (3)<br>PAIN CENTER OF WISCONSIN -<br>OCONTO FALLS LLC<br><br>4131 W LOOMIS ROAD<br>SUITE 300<br>GREENFIELD, WI 53221<br>36-4717036               | HEALTHCARE              | WI                                                              | ST CLARE                               | Related                                                                                                   | 82,878                          | 213,434                                |                                        | No |                                                                         |                                              | No | 50 %                           |
| (4)<br>CARPENTER STREET HOTEL LLC<br><br>525 NORTH SIXTH STREET<br>SPRINGFIELD, IL 62702<br>36-4128127                                           | HOTEL                   | IL                                                              | LASANTE INC                            | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                         |                                              |    | 0 %                            |
| (5)<br>SPRINGFIELD URGENT CARE<br>REAL ESTATE LLC<br><br>PO BOX 19456<br>SPRINGFIELD, IL 62794<br>03-0413258                                     | RENTAL REAL ESTATE      | IL                                                              | LASANTE INC                            | N/A                                                                                                       |                                 |                                        |                                        |    |                                                                         |                                              |    | 0 %                            |
| (6)<br>PRAIRIE HEART INSTITUTE<br>MANAGEMENT COMPANY LLC<br><br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>26-1479945                         | MEDICAL                 | IL                                                              | HSHS                                   | Related                                                                                                   | -7,119                          | 10,276                                 |                                        | No |                                                                         | Yes                                          |    | 100 %                          |

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

| (a)<br>Name, address, and EIN of<br>related organization                                         | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|------------------------------|---------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                  |                         |                                                           |                                     |                                                        |                              |                                       |                                | Yes                                                    | No |
| (1) KIARA INC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1163401                        | HEALTHCARE              | IL                                                        | HSBS                                | C Corporation                                          | -32,734,440                  | 34,421,714                            | 100 %                          | Yes                                                    |    |
| (1) LASANTE WISCONSIN INC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>39-1572196            | HEALTHCARE              | IL                                                        | KIARA INC                           | C Corporation                                          |                              |                                       |                                | Yes                                                    |    |
| (2) LASANTE INC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1163400                      | HEALTHCARE              | IL                                                        | KIARA INC                           | C Corporation                                          |                              |                                       |                                | Yes                                                    |    |
| (3) PRAIRIE CARDIOVASCULAR<br>619 EAST MASON SUITE 4P57<br>SPRINGFIELD, IL 62701<br>37-1071858   | HEALTHCARE              | IL                                                        | KIARA INC                           | C Corporation                                          |                              |                                       |                                | Yes                                                    |    |
| (4) PREVEA HEALTH SERVICES INC<br>2710 EXECUTIVE DRIVE<br>GREEN BAY, WI 54304<br>39-1839351      | HEALTHCARE              | WI                                                        | HSSI                                | C Corporation                                          | 260,762                      | 45,933,122                            | 50 %                           | Yes                                                    |    |
| (5) PREVEA CLINIC INC<br>2710 EXECUTVE DRIVE<br>GREEN BAY, WI 54304<br>39-1839349                | HEALTHCARE              | WI                                                        | PHSI                                | C Corporation                                          |                              |                                       |                                | Yes                                                    |    |
| (6)<br>RENAISSANCE QUALITY INSURANCE LTD<br>PO BOX 1159<br>GRAND CAYMAN KY11102<br>CJ 98-0669953 | INSURANCE               | CJ                                                        | HSSI                                | C Corporation                                          | 0                            | 120,349,324                           | 100 %                          | Yes                                                    |    |
| (7) OJV INC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>46-0873384                          | HEALTHCARE              | IL                                                        | LASANTE INC                         | C Corporation                                          |                              |                                       |                                | Yes                                                    |    |