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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

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
Hospital Sisters of St Francis Foundation Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) 4936 Laverna Road | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Springfield, IL 62707

D Employer identification number
37-1186514

E Telephone number
(217) 523-4747

G Gross receipts $ 17,583,761

F Name and address of principal officer
Daniel McCormack
4936 Laverna Road
Springfield, IL 62707

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www hshs org

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

L Year of formation 1984

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE FINANCIAL SUPPORT, THROUGH PHILANTHROPY, TO THE MANY HEALING ENDEAVORS OF THE HOSPITAL SISTERS OF ST FRANCIS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,747,905	12,910,393
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,174,401	3,898,249
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	698,711	428,680
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,621,017	17,237,322
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,482,363	6,302,514
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,169,244		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,060,634	5,051,847
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,542,997	11,354,361
19	Revenue less expenses Subtract line 18 from line 12	7,078,020	5,882,961

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	103,695,048	112,767,805
21	Total liabilities (Part X, line 26)	1,084,315	1,115,740
22	Net assets or fund balances Subtract line 21 from line 20	102,610,733	111,652,065

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

****** 2018-04-11
Signature of officer Date

MICHAEL W COTTRELL Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RACHEL SPURLOCK	RACHEL SPURLOCK			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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO SEEK, INVITE, WELCOME AND INVOLVE ALL THOSE WHO WISH TO SHARE, BY THEIR GIFT OF TIME, TALENT AND PURSE IN THE HEALING MISSION OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS, AND TO PROVIDE FINANCIAL SUPPORT, THROUGH PHILANTHROPY, TO THE MANY HEALING ENDEAVORS OF THE HOSPITAL SISTERS OF ST FRANCIS

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 $ 6,302,514 including grants of $ 6,302,514) (Revenue $)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 6,302,514

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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		No
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	Yes	
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	Yes	

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
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**		
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**	0		
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**		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
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	11		
	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	7		
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		No
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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Michael Cottrell 4936 Laverna Road Springfield, IL 62707 (217) 523-4747

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL MCCORMACK PRESIDENT & CEO	60 0 0 0	X		X				0	420,872	144,478
(2) RICK MCGRAW CHAIRPERSON	1 0 0	X		X				0	0	0
(3) SR MARYBETH CULNAN OSF VICE CHAIRPERSON	1 0 9 3	X		X				0	0	0
(4) JAMES COLLER Secretary	1 0 0	X		X				0	0	0
(5) MICHAEL W COTTRELL Treasurer/ Board member	2 5 57 6	X		X				0	877,154	229,172
(6) Kevin Breheny BOARD MEMBER	1 0 1 0	X						0	0	0
(7) Julie FURST-BOWE Board Member	1 0 0	X						0	0	0
(8) FRANK L MIKELL BOARD MEMBER	1 0 16 0	X						0	224,006	21,585
(9) SARAH PHALEN BOARD MEMBER	1 0 0	X						0	0	0
(10) P MICHAEL SCHUETTE BOARD MEMBER	1 0 0	X						0	0	0
(11) MARY STARMANN-HARRISON BOARD MEMBER	1 0 59 1	X						0	1,489,338	337,346
(12) LAWRENCE SCHUMACHER Former BOARD MEMBER	0 0						X	0	622,151	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	3,633,521	732,581

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 ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c 667,624				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 12,242,769				
	g Noncash contributions included in lines 1a-1f $ 740,453				
	h **Total.** Add lines 1a-1f . . . . . ▶	12,910,393			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue	0	0	0	0
	g **Total.** Add lines 2a–2f . . . . ▶	0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	879,043			879,043
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)	0	0		
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	3,019,206			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	3,019,206	0		
	d Net gain or (loss) . . . . . ▶	3,019,206			3,019,206
	8a Gross income from fundraising events (not including $ 667,624 of contributions reported on line 1c) See Part IV, line 18 . . . . a	752,451			
	b Less direct expenses . . . b	335,909			
	c Net income or (loss) from fundraising events . . ▶	416,542			416,542
	9a Gross income from gaming activities See Part IV, line 19 . . . a	22,668			
	b Less direct expenses . . . b	10,530			
	c Net income or (loss) from gaming activities . . ▶	12,138			12,138
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue	0	0	0	0
	e **Total.** Add lines 11a–11d . . . . . ▶	0			
	12 **Total revenue.** See Instructions . . . . . ▶	17,237,322	0	0	4,326,929

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,302,514	6,302,514		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
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				
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	965,611		965,611	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	787,805	0	253,072	534,733
12 Advertising and promotion				
13 Office expenses	140,679			140,679
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,008			11,008
23 Insurance				
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 ALLOCATED HSHS & AFFILIATES COMPENSATION	3,146,744		663,920	2,482,824
b				
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	11,354,361	6,302,514	1,882,603	3,169,244
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	1,687,811	2	1,703,933
	3	Pledges and grants receivable, net	7,806,635	3	5,798,920
	4	Accounts receivable, net		4	
	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		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 0			
	b	Less accumulated depreciation — 10b: 0	390	10c	0
	11	Investments—publicly traded securities	93,732,212	11	104,801,931
	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	468,000	15	463,021
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	103,695,048	16	112,767,805
Liabilities	17	Accounts payable and accrued expenses	1,078,415	17	1,109,840
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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	5,900	25	5,900
	26	**Total liabilities.** Add lines 17 through 25	1,084,315	26	1,115,740
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	45,194,315	27	46,506,584
	28	Temporarily restricted net assets	30,947,264	28	38,324,847
	29	Permanently restricted net assets	26,469,154	29	26,820,634
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	102,610,733	33	111,652,065
	34	Total liabilities and net assets/fund balances	103,695,048	34	112,767,805

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,237,322
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,354,361
3	Revenue less expenses Subtract line 2 from line 1	3	5,882,961
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	102,610,733
5	Net unrealized gains (losses) on investments	5	3,158,371
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	111,652,065

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 37-1186514
Name: Hospital Sisters of St Francis Foundation Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

TO AID PERSONS WHO ARE UNABLE TO PROVIDE COMPLETELY FOR THEMSELVES IN OBTAINING HEALTH CARE SERVICES, SUPPLEMENT AND ENHANCE PROGRAMS IN HEALTH SERVICES WITH SPECIAL DEFERENCE TO PROGRAMS OF HOSPITALS SPONSORED BY THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST FRANCIS, AMERICAN PROVINCE, AND TO PROVIDE FINANCIAL ASSISTANCE IN DEVELOPING, MAINTAINING AND IMPROVING VARIOUS TYPES OF HEALTH SERVICES INCLUDING EDUCATION AND RESEARCH

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Hospital Sisters of St Francis Foundation Inc

Employer identification number
37-1186514

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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

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 grant ")	7,727,078	8,929,560	9,159,446	15,598,256	12,910,393	54,324,733
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	7,727,078	8,929,560	9,159,446	15,598,256	12,910,393	54,324,733
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)						1,268,339
6 **Public support.** Subtract line 5 from line 4						53,056,394

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	7,727,078	8,929,560	9,159,446	15,598,256	12,910,393	54,324,733
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,167,304	675,009	830,901	825,891	879,043	4,378,148
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	1,209,466	1,030,296	1,174,362	775,119	4,189,243
11 **Total support.** Add lines 7 through 10						62,892,124

12 Gross receipts from related activities, etc (see instructions) **12** 0

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14** 84 36 %

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15** 85 72 %

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 ▶ ☑

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) ▶	(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) ▶	(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** ▶ ☐

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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

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? *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*	1		
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? *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*	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)? *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)*	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?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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 ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *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*	2a		
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? *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*	2b		
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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	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 ☐ 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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - FUNDRAISING REVENUE, COLUMN A - , COLUMN B - 1156634 0, COLUMN C - 983771 0, COLUMN D - 1101341 0, COLUMN E - 752451 0, COLUMN F - 3994197 0, DESCRIPTION - GAMING REV ENUE, COLUMN A - , COLUMN B - 52832 0, COLUMN C - 46525 0, COLUMN D - 73021 0, COLUMN E - 22668 0, COLUMN F - 195046 0,

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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
Hospital Sisters of St Francis Foundation Inc

Employer identification number
37-1186514

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	34,896,906	34,878,048	34,875,720	32,068,409	30,325,726
b Contributions	353,150	646,804	1,339,609	1,397,523	329,402
c Net investment earnings, gains, and losses	680,239	171,148	-256,242	3,187,060	2,065,737
d Grants or scholarships	1,135,752	799,094	1,081,039	1,777,272	652,456
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	34,794,543	34,896,906	34,878,048	34,875,720	32,068,409

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

- a Board designated or quasi-endowment ▶ 23 %
- b Permanent endowment ▶ 76 %
- c Temporarily restricted endowment ▶ 1 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				

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	
Trust Obligation	5,900
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,900

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

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: 37-1186514
Name: Hospital Sisters of St Francis Foundation Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE FOUNDATION INTENDS TO USE ALL ENDOWMENT FUNDS TO SUPPORT NURSING SCHOOLS AND SPECIFIC OPERATIONS OF THE HOSPITAL SISTERS HEALTH SYSTEM FUNDS WHOSE USE HAS BEEN RESTRICTED BY A DONOR WILL BE SET ASIDE FOR SUCH PURPOSE UNTIL THE TERMS OF THE RESTRICTION HAVE BEEN MET , IF APPLICABLE ALL OTHER FUNDS SHALL BE DISBURSED IN ACCORDANCE WITH THE PROGRAM TRANSFE R PROCEDURE DISCUSSED IN SCHEDULE O

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	HSHS and the Foundation are Illinois not-for-profit organizations as described in Section 501 (c) (3) of the Internal Revenue Code (the Code) and are exempt from federal income tax es on related income pursuant to Section 501 (a) of the Code Kiara, Inc is an Illinois f or-profit corporation that recognizes income taxes under the asset-and-liability method D eferred tax assets and liabilities are recognized for the future tax consequences attribut able to differences between the consolidated financial statement carrying amounts of exist ing assets and liabilities and their respective tax basis and operating loss and tax credi t carryforwards Deferred tax assets and liabilities are measured using the enacted tax ra tes 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 enactmen t date In assessing the realizability of deferred tax assets, management considers whethe r 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 generat ion of future taxable income during the periods in which those temporary differences becom e deductible Management considers projected future taxable income and tax planning strate gies in making this assessment Based upon the level of historical taxable losses and proj ections for future taxable losses over the periods for which the deferred tax assets are d eductible, management believes it is more likely than not Kiara, Inc will not realize the majority of the benefits of these deductible differences Full valuation allowances have been applied against the deferred tax assets attributable to the net operating loss carryf orwards not realized as of June 30, 2017 and 2016 in the accompanying consolidated financi al 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 sust ained on examination by the taxing authorities, based on the technical merits of the posit ion As of June 30, 2017 and 2016, HSHS does not have any liabilities for unrecognized tax benefits

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Hospital Sisters of St Francis Foundation Inc

Employer identification number
37-1186514

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue		(a) Event #1 TOAST OF THE TOWN (event type)	(b) Event #2 RADIOTHON (event type)	(c) Other events 15 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	206,242	176,000	1,037,833	1,420,075
	2 Less Contributions	10,300	176,000	481,324	667,624
	3 Gross income (line 1 minus line 2)	195,942	0	556,509	752,451
Direct Expenses	4 Cash prizes			650	650
	5 Noncash prizes			3,595	3,595
	6 Rent/facility costs	4,809		61,111	65,920
	7 Food and beverages	12,549	1,300	133,224	147,073
	8 Entertainment	7,500		28,400	35,900
	9 Other direct expenses	11,038	7,700	64,033	82,771
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				335,909
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				416,542

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			22,668	22,668
Direct Expenses	2 Cash prizes			1,000	1,000
	3 Noncash prizes				
	4 Rent/facility costs			2,000	2,000
	5 Other direct expenses			7,530	7,530
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 90 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities IL

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	0 %
b An outside facility	**13b**	100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Michael Wall

Address ▶ 503 N Maple Street
Effingham, IL 62401

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ 0

Description of services provided ▶ Oversees gaming activities

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 0

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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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
Hospital Sisters of St Francis Foundation Inc

Employer identification number
37-1186514

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
See Additional Data Table							
(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 . . . . . ▶ 13

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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)					
(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	HOSPITALS SUBMIT COMPLETED PROGRAM TRANSFER REQUEST FORMS AND SUPPORTING DOCUMENTATION BY THE 25TH DAY OF EACH MONTH THE PHILANTHROPY DEPARTMENT ADMINISTRATIVE ASSISTANT REVIEWS EACH PROGRAM TRANSFER REQUEST FOR COMPLETENESS AND ACCURACY, AND VERIFIES THAT THE REQUEST HAS BEEN SIGNED BY THE HOSPITAL CEO THE PHILANTHROPY DEPARTMENT ADMINISTRATIVE ASSISTANT THEN ENTERS THE TITLE AND AMOUNT OF EACH PROGRAM TRANSFER ON THE CORRESPONDING HOSPITAL'S MONTHLY PROGRAM TRANSFER TOTALS SPREADSHEET BY CATEGORY THE VICE PRESIDENT OF PHILANTHROPY REVIEWS EACH PROGRAM TRANSFER REQUEST PROGRAM TRANSFERS UP TO $50,000 ARE SIGNED BY THE PRESIDENT AND/OR TREASURER OF HOSPITAL SISTERS OF ST FRANCIS FOUNDATION ("HSSF"), GRANTS UP TO $100,000 ARE SIGNED BY THE CHAIRPERSON OF HSSF, PROGRAM TRANSFERS OVER $100,000 ARE SUBMITTED TO THE FOUNDATION BOARD OF DIRECTORS FOR APPROVAL UPON APPROVAL BY THE FOUNDATION BOARD, THE TREASURER OF THE FOUNDATION SIGNS THE PROGRAM TRANSFER REQUEST AFTER ALL APPROPRIATE SIGNATURES, THE FOUNDATION ACCOUNTANT REVIEWS EACH PROGRAM TRANSFER REQUEST TO DETERMINE THAT THE EXPENSES HAVE BEEN INCURRED, THE SUPPORTING DOCUMENTATION IS VALID, AND THE RECEIPTS TOTAL THE AMOUNT BEING REQUESTED FOR EACH PROGRAM TRANSFER THE ACCOUNTANT ALSO REVIEWS EACH HOSPITAL'S MONTHLY PROGRAM TRANSFER TOTALS SPREADSHEET FOR ACCURACY OF PROGRAM TRANSFER TITLE, CATEGORY AND AMOUNT THE PHILANTHROPY ADMINISTRATIVE ASSISTANT PREPARES A PROGRAM TRANSFER SHEET FOR EACH HOSPITAL WITH THE MONTH AND AMOUNT FOR TREASURY TO POST THE FOUNDATION TREASURER REVIEWS AND SIGNS PROGRAM TRANSFER SHEETS FOR TREASURY THE PROGRAM TRANSFER SHEETS ARE SUBMITTED TO THE TREASURY DEPARTMENT FOR POSTING BY THE LAST DAY OF THE MONTH EACH MONTHLY PROGRAM TRANSFER TOTALS SPREADSHEET IS SENT TO THE RESPECTIVE HOSPITAL FOR ITS RECORDS THE PROGRAM TRANSFER TOTALS SHEETS ARE PRESENTED TO THE FOUNDATION BOARD OF DIRECTORS AT EACH QUARTERLY FOUNDATION BOARD MEETING AND REVIEWED AT EACH MEETING

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 37-1186514
Name: Hospital Sisters of St Francis Foundation Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST ELIZABETH'S HOSPITAL 211 SOUTH THIRD STREET BELLEVILLE, IL 62220	37-0663567	501(C)(3)	412,706	4,786	FMV	SUPPLIES FOR HOSPICE, PIANO	HOSPITAL ACTIVITIES
ST JOSEPH'S HOSPITAL 9515 HOLY CROSS LANE BREESE, IL 62230	37-1208459	501(C)(3)	168,698	1,753	FMV	CANCER PATIENT AND GRIEF SUPPLIES	HOSPITAL ACTIVITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST MARY'S HOSPITAL 1800 E LAKESHORE DRIVE DECATUR, IL 62521	37-0661244	501(C)(3)	249,828	33,640	FMV	CAMPAIGN INCENTIVES AND HOSPITAL SUPPORT	HOSPITAL ACTIVITIES
ST ANTHONY'S HOSPITAL 503 N MAPLE STREET EFFINGHAM, IL 62401	37-0661233	501(C)(3)	129,717		FMV		HOSPITAL ACTIVITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST JOSEPH'S HOSPITAL 12866 TROXLER AVENUE HIGHLAND, IL 62249	37-0663568	501(C)(3)	49,287	1,025	FMV	CAMPAIGN INCENTIVES	HOSPITAL ACTIVITIES
ST FRANCIS HOSPITAL 1215 FRANCISCAN DRIVE LITCHFIELD, IL 62056	37-0661236	501(C)(3)	26,762		FMV		HOSPITAL ACTIVITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST JOHN'S HOSPITAL 500 EAST CARPENTER STREET SPRINGFIELD, IL 62769	37-0661238	501(C)(3)	2,071,995	11,425	FMV	MEDICAL ART PIECES	HOSPITAL ACTIVITIES
ST JOSEPH'S HOSPITAL 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729	39-0810545	501(C)(3)	379,778		FMV		HOSPITAL ACTIVITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SACRED HEART HOSPITAL 900 WEST CLAIREMONT EAU CLAIRE, WI 54701	39-0807060	501(C)(3)	434,639		FMV		HOSPITAL ACTIVITIES
ST MARY'S HOSPTIAL 1726 SHAWANO AVENUE GREEN BAY, WI 54303	39-0818682	501(C)(3)	300,625		FMV		HOSPITAL ACTIVITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST VINCENT'S HOSPITAL 835 S VAN BUREN GREEN BAY, WI 51301	39-0817529	501(C)(3)	1,982,184		FMV		HOSPITAL ACTIVITIES
ST NICHOLAS HOSPITAL 3100 SUPERIOR AVENUE SHEBOYGAN, WI 53081	39-0808480	501(C)(3)	17,955	7,620	FMV	ARTWORK, CAMPAIGN INCENTIVES	HOSPITAL ACTIVITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST CLARE HOSPITAL 855 S MAIN STREET OCONTO FALLS, WI 54154	39-0848401	501(C)(3)	18,112		FMV		HOSPITAL ACTIVITIES

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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
Hospital Sisters of St Francis Foundation Inc

Employer identification number
37-1186514

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL MCCORMACK PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	280,723	41,499	98,650	116,099	28,379	565,350	76,289
2 MICHAEL W COTTRELL Treasurer/ Board member	(i)	0	0	0	0	0	0	0
	(ii)	617,558	139,028	120,568	199,280	29,892	1,106,326	83,663
3 LAWRENCE SCHUMACHER Former BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	622,151	0	0	622,151	0
4 FRANK L MIKELL BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	223,187	0	819	0	21,585	245,591	0
5 MARY STARMANN-HARRISON BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,139,658	293,275	56,405	314,553	22,793	1,826,684	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A IN SCHEDULE O
Schedule J, Part I, Line 4a Severance or change-of-control payment	ORGANIZATION HOSPITAL SISTERS HEALTH SYSTEM, INC EIN 37-1058692 INTERESTED PERSON LAWRENCE SCHUMACHER AMOUNT $619,080 TERMS COMPENSATION PAID AS A RESULT OF A SEVERANCE FROM THE POSITION OF COO
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	HSHS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSHS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSHS COMPENSATION COMMITTEE THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN DOCUENTS FOR THE PLAN YEAR PARTICIPANTS CONSTRUCTIVELY RECEIVE A DISTRIBUTION FROM THE PLAN NO LATER THAN MARCH 15TH OF THE CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH AN AMOUNT IS VESTED AND TAXABLE PURSUANT TO A VESTING SCHEDULE AS SPECIFIED IN THE PLAN DOCUMENT THE ACTUAL DISTRIBUTION OF THE VESTED BENEFIT UNDER THE PLAN IS PAID IN A SINGLE LUMP SUM TO THE PARTICIPANT OR THE PARTICIPANT'S BENEFICIARY UPON THE EARLIER OF THE PARTICIPANT'S TERMINATION OF EMPLOYMENT, DEATH, OR TOTAL AND PERMANENT DISABILITY THE FOLLOWING INTERESTED PERSONS CONSTRUCTIVELY RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2016 THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) Michael Cottrell -- $94,085 Daniel McCormack -- $33,074 Mary Starmann-Harrison -- $218,843 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 Michael Cottrell -- $83,663 Daniel McCormack -- $76,289

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Hospital Sisters of St Francis Foundation Inc

Employer identification number
37-1186514

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	6	18,520	Market value
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	37	680,204	Market value
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ See Additional Data				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - Contributions Art - Works of art - Contributions Other - Cemetery plot Contributions Other - Piano Contributions Other - Patient Supplies Contributions Other - Gift Cards Contributions Other - Campaign Incentives Contributions

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 37-1186514
Name: Hospital Sisters of St Francis Foundation Inc

Part I, Lines 25-28

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (Cemetery plot)	X	1	450	Market value
Other ▶ (Piano)	X	1	4,611	Market value
Other ▶ (Patient Supplies)	X	4	2,863	Market value
Other ▶ (Gift Cards)	X	3	625	Market value
Other ▶ (Campaign Incentives)	X	4	33,180	Market value

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Hospital Sisters of St Francis Foundation Inc

Employer identification number
37-1186514

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 6 Classes of members or stockholders	THE SENIOR GOVERNING BODY OF HOSPITAL SISTERS OF ST FRANCIS FOUNDATION, INC (THE "CORPORATION") IS THE MEMBER OF THE CORPORATION, WHICH 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

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 HEALTH SYSTEM ("HSHS"), 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	RESPONSIBILITY FOR THE POLICY AND OPERATIONS OF ST JOHN'S HOSPITAL SPRINGFIELD (THE "CORP ORATION") IS VESTED IN ITS BOARD OF DIRECTORS, EXCEPT WITH RESPECT TO SPECIFIC POWERS RESE RVED IN THE CORPORATION'S BYLAWS TO THE CORPORATION'S MEMBER, HOSPITAL SISTERS SERVICES, I NC ("HSSI"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SE CTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE MEMBER OF HSSI IS HOSPITAL SISTERS HEALT H SYSTEM ("HSHS"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UND ER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE GOVERNANCE AND OPERATIONS OF THE CO RPORATION ARE SUBJECT TO HSSI'S RIGHT TO EXERCISE THESE RESERVED POWERS WITH RESPECT TO TH E CORPORATION AND ORGANIZATIONS OF WHICH THE CORPORATION IS EITHER, DIRECTLY OR INDIRECTLY , A CONTROLLING MEMBER OR A CONTROLLING SHAREHOLDER ("AFFILIATES") HSSI'S RIGHT TO EXERCI SE 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 I NTEGRATION 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 CORPORA TION OR OF ANY AFFILIATE, (D) APPOINT AND REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE O F 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 DIR ECTORS TO APPOINT OR REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE DIRECTORS OF THE CORPO RATION 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, SAL E, 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 GOA LS OF THE CORPORATION OR OF ANY AFFILIATE, (I) APPROVE THE SALE OF SUBSTANTIALLY ALL OF TH E 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 AN D 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 PO LICIES AND PROCEDURES BY THE C

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

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

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE ORGANIZATION IS SUBJECT TO THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST P OLICY ("POLICY") OF HOSPITAL SISTERS HEALTH SYSTEM, AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE A REVI SED CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY HAS BEEN USED SINCE JANUA RY, 2009 TO ESTABLISH THE PRACTICE OF MANAGING CONFLICTS OF INTEREST USING A SYSTEM-WIDE P ROTOCOL FOR DISCLOSURE STATEMENTS IN ACCORDANCE WITH OUR CONFLICT OF INTEREST POLICY ALL COVERED PERSONS HAVE A DUTY TO COMPLY WITH THE CONFLICT OF INTEREST POLICY FOR ANY CONTRAC T, TRANSACTION, RELATIONSHIP OR ACTIVITY CONTEMPLATED, ENTERED INTO OR CONDUCTED AT HSHS THE POLICY DEFINES COVERED PERSONS AS BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS, BO ARD DESIGNEES, SENIOR MANAGEMENT, MEMBERS OF ANY COMMITTEE THAT OVERSEES THE APPROVAL OF P HARMACEUTICALS 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 CORRES PONDING PROCEDURES, GUIDELINES, FORMS AND TOOLS), TO ALL COVERED PERSONS AND ADVISES ALL C OVERED PERSONS IN WRITING OF ANY SUBSTANTIVE CHANGES TO THIS POLICY AND SUCH RELATED MATER IALS THE COVERED PERSONS ARE REQUIRED TO REVIEW AND COMPLETE THE CORRESPONDING CONFLICT O F INTEREST STATEMENT THE SYSTEM OFFICE VICE PRESIDENT, SYSTEM RESPONSIBILITY OR MEMBERS O F 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 SHALL PROMPTLY DISCLOSE TH E INTEREST TO THE COMMITTEE USING THE HSHS CONFLICT OF INTEREST DISCLOSURE STATEMENT COMP LETED CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED TO THE COMMITTEE OF HSHS WHICH IS RESP ONSIBLE FOR IDENTIFYING, ASSESSING, AND MANAGING CONFLICTS OF INTEREST THAT ARISE IN THE C OURSE OF CONDUCTING THE AFFAIRS OF HSHS AND ITS AFFILIATES IF THE COMMITTEE DETERMINES TH AT A CONFLICT OF INTEREST EXISTS, HSHS SHALL NOT ENGAGE IN OR ENTER INTO A PROPOSED CONTRA CT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY UNLESS THE COMMITTEE OR, WHERE NEC ESSARY, THE BOARD OF DIRECTORS (ACTING THROUGH ITS DISINTERESTED MEMBERS), HAS INVESTIGATE D ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT OR ACTIVIT Y AND, IN THE ABSENCE OF ALTERNATIVES THAT ARE IN THE BEST INTERESTS OF HSHS, HAS DETERMIN ED 1 THAT, REGARDLESS OF WHETHER THE COVERED PERSON PARTICIPATES IN THE IMPLEMENTATION O F THE PROPOSED CONTRACT, TRANSACTION, RELATIONSHIP, ARRANGEMENT, OR ACTIVITY, 2 THE CONTR ACT, TRANSACTION, ARRANGEMENT OR ACTIVITY IS IN THE BEST INTEREST OF HSHS, 3 THE CONTRACT , TRANSACTION, ARRANGEMENT OR ACTIVITY IS FAIR AND REASONABLE FROM THE PERSPECTIVE OF HSHS , AND 4 HSHS CANNOT OBTAIN A

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

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Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	HOSPITAL SISTERS OF ST FRANCIS FOUNDATION DEFERS TO THE HSHS COMPENSATION POLICY FOR DETERMINATION OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES HSHS COMPENSATION POLICY IS AS FOLLOWS 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

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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

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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

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Return Reference	Explanation
Form 990, Part X, Line 11 POOLED INVESTMENT	THE FOUNDATION'S CASH RESERVES ARE INVESTED IN A POOLED INVESTMENT ACCOUNT MAINTAINED BY HOSPITAL SISTERS HEALTH SYSTEM ("HSHS") PARTICIPATION IN THE POOLED FUND IS LIMITED TO THE 501(C)(3) HOSPITALS AND RELATED HEALTHSERVICES ORGANIZATIONS SPONSORED BY HOSPITAL SISTERS HEALTH SYSTEM THE POOLED ACCOUNT CONSISTS OF CASH, 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 FAIR 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 PARTICIPANTS ALL CURRENT RESERVES WILL BE USED TO FURTHER THE TAX-EXEMPT MISSION OF THE ORGANIZATION

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Return Reference	Explanation
SCHEDULE O AFFILIATED HEALTH SYSTEM	HOSPITAL SISTERS OF ST FRANCIS FOUNDATION IS AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYST EM(HSHS), A HEALTH CARE MINISTRY THAT INCLUDES 15 HOSPITALS, NUMEROUS COMMUNITY-BASED HEAL TH 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 holist ic 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 in creasing 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 gat hered 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 t he most recent CHNA process were access to care, alcohol, tobacco, and other drug abuse, c hronic disease prevention and management, nutrition/wellness, mental health, and oral heal th HSHS hospitals are proactively addressing these and other needs through patient, provi der and community education, preventative screenings, self-management classes, and new or enhanced clinical services In FY2017, HSHS collectively provided $197 6 million in Commun ity Benefit (9 2% of total hospital expenses) This amount included $26 0 million provided for Financial Assistance (a k a Charity Care) and $128 6 million for unreimbursed care p rovided 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 contra ct payments - was $205 9 million HSHS hospitals also recorded $40 9 million in uncollecti ble 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 sur plus revenue from operations and investments into new medical technology, facility infrast ructure 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 Im prove 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 be yond the walls of our hospitals and clinics to care for those in our communities Our effo rts to ensure residents in the

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SCHEDULE O AFFILIATED HEALTH SYSTEM	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 car e 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 cove rage and to facilitate the enrollment process Studies have shown that people without insu rance are more likely to postpone care and develop more severe and expensive conditions th an their insured counterparts It is for this reason that the Catholic Church, Catholic he alth care and HSHS have long promoted "coverage and access for all " HSHS and our 15 hospi tals in partnership with local health departments, social service agencies and other healt h 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 he alth 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 improv ing 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 acce ss to medications, durable medical equipment, and transportation including more than $5,60 0 in cab and bus tickets for patients and $14,000 for patients who needed transfer by ambu lance In response to its FY2015 CHNA, HSHS St John's Hospital in Springfield, Illinois e stablished a community health worker program to increase access to health care and coordin ation of care for residents of the Enos Park Neighborhood The hospital also helped establ ish an Enos Park Neighborhood Advisory Council and Providers Alliance as part of the acces s 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 b asic 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 r eplicated in a second location in Sangamon County's eastside where our most vulnerable, lo w-income and underserved popul

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SCHEDULE O AFFILIATED HEALTH SYSTEM	ations exist Through the support of HSHS St Mary's Hospital Medical Center and St Vince nt Hospital in Green Bay, the Oral Health Partnership (OHP) continues to expand to communi ties 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 smal ler, less urban communities, and more than 1,300 preventative sealants were applied OHP s erves more than 9,000 kids each year through three fixed-site clinics and the traveling sc hool-based program In January 2017, OHP's West location was opened in response to data sh owing an unmet need of medical assistance children in the Ashwaubenon area This clinic, a long with the traveling school-based team, will help OHP and HSHS reach the goal of expand ing services to a wider population of Brown County children in need HSHS St Francis Hosp ital in Litchfield, Illinois collaborated with Lewis & Clark Community College and local d ental providers to bring the College's mobile dental health unit to the Litchfield area, t he 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 thre e fillings per year per individual The percentage of total emergency department visits re lated to dental issues has decreased from 2 2% in 2011 to 95% in 2016 because of this col laboration In southeast Illinois, area residents can get help filling a prescription thro ugh 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 th e 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

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Schedule O Affiliated Health System Continued	HSHS Good Shepherd Hospital in Shelbyville, Illinois increases access to mammograms, diagn ostic 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 th e costs of mammograms or diagnostic screenings for women living in rural areas who are und er or uninsured The Vicky Wagner Breast Cancer Assistance Fund assists women living in Sh elby 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 th at insurance doesn't cover In southwest Illinois, HSHS 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 physic al problems unique to the aging process such as feelings of loneliness, isolation and anxi ety Clients receive a comprehensive level of treatment without inpatient hospitalization through counseling strategies and education In addition, St Joseph's Hospital is the lea d collaborator in the Highland Area Meals on Wheels Program In April 1977, the hospital p artnered 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 Mea ls 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 prog ram within a 15-mile radius (cumulative population 20,000+) of the hospital Annually, app roximately 16,896 meals are delivered in eight communities In addition to programs design ed to increase access to care, HSHS makes sure that those who need financial assistance re ceive it HSHS's Financial Assistance (Charity Care) policy was modified to offer a 45 per cent self-pay discount to all patients who register without insurance HSHS Financial Assi stance programs have a sliding scale, in some instances providing up to a 55 percent reduc tion off billed charges if an uninsured patient's family income level is determined to be above 500 percent but equal to our less than 600 percent of the current Federal Poverty Gu idelines HSHS hospitals waive all charges for patients below 200 percent of the Federal P overty Levels Counselors are available in our hospitals to explain our financial assistan ce policy to patients, provide them with assistance in filling out a simple application fo rm, 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 supp orting initiatives that promote health and wellness We recognize we are most successful w hen we work together with a wi

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Schedule O Affiliated Health System Continued	de 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 th e health care needs of all are being met, HSHS hospitals also understand we need to listen closely to the residents of the communities we serve In turn, 13 HSHS hospitals conducte d Community Health Needs Assessments (CHNAs) in FY2015 HSHS St Clare Memorial Hospital i n Oconto Falls, Wisconsin, who affiliated with HSHS in September 2015, and HSHS Holy Famil y Hospital in Greenville, Illinois, who affiliated with HSHS in May 2016, both completed t heir CHNAs in FY2014 HSHS Good Shepherd Hospital in Shelbyville, Illinois who affiliated with HSHS in January 2017, conducted its most recent CHNA in FY2016 HSHS hospitals are us ing the information gathered from their most recent CHNAs to develop new, and enhance exis ting, 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, a lcohol, tobacco, and other drug abuse, chronic disease prevention and management, nutritio n/wellness, mental health, and oral health HSHS hospitals are addressing these and other needs by proactively offering educational opportunities, preventative screenings, and new or enhanced clinical services In many cases, the hospitals collaborate with other hospita l facilities, local departments of public health and community organizations to address id entified needs In western Wisconsin, HSHS Sacred Heart Hospital in Eau Claire and HSHS St Joseph's Hospital in Chippewa Falls are taking the lead to educate the public about ment al health issues and treatment, the stigma associated with mental health, and the recognit ion 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 H ealth Improvement Partnership in FY2017 Strategies included community trainings of an evi dence-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 potentia l 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, ce rtain age or gender, etc 3D is also focused on increasing community awareness and knowled ge 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 st rategy is to promote effective

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Return Reference	Explanation
Schedule O Affiliated Health System Continued	programs and practices i e adverse childhood experiences (ACEs) that increase protection from suicidal risk and promote connectedness among residents of Chippewa and Eau Claire C ounties 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 attende es took a pre-and- post-event survey about ACEs and brain development There was a 24% inc rease in the percentage who strongly agreed that exposing infants to stress can actually c ause them to develop a smaller brain post-event compared to pre-event survey HSHS Holy Fa mily Hospital in Greenville, Illinois has sponsored a multi-faceted health fair for decade s, one of the largest Health Fairs in the east St Louis metropolitan area The event prov ides many free health tests in addition to five, low-cost comprehensive blood tests In FY 2017, more than 2,000 blood tests were performed as part of the hospital's annual Health F air 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 t he five blood tests The cost incurred by HSHS Holy Family Hospital for offering these dis counted services was $1,431,105 In addition to the services provided on the day of the He alth Fair, the hospital also performs the low-cost blood tests at several off-site locatio ns including area schools, businesses, and manufacturers Through the years, life-threaten ing and serious medical conditions have been discovered through testing performed in assoc iation with the Health Fair Mary's Garden is a community teaching garden located on the c ampus 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 younge r generation sustainable gardening and offer a comprehensive, place-based approach to comm unity 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 nutriti on, science, mathematics, ecology and agriculture Mary's Garden also provided opportuniti es 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 (C SA) program for colleagues This created two jobs and is providing a model for turning dil apidated city lots into urban gardens The hospital has engaged City officials about a job creation program and neighborhood revitalization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule O Affiliated Health System Continued	In FY2017, HSHS St Nicholas Hospital in Sheboygan supported a case manager position to pr ovide Screening, Brief Intervention, and Referral to Treatment (SBIRT) services at Lakesho re 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 S BIRT is an evidence-based practice designed to identify, reduce and prevent problematic us e, abuse and dependence on drugs and alcohol The creation of the SBIRT case manager posit ion 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 exc essive use of alcohol and other drugs contributes to more than 70 diseases and leads to ex pensive, 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 physic ian groups contributed more than $21 5 million toward research and health professions educ ation Highlights of this commitment include subsidizing medical school residency programs , offering ongoing medical education to physicians and clinicians, and providing job shado wing programs for high school students In southern Illinois, HSHS St Joseph's Hospital i n Breese, hosted members of the Health Occupations Students of America onsite to learn abo ut job opportunities in health care from health care professionals St Joseph's also prov ided clinical experience for Kaskaskia College students enrolled in nursing, physical ther apy 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 invest ed 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 Colleg e of Wisconsin to establish a community medical education program in Green Bay and to prov ide 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 em ergency 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 med ical knowledge, and relieve or

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule O Affiliated Health System Continued	reduce the burden of government, we believe we have made a positive difference in the qua lity of lives of tens of thousands of people in Illinois and Wisconsin in FY2017 As a Cat holic 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 im prove 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

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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
Hospital Sisters of St Francis Foundation Inc

Employer identification number
37-1186514

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	(g) 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

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	THE TRANSACTIONS REPORTED IN QUESTION 1 ARE BETWEEN RELATED 501(C)(3) PUBLIC CHARITIES AND ARE NOT REPORTED IN THIS SECTION

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 37-1186514
Name: Hospital Sisters of St Francis Foundation Inc

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 37-1120626	INSURANCE	IL	501(c)(3)	Type I	HSHS	Yes	
(2) 2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 51-0157933	HEALTHCARE	WI	501(c)(3)	Type I	HSSI	Yes	
(3) 990 WEST CLAIREMONT AVENUE EAU CLAIRE, WI 54701 39-0807060	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(4) 503 N MAPLE STREET EFFINGHAM, IL 62401 37-0661233	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(5) 211 SOUTH THIRD STREET BELLEVILLE, IL 62220 37-0663567	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
(6) 3100 SUPERIOR AVENUE SHEBOYGAN, WI 53081 39-0808480	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
(7) 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-0661238	HEALTHCARE	IL	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) Disproprtionate 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	HSHS	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	