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

Doing business as

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

800 EAST CARPENTER STREET

City or town, state or province, country, and ZIP or foreign postal code
Springfield, IL 62769

F Name and address of principal officer
Charles Lucore MD
800 EAST CARPENTER STREET
Springfield, IL 62769

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

D Employer identification number
37-0661238

E Telephone number
(217) 544-6464

G Gross receipts \$ 511,489,206

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

J Website: ▶ WWW ST-JOHNS ORG

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

L Year of formation 1875

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
HSHS ST JOHN'S HOSPITAL PROVIDES A MINISTRY OF EXCEPTIONAL HEALTH CARE SERVICES TO THE PEOPLE OF CENTRAL ILLINOIS IN THE CATHOLIC TRADITION OF COMPASSION, JUSTICE AND REVERENCE FOR LIFE

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)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	3,746
6 Total number of volunteers (estimate if necessary)	368
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,128,363
7b Net unrelated business taxable income from Form 990-T, line 34	222,277

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,686,030	2,475,474
9 Program service revenue (Part VIII, line 2g)	485,462,906	501,354,531
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,671,184	6,030,788
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,583,562	1,628,413
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	494,403,682	511,489,206

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,979	18,426
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)	183,160,716	184,605,157
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)	307,776,790	324,912,054
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	490,954,485	509,535,637
19 Revenue less expenses Subtract line 18 from line 12	3,449,197	1,953,569

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	728,343,672	661,973,065
21 Total liabilities (Part X, line 26)	446,993,960	391,891,657
22 Net assets or fund balances Subtract line 21 from line 20	281,349,712	270,081,408

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

Steve Umland CFO of Central Illinois Division

2018-05-11

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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	122,718,199	including grants of \$) (Revenue \$	128,501,517)
See Additional Data						

4b	(Code)	(Expenses \$	56,469,416	including grants of \$) (Revenue \$	47,012,519)
See Additional Data						

4c	(Code)	(Expenses \$	55,638,201	including grants of \$) (Revenue \$	46,149,017)
See Additional Data						



(Code)	(Expenses \$	149,706,783	including grants of \$	18,426)	(Revenue \$	279,691,478)
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ST JOHN'S OTHER SPECIALIZED SERVICES INCLUDE CANCER CARE, WOMEN'S SERVICES, A NEUROSCIENCES INSTITUTE, HOME HEALTH, HOSPICE, AN EMERGENCY DEPARTMENT THAT NEARLY 54,000 PEOPLE PER YEAR SEEK CARE IN AND THE ST JOHN'S CHILDREN'S HOSPITAL. OUR CHILDREN'S HOSPITAL IS THE ONLY COMPREHENSIVE CHILD HEALTH CARE FACILITY IN SOUTH-CENTRAL ILLINOIS AND PROVIDES VITAL HEALTH CARE FOR THE REGION'S CHILDREN, FROM INFANCY THROUGH AGE 18. RECOGNIZED BY THE CHILDREN'S HOSPITAL ASSOCIATION AND A MEMBER OF THE ASSOCIATION OF ILLINOIS CHILDREN'S HOSPITALS, ST JOHN'S CHILDREN'S HOSPITAL OFFERS A WIDE RANGE OF SERVICES FOR CHILDREN AND THEIR FAMILIES BOTH HERE AT OUR FACILITIES AND EXTENDING INTO THE HOME. SERVICES INCLUDE - GENERAL PEDIATRIC BEDS, WITH PRIVATE BATH, SHOWER AND PARENTAL SLEEPING AREA - PEDIATRIC ICU - PEDIATRIC HEMATOLOGY/ONCOLOGY - LEVEL III NEONATAL ICU - PEDIATRIC EMERGENCY ROOM SERVICES - NEONATAL AND PEDIATRIC TRANSPORTATION - THE ONLY REGIONAL LEVEL III PERINATAL CARE CENTER IN THE AREA - CHILD AND FAMILY SUPPORT AND SERVICES THROUGH OUR CHILD LIFE SPECIALISTS AND SOCIAL AND SPIRITUAL SERVICES DEPARTMENTS - COMPREHENSIVE OUTPATIENT SERVICES SUCH AS HOME HEALTH, CHILDREN'S REHABILITATION CENTER AND EARLY INTERVENTION PROGRAM - A RONALD MCDONALD HOUSE ON SITE

4d	Other program services (Describe in Schedule O)					
	(Expenses \$	149,706,783	including grants of \$	18,426)	(Revenue \$	279,691,478)

4e	Total program service expenses	384,532,599
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	392
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,746
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶Steve Umland 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 (217) 544-6464	

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

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

Form **990** (2016)

[illegible]

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 ▶ 100

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
Cardinal Pharmaceuticals 5279 Collections Center Drive CHICAGO, IL 60693	Pharmaceuticals	11,719,888
Southern IL University School of Medicine PO Box 19230 SPRINGFIELD, IL 62704	Physicians	5,596,699
FocusOne Solutions PO Box 3037 OMAHA, NE 68103	Contractors	4,099,875
Zimmer US Inc 14235 Collections Center Drive CHICAGO, IL 60693	Medical	3,335,300
Southern IL University Healthcare PO Box 19639 SPRINGFIELD, IL 62794	Physicians	1,905,648

Form 990 (2016)

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	0			
	b Membership dues . . .	1b	0			
	c Fundraising events . . .	1c	0			
	d Related organizations	1d	2,083,420			
	e Government grants (contributions)	1e	392,054			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0			
	g Noncash contributions included in lines 1a-1f \$ _____		0			
	h Total. Add lines 1a-1f		2,475,474			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	900099	482,226,158	482,226,158	0	0
	b DEPARTMENTAL INCOME	900099	19,128,373	19,128,373	0	0
	c _____					
	d _____					
	e _____					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a-2f		501,354,531			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		923,541	0	0	923,541
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0
	5 Royalties		0	0	0	0
	6a Gross rents	(i) Real (ii) Personal				
		0 0				
	b Less rental expenses	0 0				
	c Rental income or (loss)	0 0				
	d Net rental income or (loss)		0	0	0	0
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		5,107,247 0				
	b Less cost or other basis and sales expenses	0 0				
	c Gain or (loss)	5,107,247 0				
	d Net gain or (loss)		5,107,247	0	0	5,107,247
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from fundraising events		0		0	0
	9a Gross income from gaming activities See Part IV, line 19	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities		0	0	0	0
	10a Gross sales of inventory, less returns and allowances	a	0			
b Less cost of goods sold	b	0				
c Net income or (loss) from sales of inventory		0	0	0	0	
Miscellaneous Revenue		Business Code				
11a GIFT SHOP	453220	396,462	0	0	396,462	
b MEDICAL AND DIAGNOSTIC LAB	621500	1,099,788	0	1,099,788	0	
c DIETARY	541900	20	0	0	20	
d All other revenue		132,143	0	28,575	103,568	
e Total. Add lines 11a-11d		1,628,413				
12 Total revenue. See Instructions		511,489,206	501,354,531	1,128,363	6,530,838	

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	18,426	18,426		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,397,366		2,397,366	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	142,528,467	122,037,194	20,491,273	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	916,775	784,971	131,804	
9 Other employee benefits.	28,085,355	24,047,532	4,037,823	
10 Payroll taxes.	10,677,194	9,142,137	1,535,057	
11 Fees for services (non-employees):				
a Management.				
b Legal.	378,411		378,411	
c Accounting.	5,000		5,000	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	1,117,816		1,117,816	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	124,709,679	69,609,159	55,100,520	0
12 Advertising and promotion.	860,645		860,645	
13 Office expenses.	5,669,483	4,579,380	1,090,103	
14 Information technology.	8,260,582	7,191,945	1,068,637	
15 Royalties.				
16 Occupancy.	8,057,002	8,003,975	53,027	
17 Travel.	486,194	308,743	177,451	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	5,299,323	761,882	4,537,441	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	30,369,213	27,824,165	2,545,048	
23 Insurance.	7,843,131		7,843,131	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PROVISION FOR BAD DEBT	8,324,722	8,324,722		
b MEDICAID TAXES	16,477,936	716	16,477,220	
c LICENSES, BOOKS AND LEASES	11,149,699	6,277,428	4,872,271	
d MEDICAL SUPPLIES	91,382,084	91,382,084	0	
e All other expenses	4,521,134	4,238,140	282,994	0
25 Total functional expenses. Add lines 1 through 24e.	509,535,637	384,532,599	125,003,038	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		453,184	1	701,473
	2	Savings and temporary cash investments		2,596,947	2	1,901,209
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		127,475,592	4	156,410,824
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,740,185	8	12,902,099
	9	Prepaid expenses and deferred charges		3,024,107	9	4,086,733
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	759,827,429		
	b	Less: accumulated depreciation	10b	405,991,971		
				363,569,622	10c	353,835,458
	11	Investments—publicly traded securities		211,729,714	11	127,735,855
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		7,754,321	15	4,399,414	
16	Total assets. Add lines 1 through 15 (must equal line 34)		728,343,672	16	661,973,065	
Liabilities	17	Accounts payable and accrued expenses		40,013,068	17	37,874,510
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		275,089,356	20	262,860,931
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		131,891,536	25	91,156,216
	26	Total liabilities. Add lines 17 through 25		446,993,960	26	391,891,657
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		254,526,553	27	242,572,140
	28	Temporarily restricted net assets		24,008,736	28	24,625,577
	29	Permanently restricted net assets		2,814,423	29	2,883,691
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		281,349,712	33	270,081,408
	34	Total liabilities and net assets/fund balances		728,343,672	34	661,973,065

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	511,489,206
2	Total expenses (must equal Part IX, column (A), line 25)	2	509,535,637
3	Revenue less expenses Subtract line 2 from line 1	3	1,953,569
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	281,349,712
5	Net unrealized gains (losses) on investments	5	3,796,356
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17,018,229
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	270,081,408

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

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 37-0661238
Name: St John's 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 REVENUE - CARDIOVASCULAR

Form 990, Part III, Line 4b:

SEE SCHEDULE O - PROGRAM SERVICE REVENUE - GENERAL SURGERY

Form 990, Part III, Line 4c:

SEE SCHEDULE O - PROGRAM SERVICE REVENUE - INTERNAL MEDICINE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES LUCORE MD PRESIDENT & CHIEF EXECUTIVE OFFICER	60 0 0 0	X		X				0	626,244	178,803
LYNN SCOTT 2017 CHAIRPERSON / 2016 VICE CHAIR	5 0 0	X		X				0	0	0
JOHN SLAYTON 2016 CHAIRPERSON	5 0 2 0	X		X				0	0	0
TIM NICOUD JR 2017 VICE CHAIR	1 0 2 0	X		X				0	0	0
SR MARYBETH CULNAN OSF SECRETARY	1 0 9 3	X		X				0	0	0
LESA BRANHAM BOARD MEMBER	1 0 0	X						0	0	0
ROBERT BUNN BOARD MEMBER	1 0 0	X						0	0	0
RICHARD CORKERY BOARD MEMBER	1 0 0	X						0	0	0
DONALD GRAHAM MD BOARD MEMBER	1 0 0	X						0	0	0
SR BERNADINE GUTOWSKI OSF BOARD MEMBER	1 0 4 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL HOUSTON BOARD MEMBER	10 0	X						0	0	0
JUAN HUERTA BOARD MEMBER	10 0	X						0	0	0
TRUDY NELSON BOARD MEMBER	10 0	X						0	0	0
ROGER SABLES BOARD MEMBER	10 0	X						0	0	0
ANN M CARR TREASURER	03 593			X				0	359,960	312,526
MARY CHAMBERS DIRECTOR OF INFORMATION SYSTEMS	160 0			X				0	0	0
PATRICIA FISCHER CHIEF OPERATING OFFICER, eff 11/28/16	300 300			X				19,227	252,404	37,835
EVERT J KUIPER CEO CENTRAL ILLINOIS DIV	180 420			X				0	814,237	169,389
GURPREET MANDER CHIEF MEDICAL OFFICER	750 0			X				368,063	0	40,334
DAVID OLEJNICZAK CHIEF OPERATING OFFICER (terminated 9/20/16)	600 00			X				530,943	0	117,219

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization St John's Hospital of the Hospital Sisters of the Third Order of St Francis	Employer identification number 37-0661238

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

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

- 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a 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>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 Part VI.</i>	6	
7 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>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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 Part VI.</i>	9b	
c 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 Part VI.</i>	9c	
10a 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>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <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) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable 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).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		44,399
j	Total. Add lines 1c through 1i			44,399
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST JOHN'S HOSPITAL (THE HOSPITAL) IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE ILLINOIS HEALTH ASSOCIATION ("IHA"), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, AND THE AMERICAN HEALTH ASSOCIATION ("AHA") AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES, WITH PART OF THESE DUES BEING ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID. THE ASSOCIATIONS THE HOSPITAL PAYS ARE AS FOLLOWS - AMERICAN HOSPITAL ASSOCIATION ("AHA") AT 21.78% LOBBYING EXPENSE - CATHOLIC HEALTH ASSOCIATION ("CHA") AT 3.76% LOBBYING EXPENSE - ILLINOIS HOSPITAL ASSOCIATION ("IHA") AT 31.00% LOBBYING EXPENSE - NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE AT 15.00% LOBBYING EXPENSE. THE TOTAL AMOUNT OF ANNUAL DUES PAID TO EACH ASSOCIATION IS MULTIPLIED BY THE PERCENTAGE OF DUES ALLOCATED TO LOBBYING EXPENSE TO CALCULATE THE TOTAL LOBBYING EXPENDITURES PAID.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST JOHN'S HOSPITAL (THE HOSPITAL) IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE ILLINOIS HEALTH ASSOCIATION ("IHA"), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, AND THE AMERICAN HEALTH ASSOCIATION ("AHA") AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES, WITH PART OF THESE DUES BEING ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID. THE ASSOCIATIONS THE HOSPITAL PAYS ARE AS FOLLOWS - AMERICAN HOSPITAL ASSOCIATION ("AHA") AT 21.78% LOBBYING EXPENSE - CATHOLIC HEALTH ASSOCIATION ("CHA") AT 3.76% LOBBYING EXPENSE - ILLINOIS HOSPITAL ASSOCIATION ("IHA") AT 31.00% LOBBYING EXPENSE - NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE AT 15.00% LOBBYING EXPENSE. THE TOTAL AMOUNT OF ANNUAL DUES PAID TO EACH ASSOCIATION IS MULTIPLIED BY THE PERCENTAGE OF DUES ALLOCATED TO LOBBYING EXPENSE TO CALCULATE THE TOTAL LOBBYING EXPENDITURES PAID.

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DLN: 93493131036858

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

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

Employer identification number

37-0661238

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

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

☐ 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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

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

2d

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

3

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

4

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

5

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

☐ Yes

☐ No

6

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

7

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

8

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

☐ Yes

☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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Cat No 52283D

Schedule D (Form 990) 2016

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		23,002,427		23,002,427
b Buildings		275,344,016	113,617,197	161,726,819
c Leasehold improvements		4,810,761	2,801,208	2,009,553
d Equipment		205,654,865	161,782,580	43,872,285
e Other		251,015,360	127,790,986	123,224,374
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				353,835,458

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 (including name of security)	(b) Book value	(c) Method of valuation 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 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	
ACCRUED BENEFIT LIABILITY	62,985,398
SETTLEMENT VALUE OF INT RATE SWAP PROGRAM	2,971,279
THIRD PARTY REIMBURSEMENT PROGRAM	17,207,238
ASSET RETIREMENT OBLIGATION	7,992,301
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	91,156,216

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.	

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

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	

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

Part XIII	Supplemental Information
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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: 37-0661238
Name: St John's Hospital of the Hospital Sisters of the Third Order of 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 that 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

Internal Revenue Service

► 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.

Name of the organization

Employer identification number

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

37-0661238

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100%

☐ 150%

☒ 200%

☐ 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

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☐ 400%

☒ 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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		5,179	3,874,757	0	3,874,757	0 77 %
b Medicaid (from Worksheet 3, column a)			113,386,656	101,017,610	12,369,046	2 47 %
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	5,179	117,261,413	101,017,610	16,243,803	3 24 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	37	72,310	2,127,450	57,632	2,069,818	0 41 %
f Health professions education (from Worksheet 5)	8	54	22,434,362	6,692,587	15,741,775	3 14 %
g Subsidized health services (from Worksheet 6)	1	276	37,595	0	37,595	0 01 %
h Research (from Worksheet 7)	2	0	400,709	0	400,709	0 08 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	43,191	924,441	227,160	697,281	0 14 %
j Total. Other Benefits	60	115,831	25,924,557	6,977,379	18,947,178	3 78 %
k Total. Add lines 7d and 7j	60	121,010	143,185,970	107,994,989	35,190,981	7 02 %

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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
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support	1		1,760	0	1,760	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	1	0	1,760	0	1,760	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	8,324,722	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	319,669	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	118,585,900
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	144,352,045
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-25,766,145
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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 JOHN'S HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ST JOHN'S HOSPITAL																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</td><td>13 Yes</td><td></td></tr><tr><td>a <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 %</td><td></td><td></td></tr><tr><td>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td>c <input checked="" type="checkbox"/> Asset level</td><td></td><td></td></tr><tr><td>d <input checked="" type="checkbox"/> Medical indigency</td><td></td><td></td></tr><tr><td>e <input checked="" type="checkbox"/> Insurance status</td><td></td><td></td></tr><tr><td>f <input checked="" type="checkbox"/> Underinsurance discount</td><td></td><td></td></tr><tr><td>g <input checked="" type="checkbox"/> Residency</td><td></td><td></td></tr><tr><td>h <input checked="" type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td>14 Explained the basis for calculating amounts charged to patients?</td><td>14 Yes</td><td></td></tr><tr><td>15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</td><td>15 Yes</td><td></td></tr><tr><td>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td>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</td><td></td><td></td></tr><tr><td>c <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</td><td></td><td></td></tr><tr><td>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td>e <input type="checkbox"/> Other (describe in Section C)</td><td></td><td></td></tr><tr><td>16 Was widely publicized within the community served by the hospital facility? 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Part V Facility Information (continued)**Billing and Collections**

ST JOHN'S HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> 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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)			

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

ST JOHN'S 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
22		
23		No
24		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)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH (CONTINUED A)	A school component called, Gotta Dance and Move More, was created to get dance as physical activity in the schools. This program is being combined with an existing program called Jump Start in order to add at least twelve minutes of non PE physical activity time to every child's school day. Teachers are provided with 'brain breaks' with are 30 second - 90 second activities to do with the children throughout the school day, in addition to a twelve-minute activity done at the beginning of the school day.

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (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>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (CONTINUED A)</p>	<p>Partnership in FY2017. Strategies included community trainings of an evidence-based suicide prevention program, QPR (question, persuade & 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
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP (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 7f SCHEDULE H, PART 1, COL F	The bad debt expense included on Form 990, Part IX, Line 25, column (A) was subtracted prior to and for the purpose of calculating the percentage in Part I, Line 7, column (f) is \$8,324,772

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	8324722

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	TO DETERMINE THE ACTUAL COST OF THESE SERVICES, THE HOSPITAL USES A COST-TO-CHARGE RATIO BASED ON OUR AUDITED FINANCIAL STATEMENTS TO CALCULATE THE AMOUNTS REPORTED ON LINES 7A THROUGH 7I

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

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
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	<p>HSHS St John's Hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital management continually advocates for improved Medicare payment so that the cost of quality care to those patients who are not able to afford it is not compromised and is fairly subsidized by all payers. While this shortfall in Medicare payments is not classified as community benefit by the IRS, we nonetheless believe it is an important contribution made by the hospital to the health and well-being of the community. If the Medicare program did not exist, many Medicare patients would be eligible for charity care or other means-tested government programs. Further, by absorbing this payment shortfall and providing care below cost to these individuals, St John's Hospital is relieving the burdens of the government. Accordingly, this shortfall restricts St John's Hospital's ability to make funds available to provide for charity care and other community benefits. The hospital Medicare shortfall at cost for fiscal year 2017 was \$25,766,145.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- ST JOHN'S HOSPITAL Line 16a URL https://www.st-johns.org/PATIENTS-GUESTS/PATIENT-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE.ASPX ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ST JOHN'S HOSPITAL Line 16b URL https://www.st-johns.org/PATIENTS-GUESTS/PATIENT-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE.ASPX ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ST JOHN'S HOSPITAL Line 16c URL https://www.st-johns.org/PATIENTS-GUESTS/PATIENT-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE.ASPX ,

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>As a healing ministry of the Catholic Church and an affiliate of Hospital Sisters Health System HSHS St John's Hospital is committed to delivering high quality, compassionate, and cost-effective health care services to all. The hospital was founded more than 140 years ago to bring a healing presence and improve the health of our community, especially for those persons who are sick, poor, and disadvantaged. Because of the hospital's purpose and tradition, it is organized to promote the health of Springfield and surrounding areas. The hospital is governed by a Board of Directors, of whom a majority 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 John's Hospital is responding to community need. In FY2016, for example, the Board reviewed the Community Health Needs Assessment and approved an Implementation Plan for addressing selected health focus areas. Consistent with its exempt purpose, HSHS St John's Hospital has an open medical staff with privileges available to all qualified physicians in the area. The hospital also operates an emergency department that is open 24 hours to all persons regardless of their ability to pay. As a not-for-profit hospital, HSHS St John's Hospital reinvests surplus funds to support the mission of the organization and health of the community rather than distributing surplus funds as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, improve patient care, provide medical education and conduct medical research and support initiatives designed to promote health and ensure access for all. HSHS St John's Hospital also devotes significant resources to access for patients who cannot afford care, along with other community benefits. In FY 2017 St John's Hospital provided more than \$35 million in Community Benefit services, including charity care at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health. Additionally, in FY2017 St John's Hospital provided \$2.1 million (at cost) in uncompensated care to patients who did not qualify for charity care or public assistance and more than \$25.8 million (at cost) in excess of Medicare payment for health care services. St John's Hospital provides a range of Community Benefit activities and programs that further our mission and long-standing commitment to our community. In many cases, these Community Benefit initiatives would not exist without the leadership role played by St John's Hospital and they often relieve a burden that would otherwise be carried by government. The hospital's FY2015 Community Health Needs Assessment (CHNA) surfaced the following health focus areas to be addressed by the hospital in collaboration with other hospitals and community organizations: ACCESS TO HEALTH CARE. Populations to be served include high-risk, underserved, uninsured vulnerable populations in Sangamon County. Strategies selected for this priority will provide one-on-one skilled assistance to identify needs and wrap needed services around clients. Services can include basic needs such as transportation, housing, jobs, life skills training, food access, etc., or medical services including healthcare visits, insurance assistance, disability assistance, mental health access, etc. Strategies Identified: We created a community health worker program to increase access to health care and coordination of care for residents of Enos Park Neighborhood. As part of this program our Community Health Workers developed an Enos Park Neighborhood Advisory Council and Providers Alliance to drive health changes and improved health outcomes. Community Health Workers assist with the development of personal health care action plan and care coordination. Outcomes: In the first three years of this program, we have realized 93% engagement by 300 clients. Services rendered include basic needs and health care access. Sixteen individuals or families were taken off the streets and placed in affordable, safe housing. Of the 35 parolees with whom we worked, we achieved an 18% recidivism rate compared to 60% nationwide. The only reason our parolees went back to prison was because of lack of a job or lack of housing. One-hundred percent of our clients saw a primary care provider and 84% were connected to a medical home. This program is being replicated to a second location in Sangamon County's eastside where our most vulnerable, low-income and underserved populations exist. Ongoing anticipated outcomes of this program include: 1. Increase number of insured residents in Sangamon County. 2. Increase use of well-visits and preventive care visits through education on insurance plan and benefits. 3. Increase number of individuals who have a primary care provider. 4. Improve</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>health outcomes and quality of life for individuals participating in access initiatives 5 Better management of chronic conditions and other health conditions 6 Decrease use of Emergency Department for non-emergent care 7 Decrease hospitalization for ambulatory sensitive conditions MENTAL HEALTH Populations to be served include high-risk, underserved, vulnerable populations in Sangamon County, strategies developed will also focus on increasing knowledge and appropriate care amongst health care providers Services will include a behavioral health specialist placed in a very low-income school Ninety-six percent of students attending McClernand Elementary School qualify for the free lunch program Thirty percent of students are considered homeless To meet the need identified in our community, and particularly, at this school, we placed a behavioral health specialist at the elementary school The Behavioral Health Specialist works closely with school teachers and the school to increase access to mental health screening, intervention and educational services In spring 2017 Trauma Informed Care (TIC) training was introduced to health, social and behavioral services colleagues HSHS St John's Hospital provided training to 153 individuals The trainings taught professionals how to use a person's history to better inform them of the patient/client's current condition and reactions PEDIATRIC ASTHMA Populations to be served include high-risk, underserved, uninsured vulnerable populations in Brandon Court which includes subsidized housing units According to heat maps created from St John's ED data there is a high number of 'super-users' utilizing the ED for unmanaged chronic conditions In this area specifically, these 'super-users' are between the ages of 0-5 St John's has partnered with SIU School of Medicine and Springfield Community Federation to create an asthma home assessment program for Brandon Court Twenty-five families were enrolled in the study which provided each family with a home assessment, trigger reduction plan and weekly home visits for three months Ongoing objectives include * Decrease school absenteeism due to uncontrolled asthma through parent and student education around quick relief vs long-term control inhaler use * Better management of asthma in the pediatric population * Partner with existing community groups to mobilize resources and streamline interventions to increase capacity for improved outcomes * Develop data-driven, neighborhood-specific interventions based on an analysis of patient data for pediatric asthma hospitalizations and Emergency Department visits where asthma was a primary or secondary diagnosis Anticipated Outcomes 1 Reduce allergen levels in indoor environments 2 Reduce misuse of emergency inhaler in schools 3 Improve school attendance in children with chronic asthma 4 Increase use of well-visits and preventive care visits through education on insurance plan and benefits 5 Better management of asthma 6 Decrease use of Emergency Department for non-emergent care 7 Decrease hospitalization for ambulatory sensitive conditions OVERWEIGHT AND OBESITY Populations to be served include broader community and high-risk, underserved, uninsured vulnerable populations in Sangamon County We are continuing the Gotta Dance initiatives to increase the number of physical activity minutes for children in school and at home as well as improve a child's overall mental and emotional function</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>HSHS St. John's Hospital is an affiliate of Hospital Sisters Health System (HSHS), a health care ministry that includes 15 hospitals, numerous community-based health centers and clinics, and hundreds of physician partners across Illinois and Wisconsin. The mission of HSHS is "to reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry." We live our mission by providing holistic healing to all who seek our care, as well as through Community Benefit. In tandem with others in the communities we serve, our Community Benefit initiatives are strategically increasing access to care, improving the health status of residents, and increasing medical education and knowledge. In 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 worker.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>program to increase access to health care and coordination of care for residents of the En os Park Neighborhood The hospital also helped establish an Enos Park Neighborhood Advisory Council and Providers Alliance as part of the access collaborative to drive behavior changes and improve health outcomes In the first three years, the program has realized 93% engagement of 300 clients Services rendered include basic needs and health care access Sixteen formally homeless individuals or families were placed in affordable, safe 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 location 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 communities throughout Brown County, providing dental care to 0 - 19 year olds who are uninsured 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 traveling school-based program In January 2017, OHP's West location was opened in response to data showing an unmet need of medical assistance children in the Ashwaubenon area This clinic, along with the traveling school-based team, will help OHP and HSHS reach the goal of expanding services to a wider population of Brown County children in need HSHS St Francis Hospital in Litchfield, Illinois collaborated with Lewis & Clark Community College and local dental providers to bring the College's mobile dental health unit to the Litchfield area, the unit provides free or low cost dental exams and screenings, x-rays and hygiene services In addition, three local dental providers also participated by opening their offices and donating time, staff and supplies to provide either a free filling, extraction or hygiene services Beginning in 2015, the hospital collaborated with Catholic Charities to launch a dental voucher program Five dentists in Macoupin and Montgomery counties participate in the program, which covers an initial exam and x-rays, one tooth extraction and up to three fillings per year per individual The percentage of total emergency department visits related to dental issues has decreased from 2.2% in 2011 to .95% in 2016 because of this collaboration In southeast Illinois, area residents can get help filling a prescription through the long-term collaboration between HSHS St Anthony's Memorial Hospital in Effingham and Catholic Charities In FY2017, St Anthony's Memorial Hospital helped to underwrite 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 inability 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: 37-0661238
Name: St John's Hospital of the Hospital Sisters of the Third Order of St Francis

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(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											
1	ST JOHN'S HOSPITAL 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 https://www.st-johns.org/ 1927332	X	X	X	X			X			

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 5 Facility , 1	<p>Facility , 1 - HSHS St John's Hospital HSHS St John's Hospital undertook a 15-month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation strategy to guide ongoing population health initiatives with partners and collaborators that share a common mission As part of this process, St John's leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area HSHS St John's Hospital (SJS) worked collaboratively with Memorial Medical Center (MMC), Sangamon County Department of Public Health (SCDPH) and Southern Illinois University (SIU) School of Medicine to complete the Sangamon County Health Needs Assessment</p> <p>* Memorial Medical Center is an acute care hospital in Springfield, Illinois, that offers comprehensive inpatient and outpatient services As a not-for-profit hospital, MMC falls under the provisions in the ACA requiring charitable hospitals to conduct a CHNA Previously, MMC and SJS have participated in each other's external advisory councils for the CHNA process</p> <p>* Sangamon County Department of Public Health serves Sangamon County by providing personal and environmental health services which emphasize health promotion and the prevention of illness and disease SCDPH is required to complete the Illinois Project for Local Assessment of Need (IPLAN) every five years After a pilot with the two local hospitals the SCDPH received special permission from Illinois Department of Public Health to conduct its IPLAN every three years in collaboration with SJS and MMC</p> <p>* SIU School of Medicine is a medical school located in Springfield, Illinois Its mission is to assist the people of central and southern Illinois in meeting their health care needs through education, patient care, research and service to the community Within the last three years, SIU launched its Community Health and Service Department which wants to better address the needs of Sangamon County This was not a mandate, however, it is a strategic initiative</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 6a Facility , 1	Facility , 1 - HSHS St John's Hospital Memorial Medical Center (MMC) in Springfield, Illinois

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 Facility , 1	Facility , 1 - HSHS St John's Hospital Members of the CHNA external advisory council were chosen based on their unique expertise and experience, informed perspectives community involvement The CHNA external Advisory Council members were responsible for providing insight into issues affecting existing data, identifying local community assets and gaps, and offering advice on which issues are the highest priority * Heather Burton Central Counties Health Center, Federally Qualified Health Center * Reverend Sam Winger Eastside Ministerial Alliance * Tom Szpyrka Illinois Department of Public Health, Division of Health Policy * Jan Gambach Mental Health Centers of Central Illinois * Carol Harms Sangamon County Medical Society * Janet Albers, MD SIU Center for Family Medicine, Federally Qualified Health Center * Jennifer Gill Springfield School District 186 * Altheal Randolph Springfield Urban League * John Kelker United Way of Central Illinois * Ashley Kirzinger University of Illinois at Springfield Survey Research Office

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 Facility , 1	Facility , 1 - HSHS St John's Hospital The hospital presented the FY2015 CHNA findings at a press event and three community meetings

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 Facility , 1	<p>Facility , 1 - HSHS St John's Hospital Access to health care Increasing access to care was one of the priorities of the Community Health Needs Assessment 1 Enos Park Access Initiative Research into neighborhood-specific data shows health outcomes and social determinants of health for people living in the Enos Park area of Springfield are an issue Additional focus groups held for Enos Park residents and social service providers highlighted areas of need, including issues that may be addressed by a community health worker program to work with individuals living in Enos Park a Community Health Worker Create a community health worker program to increase access to health care for Enos Park residents through a collaboration with Memorial Medical Center (MMC) and SIU Center for Family Medicine Federally qualified health center (SIU FM) CHW will also act as a community educator in the following areas i Properly utilizing resources primary care physician, priority care, emergency department ii Special focus on Medicaid insurance education for seniors [Senior Health Insurance Program (SHIP), a free statewide health insurance counseling service for Medicare beneficiaries and their caregivers] b Provider's Alliance Increasing awareness of community resources by developing a venue for existing health and social service providers to communicate i Educate community providers on resources already available ii Explore transportation issues Identify existing transportation assets and gaps, availability and affordability for Enos Park residents 2 Comprehensive Health Screening Research into access issues suggest insurance, health literacy, medical home convenience and knowledge of personal health are barriers to accessing care for some individuals a Comprehensive Health Screening Event Provide comprehensive health screenings to high-risk, under or uninsured individuals on Springfield's Eastside b Care Coordination through use of Nurse Navigators To facilitate behavior modification and disease prevention or management by connecting the individuals with a Nurse Navigator for up to eight months Mental health - Increase access to pediatric mental health services in school and healthcare settings 1 McClelland Elementary School To increase access to pediatric mental health screening, intervention and educational services through provision of a Behavioral Health Specialist at McClelland Elementary School 2 Continuing Medical Education Develop and implement continuing medical education programs to address professional practice gaps around mental health screening, identification, diagnosis, treatment and evaluation Pediatric asthma - HSHS St John's Hospital is engaged in the development of the following efforts to improve pediatric asthma in Sangamon County 1 Data driven interventions Collect and analyze patient data for pediatric asthma hospitalizations and emergency department visits where asthma was a primary or secondary diagnosis</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 Facility , 1	<p>Data will be kept confidential in accordance with HIPPA laws but will be used to develop a heat map to represent locations where interventions may lead to improved health outcomes</p> <p>2 Social interventions create an asthma action plan, discuss environmental triggers, housing assessment, etc</p> <p>3 School-Based Interventions Partner with schools in locations with high emergency department use and hospitalizations</p> <p>a Provide education and tools necessary to control asthma symptoms</p> <p>b Assist school in developing personalized asthma care plans</p> <p>c Quick relief vs long-term control inhaler education for parents</p> <p>4 Medical-Legal Partnership Ongoing collaboration with SIU School of Medicine as they develop a medical-legal partnership around substandard housing conditions</p> <p>Obesity - Improve health outcomes by increasing access to nutrition physical activity and behavioral health education for families at-risk for overweight and obesity</p> <p>1 Kohl's Gotta Dance Combine the art of dance with the physical and emotional benefits of movement</p> <p>a Provide 30-weeks of free dance classes to students in grades 1-8</p> <p>b Provide opportunities for community-based performances</p> <p>c Educational focus on increasing daily physical activity minutes</p> <p>d Personal Development focus on lifestyle skills communicating, problem solving, decision making, responsibility, self-esteem, etc</p> <p>As part of the identification and prioritization of health needs, the CHNA core group identified 22 health focus areas from extant data sources</p> <p>The core group used a set of defined criteria to narrow the health focus area to 12</p> <p>Following this process, the core group presented the 12 focus areas to the advisory council</p> <p>Data was presented for each focus area and the advisory council was led through a forced ranking process to further narrow the list to nine focus areas for consideration as part of the FY16-FY18 CHNA</p> <p>The core group commissioned University of Illinois in Springfield Office of Survey Research to develop an on-line survey available for community members to provide feedback around the nine priority areas</p> <p>Participants were asked to rank the top three focus areas by order of importance</p> <p>They were also invited to list any additional health focus areas they thought should be considered</p> <p>Five community forums were presented in concurrence with the online survey</p> <p>Forums were held in five locations around Sangamon County</p> <p>The locations were selected to reach persons from varied socioeconomic, educational and ethnic backgrounds</p> <p>During the forums, community residents were invited to provide input on community data, help identify community assets and gaps and assist in identifying priority health and quality of life issues</p> <p>SHS St John's Hospital's internal advisory council met to review community forum and survey feedback in addition to data around the nine health focus areas</p> <p>The internal advisory council was then asked to force rank the issues to identify the top four</p> <p>FY16-FY18 CHN</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 Facility , 1	<p>A Health Focus Areas As an outcome of the prioritization process five of the nine health focus areas ranked by the community and internal advisory council were not identified as ranking high against the defined criteria and were not advanced for consideration for the implementation strategy In some cases, the focus area is currently being addressed by another organization in the community or there is another organization within the community better equipped to address the need While the list below will not be areas of primary focus for St John's, the hospital will continue to participate in efforts with other organizations as appropriate and where the hospital can lend support</p> <p>1 Child abuse a In 2014 the Illinois Department of Children and Family Services entered into a year-long contract with the Mental Health Centers of Central Illinois to revamp the state's child protection training b The goal of this partnership is to provide experiential training through simulated real-life situations to better train child welfare workers with the necessary skills to protect children</p> <p>2 Dental care a Dental care was not identified through the existing data sets, however, it was an issue brought to our attention by our advisory council and during the community forums b During our assets and gaps process it was noted the Federally Qualified Health Centers are preparing to expand their dental services Additionally, there are new services such as Familia Dental which provide affordable dental care</p> <p>3 Diabetes a HSHS St John's Hospital has representation on the Prairie Diabetes Alliance (PDA), which is run through the Central Illinois American Diabetes Association Through our ongoing work with PDA and the implementation strategies designed to address Metabolic Syndrome , which surfaced as an identified health need in the hospital's FY12 CHNA, we will continue our diabetes prevention and management efforts</p> <p>4 Food insecurity a HSHS St John's Hospital continues to sponsor, organize and run the Eastside Farmers Market which began as a result of the FY12 CHNA b St John's Hospital also works closely with other organizations in the community who are actively addressing food security issues genHkids Coalition, Illinois Stewardship Alliance, Downtown Springfield, Inc , to name a few</p> <p>5 Heart disease a Prairie Heart Institute at HSHS St John's Hospital is committed to ongoing community education and outreach around heart disease b The American Heart Association has a very active chapter in Sangamon County</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 13 Facility , 1	Facility , 1 - St John's Hospital Presumptive eligibility provides individuals participating in one of the following categories with a 100% write off These programs are granted by outside organizations based on screening criteria of less than 200% of the FPG 1 Homelessness 2 Deceased with no estate 3 Mental incapacitation with no one to act on patient's behalf 4 Medicaid eligibility, but not on date of service or for non-covered services 5 Incarceration in a penal institution 6 Enrollment in the following assistance programs for low-income individuals 6a Temporary Assistance for Needy Families (TANF) 6b Illinois Housing Development Authority's Rental Housing Support Program 7 Wisconsin Department of Health Services Housing Assistance Program 8 Participation in Women, Infants and Children programs (WIC), 9 Supplemental Nutrition Assistance Program (SNAP) eligibility, 10 Illinois Free Lunch and Breakfast Program, 11 Wisconsin Free Lunch Program, 12 Low Income Home Energy Assistance Program (LIHEAP), 13 Wisconsin Home Energy Assistance Program (WHEAP), 14 Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria, 15 Receipt of grant assistance for medical services

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 Facility , 1	Facility , 1 - St John's 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 I
(Form 990)

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

Open to Public
Inspection

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

Employer identification number
37-0661238

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FEDERAL WORK STUDY GRANT	7	8,704			
(2) FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT	18	9,722			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <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>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <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>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 37-0661238
Name: St John's Hospital of the Hospital Sisters of the Third Order of 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 TO PATRICIA ALLEN FOR \$14, TO TO CHRISTOPHER CAMPBELL FOR \$13, TO ANN DERRICK FOR \$13, TO PATRICIA FISCHER FOR \$29 (\$17 FROM SJS AND \$12 FROM HSHS), TO ELIZABETH KABRICK FOR \$13, TO GURPEET MANDER FOR \$14, TO ALLISON PAUL FOR \$14 AND TO STEVEN UMLAND FOR \$14 DURING THE YEAR THE FAIR VALUE OF THESE WERE INCLUDED IN THEIR ANNUAL REPORTED INCOME

Part III, Supplemental Information

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

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	Organization Hospital Sisters Health System, Inc EIN 37-1058692 Interested Person Maria Granzotti Amount \$130,814 Terms Compensation paid as a result of a severance from the position of CMO Organization Hospital Sisters Health System, Inc EIN 37- 1058692 Interested Person David Olejniczak Amount \$99,1864 Terms Compensation paid as a result of a severance from the position of COO

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>HSHS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSHS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSHS COMPENSATION COMMITTEE THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN DOCUMENTS FOR THE PLAN YEAR PARTICIPANTS CONSTRUCTIVELY RECEIVE A DISTRIBUTION FROM THE PLAN NO LATER THAN MARCH 15TH OF THE CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH AN AMOUNT IS VESTED AND TAXABLE PURSUANT TO A VESTING SCHEDULE AS SPECIFIED IN THE PLAN DOCUMENT THE ACTUAL DISTRIBUTION OF THE VESTED BENEFIT UNDER THE PLAN IS PAID IN A SINGLE LUMP SUM TO THE PARTICIPANT OR THE PARTICIPANT'S BENEFICIARY UPON THE EARLIER OF THE PARTICIPANT'S TERMINATION OF EMPLOYMENT, DEATH, OR TOTAL AND PERMANENT DISABILITY THE FOLLOWING INTERESTED PERSONS CONSTRUCTIVELY RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2016, THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) ANN M CARR -- \$31,564 Patricia Fischer -- \$24,098 EVERT KUIPER -- \$94,865 CHARLES LUCORE -- \$56,223 Steven Umland - \$57,135 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 M CARR -- \$31,485 CHARLES LUCORE -- \$47,721 DAVID OLEJNICZAK -- \$39,762 STEVEN UMLAND -- \$587</p>

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				
1CHARLES LUCORE MD PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0
	(ii)	474,031	78,215	73,998	148,885	-	47,721
					29,918	805,047	
1ANN M CARR TREASURER	(i)	0	0	0	0	0	0
	(ii)	251,800	39,616	68,544	291,816	-	31,485
					20,710	672,486	
2PATRICIA FISCHER CHIEF OPERATING OFFICER, eff 11/28/16	(i)	5,674	0	13,553	0	19,227	0
	(ii)	184,734	54,293	13,377	34,537	-	0
					3,298	290,239	
3EVERT J KUIPER CEO CENTRAL ILLINOIS DIV	(i)	0	0	0	0	0	0
	(ii)	598,790	166,274	49,173	141,971	-	0
					27,418	983,626	
4GURPREET MANDER CHIEF MEDICAL OFFICER	(i)	345,174	22,845	44	11,955	28,379	0
	(ii)	0	0	0	0	-	0
					0	0	
5DAVID OLEJNICZAK CHIEF OPERATING OFFICER (terminated 9/20/16)	(i)	284,473	39,706	206,764	91,915	25,304	0
	(ii)	0	0	0	0	-	0
					0	0	
6ALLISON PAUL CHIEF NURSING OFFICER	(i)	216,306	7,370	44	13,542	1,227	0
	(ii)	0	0	0	0	-	0
					0	0	
7REBECCA PUCLIK DIVISION CHIEF PEOPLE OFFICER (terminated March 2017)	(i)	224,195	20,133	44	77,756	12,898	0
	(ii)	0	0	0	0	-	0
					0	0	
8STEVEN UMLAND CHIEF FINANCIAL OFFICER - CENTRAL IL DIVISION	(i)	371,859	50,483	21,423	66,667	27,805	0
	(ii)	0	0	0	0	-	0
					0	0	
9PATRICIA ALLEN VICE PRES FINANCE/CONTROLLER - CENTRAL IL DIVISION	(i)	254,932	0	44	14,809	20,090	0
	(ii)	0	0	0	0	-	0
					0	0	
10AMY BULPITT DIRECTOR OF LEGAL SERVICES (terminated 11/4/16)	(i)	218,644	0	0	49,468	1,059	0
	(ii)	0	0	0	0	-	0
					0	0	
11CHRISTOPHER CAMPBELL DIVISION DIRECTOR OF STRATEGY	(i)	186,553	16,732	43	28,369	11,664	0
	(ii)	0	0	0	0	-	0
					0	0	
12AMY JONES EXECUTIVE DIRECTOR - NURSING ADMINISTRATION	(i)	179,458	17,680	436	181,271	17,527	0
	(ii)	0	0	0	0	-	0
					0	0	
13ELIZABETH KABRICK MANAGER OF PERFUSION	(i)	173,273	25,573	43	35,558	9,282	0
	(ii)	0	0	0	0	-	0
					0	0	

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493131036858
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization St John's Hospital of the Hospital Sisters of the Third Order of St Francis		Employer identification number 37-0661238	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE REVENUE - CARDIOVASCULAR	<p> HSHS St John's Hospital has one of the largest heart programs in Illinois. We have developed a reputation as one of the premier cardiovascular programs in the country, but it's our dedication to providing compassionate care to patients and their families that makes us unique. In 2017, HSHS St John's has continued to build their structured heart program. 100 plus TAVRs have been completed this year. In addition, St John's cardiac programs have received the following Awards, Designations and Accomplishments: -HSHS St John's received ACE accreditation -HSHS St John's earned the platinum award from the National Cardiovascular Data Registry for the MI Action Registry -HSHS St John's was the first hospital in Illinois to receive the Accreditation for Cardiovascular Excellence for its cardiac catheterization lab -HSHS St John's earned Gold Plus recognition from the American Heart Association's "Get With the Guidelines" program for its care of heart failure patients. Other innovations that continue to be utilized by HSHS St John's Hospital's cardiovascular services include: -WATCHMEN Procedure - Used to replace blood thinners for patients with atrial fibrillation -LARIAT Device - Percutaneous Left Atrial Appendage Suture Ligation Using the LARIAT Device in Patients with Atrial Fibrillation who cannot tolerate or are not candidates for anticoagulation -TAVR devices - Smaller, more easily delivered cardiac valves implanted without the need for open heart surgery -REPRISE III - Fully repositionable TAVR Valve from Boston Scientific -MitraClip - minimally invasive repair of the mitral valve -Prairie Cardiovascular cardiologists at St John's Hospital were the first to enroll patients into Lutonix's LEVANT 2. LEVANT 2 is a global, randomized trial to evaluate the safety and efficacy of the Moxy Drug Coated Balloon compared to a standard angioplasty balloon for the treatment of peripheral arterial disease -CREST 2 - Randomized trial comparing carotid surgery to carotid stenting -ALLSTAR - The use of cardiac derived cells in hopes to regenerate and improve cardiac function after a heart attack -PARACHUTE - Implantable device used to reshape the left ventricle thus improving heart function -EVERA - Updated ICD technology allowing patients to safely undergo MRI scan -Micra - Smallest pacemaker that is leadless. In addition to the list of Catheterization, Surgical and Non-invasive procedures below, HSHS St John's offers a Cardiac Rehabilitation program, and other stress-reduction services through the HSHS St John's Center for Living. Catheterization Laboratory Procedures: -Abdominal aortic aneurysm graphs -Ablation of complex arrhythmias -Angioplasty with stenting -Atrial Fibrillation Ablations -Balloon angioplasty -Carotid stents -Defibrillator implantation -Diagnostic cardiac catheterization -Drug-eluting stents -Electrophysiologic evaluation of complex arrhythmias -Evaluation of cardiac valves -Evaluation of congenital heart disease -Neurological </p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE REVENUE - CARDIOVASCULAR	logical Interventions -Pacemaker implantation -Peripheral vascular stents -Percutaneous tra nsluminal myocardial revascularization -Renal stents -Coated Stents Surgical Procedures -B eating heart bypass surgery -Coronary artery bypass graft surgery -General thoracic surger y -Heart valve replacement and repair -Laser pacemaker lead extraction -Minimally invasive atrial ablation surgery -Minimally invasive valve replacement repair surgery -Pacemaker a nd defibrillator implantation -Vascular surgery (aortic, cerebrovascular, renal, and perip heral) Noninvasive Cardiovascular Diagnostic Procedures -Audicor testing -A-V Optimization -Bio-Z -Cardiac CTs -Cardiac and vascular ultrasound -Cardioversions -Doppler exams -Echo cardiography -Electrocardiograms -Holter monitoring/Arrhythmia monitoring/Pacemaker checks -Nuclear stress testing -Pediatric Cardiology Clinic -Preadmission testing (chest X-rays and blood tests) -Stress echocardiography -Tran esophageal echocardiography -T-Wave altern ans

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b PROGRAM SERVICE REVENUE - GENERAL SURGERY	<p>At HSHS St John's Hospital, our Main OR services Inpatients and Outpatients from throughout central Illinois and the surrounding communities. Surgeons from seven physician groups perform procedures at our facility, from several specialties, including Plastics, General Surgery, General Pediatric Surgery, Urology, Pediatric Urology, Gynecological Surgery, Gyne-Onc Surgery, ENT, Neurosurgery, Ophthalmological Surgery (Including Retinal), and Robotic Surgery.</p> <p>Major Plastics Procedures -Cleft Palate/Cleft Lip Repairs -Breast Reconstruction -Pediatric & Adult Burn Care</p> <p>Major General Surgery Procedures -Laparoscopic Appendectomies -Laparoscopic & Robotic Cholecystectomies -Trauma Services -Laparoscopic & Robotic Hernia Repairs -Breast Lesion Excision & Mastectomies</p> <p>Major General Pediatric Procedures/Services -The Main OR proudly services HSHS St John's Children's Hospital & NICU - both are regional facilities -Appendectomies -Bowel Resections -Pyloromyotomies -Hernia Repairs</p> <p>Major Urology Procedures -Kidney/Bladder Stone Procedures, including ESWL, Percutaneous Nephrolithotomy, and a comprehensive laser program -Penile Prosthesis -TURP/TUR-BT -Robotic Nephrectomies, Nephroureterectomies, Adrenalectomies, Pyeloplasties & Prostatectomies</p> <p>Major Pediatric Urology Procedures -Circumcision Revisions/Phimosis/Hidden Penis Repairs -Hernia Repairs -Orchepexies -Hypospadias Repairs</p> <p>Major Gynecological & Gyne-Onc Procedures -Laparoscopic & Robotic Hysterectomies/BSO -Comprehensive gyne-onc program - primarily performed Robotically -Women's Uro/GYN program, including Vaginal Slings, Bladder Stimulators, Robotic Colpopexy & Colporrhaphies</p> <p>Major ENT Procedures -Endoscopic/Image Guided Sinus Surgeries -Pediatric Airway Procedures, including Tracheostomy Care, Bronchoscopies, Laryngoscopies, Balloon Dilations -ENT Cancer Surgery</p> <p>Major Neurosurgery Procedures -Comprehensive Deep Brain Stimulator Program -Spine Procedures -VP Shunt Placement & Maintenance -Vagal Nerve Stimulator Placement & Maintenance -Brain Biopsies and Craniotomy/Tumor Resections -Kyphoplasties -Trauma Services</p> <p>Major Ophthalmology Procedures -Comprehensive Retinal Program -Cataract Procedures -Oculoplastics Program, including Blepharoplasties, Brow Lifts & Muscle Repair Procedures</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c PROGRAM SERVICE REVENUE - INTERNAL MEDICINE	<p>In FY17, the majority of the Internal Medicine cases that were admitted to St. John's Hospital came through our Emergency Department (59%), while 33% came to our facility as direct admits from our Connect program. The Emergency Room is a Level 1 Trauma Center that services Central Illinois. The total visit volume is approximately 54,000 with a 17% admission rate. The Connect Program is a regional referral program that started in 2010. The program is a one-call system that focuses on physician alignment and clinical protocols. St. John's has a dedicated outreach representative that works with referring hospitals to address any issues and to improve the services. St. John's has three hospitalist groups servicing the patients: HSHS Medical Group (which has grown significantly over the past 5 - 6 years), Springfield Clinic, and Southern Illinois University (SIU). This program enables the hospitalist to manage the in-hospital care for patients and coordinates care with other consulting MD's, if needed. An effective hospitalist program can benefit hospitals by reducing length of stay, improving hospital efficiencies, and improving quality care. This program also enables primary care MD's to reduce time at the hospital and spend more time at their practice. HSHS Medical Group Hospitalists managed the highest percentage of Internal Medicine Inpatients in FY 17 with 42.77% of Internal Medicine Cases. The next largest was Springfield Clinic physicians with Internal Medicine specialty at 21.04% and SIU Pediatrics at 9.51%.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 3 Significant changes in program services	HSHS St John's Hospital closed the Transitional Care Unit during the year. Transitional Care is a community-based service and there are many facilities in the local area that offer transitional care services. St John's believed it in the best interest of their patients to transition their TCU services to community-based providers that were ready and willing to serve those patients.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 149,706,783 including grants of \$ 18,426)(Revenue \$ 279,691,478) ST JOHN'S OTHER SPECIALIZED SERVICES INCLUDE CANCER CARE, WOMEN'S SERVICES, A NEUROSCIENCES INSTITUTE, HOME HEALTH, HOSPICE, AN EMERGENCY DEPARTMENT THAT NEARLY 54,000 PEOPLE PER YEAR SEEK CARE IN AND THE ST JOHN'S CHILDREN'S HOSPITAL OUR CHILDREN'S HOSPITAL IS THE ONLY COMPREHENSIVE CHILD HEALTH CARE FACILITY IN SOUTH-CENTRAL ILLINOIS AND PROVIDES VITAL HEALTH CARE FOR THE REGION'S CHILDREN, FROM INFANCY THROUGH AGE 18 RECOGNIZED BY THE CHILDREN'S HOSPITAL ASSOCIATION AND A MEMBER OF THE ASSOCIATION OF ILLINOIS CHILDREN'S HOSPITALS, ST JOHN'S CHILDREN'S HOSPITAL OFFERS A WIDE RANGE OF SERVICES FOR CHILDREN AND THEIR FAMILIES BOTH HERE AT OUR FACILITIES AND EXTENDING INTO THE HOME SERVICES INCLUDE - GENERAL PEDIATRIC BEDS, WITH PRIVATE BATH, SHOWER AND PARENTAL SLEEPING AREA - PEDIATRIC ICU - PEDIATRIC HEMATOLOGY/ONCOLOGY - LEVEL III NEONATAL ICU - PEDIATRIC EMERGENCY ROOM SERVICES - NEONATAL AND PEDIATRIC TRANSPORTATION - THE ONLY REGIONAL LEVEL III PERINATAL CARE CENTER IN THE AREA - CHILD AND FAMILY SUPPORT AND SERVICES THROUGH OUR CHILD LIFE SPECIALISTS AND SOCIAL AND SPIRITUAL SERVICES DEPARTMENTS - COMPREHENSIVE OUTPATIENT SERVICES SUCH AS HOME HEALTH, CHILDREN'S REHABILITATION CENTER AND EARLY INTERVENTION PROGRAM - A RONALD MCDONALD HOUSE ON SITE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	PURSUANT TO SECTION 2 3 OF THE CORPORATION'S BYLAWS, THE ORGANIZATION'S MEMBER, HOSPITAL SISTERS SERVICES, INC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, HAS THE RIGHT TO APPOINT AND REMOVE THE CORPORATION'S BOARD OF DIRECTORS, CHAIRPERSON OF THE BOARD, AND PRESIDENT

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ORPORATION OR ANY AFFILIATE, AND (N) ADOPT POLICIES TO IMPLEMENT THE RESERVED POWERS OF HS SI

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 PREPARATION, REVIEW AND ELECTRONIC SUBMISSION OF ITS FORM 990 CROWE HORWATH PROVIDES GUIDANCE IN IDENTIFYING CRITICAL ERRORS IN THE RETURN SUBMISSION, AND FEEDBACK ON QUANTITATIVE AND QUALITATIVE RESPONSES ADDITIONALLY, THE HOSPITAL CFO PERFORMS A THOROUGH REVIEW OF THE RETURN, AND REVIEWS IT WITH THE HOSPITAL CEO AND/OR SENIOR LEADERS BEFORE PRESENTING IT IN ITS ENTIRETY TO THE HOSPITAL BOARD FOR QUESTIONING AND REVIEW PRIOR TO THE RETURN'S SIGNING AND SUBMISSION TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>USING A SYSTEM-WIDE PROTOCOL FOR DISCLOSURE STATEMENTS IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, ALL COVERED PERSONS HAVE A DUTY TO COMPLY WITH THE CONFLICT OF INTEREST POLICY FOR ANY CONTRACT, TRANSACTION, RELATIONSHIP, OR ACTIVITY CONTEMPLATED, ENTERED INTO, OR CONDUCTED AT HSHS OR ITS AFFILIATES. THE POLICY DEFINES COVERED PERSONS AS BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS, BOARD DESIGNEES, SENIOR MANAGEMENT, MEMBERS OF ANY COMMITTEE THAT OVERSEES THE APPROVAL OF PHARMACEUTICALS, AND MEDICAL DEVICES, ANY OTHER INDIVIDUAL WHO HOLDS A POSITION OF TRUST. ON AN ANNUAL BASIS, HSHS DISCLOSES A COPY OF THE CONFLICT OF INTEREST POLICY (AND ALL CORRESPONDING PROCEDURES, GUIDELINES, FORMS, AND TOOLS) TO ALL COVERED PERSONS AND ADVISES ALL COVERED PERSONS IN WRITING OF ANY SUBSTANTIVE CHANGES TO THIS POLICY AND SUCH RELATED MATERIALS. COVERED PERSONS ARE REQUIRED TO REVIEW AND COMPLETE THE CORRESPONDING CONFLICT OF INTEREST STATEMENT. THE SYSTEM OFFICE VICE PRESIDENT - SYSTEM RESPONSIBILITY, VICE PRESIDENT - RISK & COMPLIANCE, OR MEMBERS OF THE AUDIT AND INTEGRITY COMMITTEE ("COMMITTEE") ARE AVAILABLE TO ANSWER ANY QUESTIONS A COVERED PERSON MAY HAVE. IN ADDITION, IF, AT ANY TIME AFTER SUBMITTING AN ANNUAL CONFLICT OF INTEREST STATEMENT, A COVERED PERSON BECOMES AWARE OF AN INTEREST THAT HE OR SHE WOULD HAVE HAD TO DISCLOSE AT THE ANNUAL INTERVAL, THE COVERED PERSON IS REQUIRED PROMPTLY TO DISCLOSE THE INTEREST TO THE COMMITTEE USING THE HSHS CONFLICT OF INTEREST DISCLOSURE STATEMENT. COMPLETED CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED TO THE COMMITTEE, WHICH IS RESPONSIBLE FOR IDENTIFYING, ASSESSING, AND MANAGING CONFLICTS OF INTEREST THAT ARISE IN THE COURSE OF CONDUCTING THE AFFAIRS OF HSHS AND ITS AFFILIATES. IF THE COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE CONFLICT OF INTEREST POLICY REQUIRES HSHS NOT TO ENGAGE IN, OR ENTER INTO, A PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY UNLESS THE COMMITTEE OR, WHERE NECESSARY, THE BOARD OF DIRECTORS (ACTING THROUGH ITS DISINTERESTED MEMBERS), HAS INVESTIGATED ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY AND, IN THE ABSENCE OF ALTERNATIVES THAT ARE IN THE BEST INTERESTS OF HSHS, HAS DETERMINED 1 THAT, REGARDLESS OF WHETHER THE COVERED PERSON PARTICIPATES IN THE IMPLEMENTATION OF THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY, 2 THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS IN THE BEST INTERESTS OF HSHS, 3 THE CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY IS FAIR AND REASONABLE FROM THE PERSPECTIVE OF HSHS, AND 4 HSHS CANNOT OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION, ARRANGEMENT, OR ACTIVITY WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES. IN DETERMINING WHETHER A CONTRACT, TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO HSHS, THE COMMITTEE SHALL CONSIDER, WHERE APPLICABLE 1 APPRAISALS OR OTHER INDEPENDENT VALUATIONS OF THE FAI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>R MARKET VALUE OF THE CONTRACT, TRANSACTION, OR ARRANGEMENT, 2 INFORMATION REGARDING COMP ARABLE 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 HSH S SHOULD PARTICIPATE IN A PROPOSED TRANSACTION OR ARRANGEMENT DESPITE THE EXISTENCE OF A C ONFLICT OF INTEREST, THE COMMITTEE SHALL DEVELOP, IMPLEMENT, MONITOR, AND ENFORCE COMPLIAN CE 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, TRANSA CTI ON, 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, THA T THE APPROPRIATE INDIVIDUALS MUST PROVIDE THE COMMITTEE WITH WRITTEN REPORTS PERTAINING T O 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 DEVELOP ED TO MANAGE, 3 STATE THAT THE PLAN MUST BE SHARED WITH, AND PERIODIC REPORTS ON COMPLIAN CE WITH THE PLAN MUST BE PROVIDED TO, THE BOARD, SENIOR MANAGEMENT, AND/OR GOVERNMENT AGEN CIES, AND 4 PROVIDE FOR SUCH OTHER MANAGEMENT STEPS AND MECHANISMS THE COMMITTEE CONSIDER S NECESSARY AND APPROPRIATE IN ADDITION TO THE COMMITTEE, THE SYSTEM OFFICE VICE PRESIDEN TS OF SYSTEM RESPONSIBILITY AND RISK & COMPLIANCE MAY RETAIN SUCH INDEPENDENT ADVISORS OR EXPERTS AS DEEMED NECESSARY TO ASSIST IN MAKING ITS DETERMINATIONS AND DECISIONS IF THE C OMMITTEE DETERMINES THAT THE CONTEMPLATED TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIV ITY CANNOT PROCEED DUE TO A CONFLICT OF INTEREST, THE COMMITTEE SHALL INFORM THE APPLICABL E COVERED PERSON OR DECISION-MAKING BODY OF SUCH DETERMINATION WITHIN ONE WEEK OF THE COMM ITTEE MEETING AT WHICH THE CONTEMPLATED TRANSACTION WAS DISCUSSED THE COMMITTEE SHALL DOC UMENT ITS REJECTION OF THE CONTEMPLATED TRANSACTION IN THE COMMITTEE'S MEETING MINUTES</p>

990 Schedule O, Supplemental Information

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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Laundry - Total Revenue 132143, Related or Exempt Function Revenue , Unrelated Business Revenue 28575, Revenue Excluded from Tax Under Sections 512, 513, or 514 103568,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Purchased Services - Total Expense 53281549, Program Service Expense 51807919, Management and General Expenses 1473630, Fundraising Expenses , Professional Fees - Total Expense 33359914, Program Service Expense 16560670, Management and General Expenses 16799244, Fundraising Expenses , SHARED SERVICE EXP - Total Expense 38068216, Program Service Expense 1240570, Management and General Expenses 36827646, Fundraising Expenses ,

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS TO/FROM AFFILIATES - -39369330, PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS - 17165872, CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - 5157025, CHANGE IN PERMANENTLY RESTRICTED NET ASSETS - 69268, SWAP PAYMENTS - -526807, CHANGE IN TEMPORARILY RESTRICTED NET ASSETS - 485743,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
37-0661238

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KIARA CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1417684	HEALTHCARE	IL	-1,762,307	6,257,513	HSSI
(2) PHYSICIAN CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1668647	HEALTHCARE	IL	-950,689	8,580,781	KCIN
(3) HSHS ACO LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MEMORIAL AND ST ELIZABETH'S HEALTHCARE CANCER TREATMENT CENTER 4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 37-1312961	HEALTHCARE	IL	ST ELIZABETH'S	Related	674,729	4,464,307		No			No	50 %
(2) PRAIRIE HEART INSTITUTE ST JOHN'S 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	Related	0	8,000		No			No	100 %
(3) PAIN CENTER OF WISCONSIN 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	Related	527,290	608,459		No			No	50 %
(4) PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 36-4717036	HEALTHCARE	WI	ST CLARE	Related	82,878	213,434		No			No	50 %
(5) CARPENTER STREET HOTEL LLC 525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A								0 %
(6) SPRINGFIELD URGENT CARE REAL ESTATE LLC PO BOX 19456 SPRINGFIELD, IL 62794 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A								0 %
(7) PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1479945	MEDICAL	IL	HSHS	Related	-7,119	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

No

No

Yes

No

No

Yes

No

Yes

No

No

No

Yes

No

No

Yes

Yes

Yes

Yes

Yes

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

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

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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

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



Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 37-0661238

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1058692	HEALTHCARE	IL	501(c)(3)	Type III-FI	NA		No
(1) 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1186514	HEALTHCARE	IL	501(c)(3)	7	HSHS	Yes	
(2) 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1120626	INSURANCE	IL	501(c)(3)	Type I	HSHS	Yes	
(3) 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 51-0157933	HEALTHCARE	WI	501(c)(3)	Type I	HSSI	Yes	
(4) 990 WEST CLAIREMONT AVENUE EAU CLAIRE, WI 54701 39-0807060	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(5) 503 N MAPLE STREET EFFINGHAM, IL 62401 37-0661233	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(6) 211 SOUTH THIRD STREET BELLEVILLE, IL 62220 37-0663567	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(7) 3100 SUPERIOR AVENUE SHEBOYGAN, WI 53081 39-0808480	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(8) 9515 HOLY CROSS LANE BREESE, IL 62230 37-1208459	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(9) 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 39-0810545	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(10) 1800 E LAKE SHORE DRIVE DECATUR, IL 62521 37-0661244	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(11) 111 SPRING STREET STREATOR, IL 61364 36-2169181	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(12) 1762 SHAWANO AVENUE GREEN BAY, WI 54303 39-0818682	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(13) 835 S VAN BUREN GREEN BAY, WI 51301 39-0817529	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(14) 12866 TROXLER AVENUE HIGHLAND, IL 62249 37-0663568	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(15) 1215 FRANCISCAN DRIVE LITCHFIELD, IL 62056 37-0661236	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(16) 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163402	HEALTHCARE	IL	501(c)(3)	Type III-FI	HSHS	Yes	
(17) 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-3956318	HEALTHCARE	IL	501(c)(3)	Type III-FI	HSSI	Yes	
(18) 3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-4515959	HEALTHCARE	WI	501(c)(3)	Type III-FI	HSSI	Yes	
(19) 919 ASHLAND AVENUE SHEBOYGAN, WI 53081 39-1860942	HEALTHCARE	WI	501(c)(3)	10	ST NICHOLAS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 2366 OAK RIDGE CIRCLE DE PERE, WI 54115 39-1750729	HEALTHCARE	WI	501(c)(3)	10	HSSI	Yes	
(1) 317 NORTH 5TH STREET SPRINGFIELD, IL 62701 37-1157915	HEALTHCARE	IL	501(c)(3)	4	HSSI	Yes	
(2) 855 S MAIN STREET OCONTO FALLS, WI 54154 39-0848401	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(3) 200 HEALTHCARE DRIVE GREENVILLE, IL 62246 37-0792770	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(4) 200 HEALTHCARE DRIVE GREENVILLE, IL 62246 37-1140166	FUNDRAISING	IL	501(c)(3)	Type II	HSSI	Yes	
(5) 200 SOUTH CEDAR STREET SHELBYVILLE, IL 62565 37-1294401	FUNDRAISING	IL	501(c)(3)	Type I	HSSI	Yes	
(6) 200 SOUTH CEDAR STREET SHELBYVILLE, IL 62565 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MEMORIAL AND ST ELIZABETH'S HEALTHCARE CANCER TREATMENT CENTER 4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 37-1312961	HEALTHCARE	IL	ST ELIZABETH'S	Related	674,729	4,464,307		No			No	50 %
(1) PRAIRIE HEART INSTITUTE ST JOHN'S 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	Related	0	8,000		No			No	100 %
(2) PAIN CENTER OF WISCONSIN 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	Related	527,290	608,459		No			No	50 %
(3) PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 36-4717036	HEALTHCARE	WI	ST CLARE	Related	82,878	213,434		No			No	50 %
(4) CARPENTER STREET HOTEL LLC 525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A								0 %
(5) SPRINGFIELD URGENT CARE REAL ESTATE LLC PO BOX 19456 SPRINGFIELD, IL 62794 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A								0 %
(6) PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) KIARA INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163401	HEALTHCARE	IL	HSBS	C Corporation	-32,734,440	34,421,714	100 %	Yes	
(1) LASANTE WISCONSIN INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 39-1572196	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
(2) LASANTE INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163400	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
(3) PRAIRIE CARDIOVASCULAR 619 EAST MASON SUITE 4P57 SPRINGFIELD, IL 62701 37-1071858	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
(4) PREVEA HEALTH SERVICES INC 2710 EXECUTIVE DRIVE GREEN BAY, WI 54304 39-1839351	HEALTHCARE	WI	HSSI	C Corporation	260,762	45,933,122	50 %	Yes	
(5) PREVEA CLINIC INC 2710 EXECUTVE DRIVE GREEN BAY, WI 54304 39-1839349	HEALTHCARE	WI	PHSI	C Corporation				Yes	
(6) RENAISSANCE QUALITY INSURANCE LTD PO BOX 1159 GRAND CAYMAN KY11102 CJ 98-0669953	INSURANCE	CJ	HSSI	C Corporation	0	120,349,324	100 %	Yes	
(7) OJV INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 46-0873384	HEALTHCARE	IL	LASANTE INC	C Corporation				Yes	