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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 10-01-2016 , and ending 09-30-2017

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

C Name of organization
Ottawa Regional Hospital & Healthcare Center

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1100 EAST NORRIS DRIVE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Ottawa, IL 61350

D Employer identification number
36-2604009

E Telephone number
(815) 431-5479

G Gross receipts $ 107,160,896

F Name and address of principal officer
Michael M Allen
1100 EAST NORRIS DRIVE
Ottawa, IL 61350

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 ▶

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

J Website: ▶ www osfhealthcare org/saint-elizabeth/

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

L Year of formation 1995

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IN THE SPIRIT OF CHRIST AND THE EXAMPLE OF FRANCIS OF ASSISI, THE MISSION OF OTTAWA REGIONAL HOSPITAL IS TO SERVE PERSONS WITH THE GREATEST CARE AND LOVE IN A COMMUNITY THAT CELEBRATES THE GIFT OF LIFE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	780
6	Total number of volunteers (estimate if necessary)	**6**	340
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)	2,718,448	40,550
9	Program service revenue (Part VIII, line 2g)	90,747,583	104,027,320
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	548,545	-15,060
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,452,161	443,277
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,466,737	104,496,087
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,000	1,010,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	44,095,511	48,545,262
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	44,034,737	48,429,495
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	88,138,248	97,984,757
19	Revenue less expenses Subtract line 18 from line 12	7,328,489	6,511,330

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	71,959,678	74,950,778
21	Total liabilities (Part X, line 26)	26,485,012	35,374,548
22	Net assets or fund balances Subtract line 21 from line 20	45,474,666	39,576,230

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

****** 2018-08-13
Signature of officer Date

Michael M Allen CFO
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 LLP | Firm's EIN ▶ 35-0921680

Firm's address ▶ 9600 Brownsboro Road Suite 400
Louisville, KY 402411122 | Phone no (502) 326-3996

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

THE MISSION OF OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER IS TO MAINTAIN A LEADERSHIP POSITION IN THE PROVISION OF EFFICIENT AND QUALITY HEALTHCARE SERVICES CONSISTENT WITH THE NEEDS OF THE COMMUNITY AND THE RESOURCES OF THE HOSPITAL OUR HEALTHCARE ORGANIZATION WILL PROVIDE SERVICES FOR ALL MEMBERS OF THE COMMUNITY,REGARDLESS OF ABILITY TO PAY

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 $ 77,476,402 including grants of $ 1,010,000) (Revenue $ 104,281,630)

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** ▶ 77,476,402

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	34		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	780		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			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**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶MICHAEL M ALLEN 800 NE GLEN OAK AVE Peoria, IL 61603 (815) 431-5479

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,323,560	13,106,952	1,687,150

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 ▶ 27

			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
Harshavadan Vyas 1013 Clinton Street Ottowa, IL 61350	OB/Gyne Physician Services	268,168
Genex Medical Staffing LLC PO Box 14525 Scottsdale, AZ 85267	Medical Staffing	133,538
Arturo Tomas MD LTD 12 Wood Duck lane Ottawa, IL 61350	Pathology Services	117,260
Teverbaugh-Croland-Mueller OBGyne and Associates 6708 N Knoxville Suite 1 Peoria, IL 61614	OB/Gyne Physician Services	105,825
Advanced Medical Transport LLC PO Box 1569 Peoria, IL 616551569	Ambulance Services	100,800

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 ▶ 6

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	38,853		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,697		
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		40,550		
Program Service Revenue		Business Code			
	2a NET PATIENT SERVICE REVENUE	621110	103,376,123	103,376,123	
	b CONTRACT PHARMACY	621110	651,197	651,197	
	c _____				
	d _____				
	e _____				
	f All other program service revenue		0	0	0
	g Total. Add lines 2a–2f . . . . ▶		104,027,320		
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		29,096		29,096
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	1,152,146			
	b Less rental expenses	1,378,960			
	c Rental income or (loss)	-226,814	0		
	d Net rental income or (loss) . . . . . ▶		-226,814		-226,814
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		1,214,954		
	b Less cost or other basis and sales expenses		1,259,110		
	c Gain or (loss)	0	-44,156		
	d Net gain or (loss) . . . . . ▶		-44,156		-44,156
Other Revenue	**8a** Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a	24,027			
	b Less cost of goods sold . . b	26,739			
	c Net income or (loss) from sales of inventory . . ▶		-2,712		-2,712
	Miscellaneous Revenue	Business Code			
	11a CAFETERIA	722320	418,493		418,493
	b CONTRACT LABOR	900099	151,976	151,976	
	c _____				
	d All other revenue		102,334	102,334	0
	e Total. Add lines 11a–11d . . . . . ▶		672,803		
	12 Total revenue. See Instructions . . . . . ▶		104,496,087	104,281,630	0

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	1,010,000	1,010,000		
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	38,654,997	30,571,997	8,083,000	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,586,992	1,340,532	246,460	
9 Other employee benefits	5,987,473	5,057,888	929,585	
10 Payroll taxes	2,315,800	1,956,156	359,644	
11 Fees for services (non-employees)				
a Management	12,713,734	7,710,516	5,003,218	
b Legal				
c Accounting	14,012		14,012	
d Lobbying	25,945		25,945	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	532,372	480,153	52,219	0
12 Advertising and promotion	2,109	494	1,615	
13 Office expenses	2,129,309	1,254,297	875,012	
14 Information technology	149,903	6,821	143,082	
15 Royalties				
16 Occupancy	664,148	10,604	653,544	
17 Travel	354,935	257,493	97,442	
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	4,343,461	3,127,292	1,216,169	
23 Insurance	211,521	1,637	209,884	
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 MEDICAL SUPPLIES	9,634,219	8,722,026	912,193	
b PURCHASED SERVICES	13,475,755	12,738,984	736,771	
c MAINTENANCE	1,150,899	258,354	892,545	
d OTHER	3,027,173	2,971,158	56,015	
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	97,984,757	77,476,402	20,508,355	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	3,234	1	3,285
	2	Savings and temporary cash investments	6,415,069	2	1,691,559
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,267,867	4	26,525,241
	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	1,529,249	8	1,678,594
	9	Prepaid expenses and deferred charges	24,698	9	93,956
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 133,513,122			
	b	Less accumulated depreciation — 10b: 92,475,826	41,101,215	10c	41,037,296
	11	Investments—publicly traded securities	2,693,061	11	2,227,088
	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	1,925,285	15	1,693,759
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	71,959,678	16	74,950,778
Liabilities	17	Accounts payable and accrued expenses	25,676,913	17	34,713,251
	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	808,099	25	661,297
	26	**Total liabilities.** Add lines 17 through 25	26,485,012	26	35,374,548
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	45,399,255	27	39,501,240
	28	Temporarily restricted net assets	75,411	28	74,990
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	45,474,666	33	39,576,230
	34	Total liabilities and net assets/fund balances	71,959,678	34	74,950,778

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	104,496,087
2	Total expenses (must equal Part IX, column (A), line 25)	2	97,984,757
3	Revenue less expenses Subtract line 2 from line 1	3	6,511,330
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,474,666
5	Net unrealized gains (losses) on investments	5	-34,550
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	-12,375,216
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	39,576,230

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: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

Form 990 (2016)

Form 990, Part III, Line 4a:

OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER PROVIDED 97 BEDS IN FISCAL YEAR 2017 INCLUDING A 26 BED PSYCHIATRIC CARE UNIT THE HOSPITAL GAVE $6,058,830 IN CHARITY CARE THE HOSPITAL PROVIDED 7,644 PATIENT DAYS AND 6,264 DAYS OF PSYCHIATRIC CARE THE HOSPITAL PROVIDED 149,570 OUTPATIENT VISITS AND THE EMERGENCY ROOM HAD 30,163 PATIENT VISITS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sister Theresa Ann Brazeau OSF Secretary	1 0 ..... 47 0	X		X				0	5,040	0
Sister Judith Ann Duvall OSF Chairperson	1 0 ..... 47 0	X		X				0	5,040	0
Sister Diane Marie McGrew OSF President and Treasurer	1 0 ..... 47 0	X		X				0	5,040	0
Kevin D Schoeplein Vice Chairperson CEO	1 0 ..... 47 0	X		X				0	1,857,528	262,853
Sister Agnes Joseph Williams OSF Assistant Secretary	1 0 ..... 47 0	X		X				0	5,040	0
Sister Rose Therese Mann OSF Board Member	1 0 ..... 47 0	X						0	0	0
Gerald J McShane MD Board Member	1 0 ..... 46 0	X						0	797,430	72,789
Sister M Mikela Meidl FSGM Board Member	1 0 ..... 47 0	X						0	0	0
Brian Silverstein MD Board Member	1 0 ..... 46 0	X						0	45,000	0
Michael M Allen CFO	1 0 ..... 46 0			X				0	617,871	41,692

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Anthony M Avellino MD CEO NSSL/INI	1 0 ..... 45 0			X				0	1,089,331	61,015
Kenneth E Berkovitz MD CEO CVSL	1 0 ..... 45 0			X				0	814,382	29,051
Robert L Brandfass SVP Chief Legal Officer	1 0 ..... 45 0			X				0	578,648	60,554
Michelle D Conger Chief Strategy Officer	1 0 ..... 45 0			X				0	472,435	40,685
John R Evancho SVP Chief Compliance Officer	1 0 ..... 45 0			X				0	286,039	47,024
Thomas G Hammerton President OSF Healthcare Foundation Chief Development Officer	1 0 ..... 47 0			X				0	417,901	45,793
Stephen E Hippler MD Chief Clinical Officer	1 0 ..... 45 0			X				0	524,004	77,859
John C Horne SVP Chief Supply Chain Officer	1 0 ..... 45 0			X				0	396,728	49,112
Divya-Devi Joshi CEO Children SL	1 0 ..... 45 0			X				0	552,122	22,639
James J Mormann Chief Information Officer	1 0 ..... 45 0			X				0	558,076	60,734

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kenneth J Natzke CEO East Region	1 0 45 0			X				0	590,863	62,762
David A Schertz CEO Northern Region	1 0 45 0			X				0	657,171	56,719
Robert C Sehring CEO Central Region	1 0 45 0			X				0	715,477	65,956
Jeffry M Tillery SVP Chief Transformation Officer	1 0 45 0			X				0	531,260	73,816
Lori L Wiegand Chief Nursing Officer	1 0 45 0			X				0	408,778	70,063
Leon A Yeh MD VP CMO Emergency Serv	1 0 45 0			X				0	568,436	56,518
Garner Arnold MD Medical Director	40 0 0					X		368,685	0	44,606
Joseph W Chuprevich MD Physician	40 0 0					X		524,442	0	41,149
Andrew T Harris MD Physician	40 0 0					X		413,112	0	59,396
Daniel R Mueller MD Physician	40 0 0					X		592,922	0	55,918

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Matthew W Wols MD Physician	40 0 0					X		424,398	0	55,748
Daniel E Baker Former CFO	1 0 ..... 45 0						X	0	607,312	172,699

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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
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

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

The organization is not a private foundation because it is (For lines 1 through 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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493225010158

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		0
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		25,945
j	Total Add lines 1c through 1i			25,945
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINE 1D-MAILING EXPENSES THE ONLY COST OF MAILING RELATED TO LOBBYING EXPENSES IS RELATED TO THE COST OF STAMPS THE TOTAL EXPENITURES RELATED TO MAILING IS MINOR AND THE ACTUAL DOLLAR AMOUNT IS NOT READILY AVAILABLE 1F-LOBBYING ACTIVITIES THE ORGANIZATION'S LOBBYING ACTIVITIES INCLUDE PAYING MEMBERSHIP DUES TO THE ILLINOIS HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION, WHO PARTICIPATE IN LOBBYING ACTIVITIES
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINE 1D-MAILING EXPENSES THE ONLY COST OF MAILING RELATED TO LOBBYING EXPENSES IS RELATED TO THE COST OF STAMPS THE TOTAL EXPENITURES RELATED TO MAILING IS MINOR AND THE ACTUAL DOLLAR AMOUNT IS NOT READILY AVAILABLE 1F-LOBBYING ACTIVITIES THE ORGANIZATION'S LOBBYING ACTIVITIES INCLUDE PAYING MEMBERSHIP DUES TO THE ILLINOIS HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL ASSOCIATION, WHO PARTICIPATE IN LOBBYING ACTIVITIES

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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
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

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

		(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	4,725	4,725	4,725	4,725	4,725
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,725	4,725	4,725	4,725	4,725

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 %
- c Temporarily restricted endowment ▶ 0 %

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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		3,563,906		3,563,906
b Buildings		86,813,668	59,482,048	27,331,620
c Leasehold improvements		2,987,640	2,704,112	283,528
d Equipment		37,712,413	30,289,666	7,422,747
e Other		2,435,495		2,435,495
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				41,037,296

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED BENEFIT LIABILITY	456,818
ASSET RETIREMENT OBLIGATION	204,479
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	661,297

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: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE ENDOWMENT FUND IS HELD BY THE OTTAWA REGIONAL HOSPITAL FOUNDATION, A RELATED ORGANIZAT ION THE EARNINGS FROM THE FUND ARE USED FOR GENERAL SUPPORT PURPOSES

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	OSF IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED BY SECTION 501(c)(3) OF THE INTERNAL REVE NUE CODE AND IS EXEMPTED FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 5 01(C)(3) OF THE CODE SFI AND VARIOUS SUBSIDIARIES ARE FOR-PROFIT CORPORATIONS THAT RECOGN IZE INCOME TAXES UNDER THE ASSET-AND-LIABILITY METHOD DEFERRED TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE CO NSOLIDATED FINANCIAL STATEMENT CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THE IR RESPECTIVE TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS DEFERRED TAX ASSE TS AND LIABILITIES ARE MEASURED USING THE ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE I NCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SE TTLED THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN TAX RATES IS RECOG NIZED IN INCOME IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE UNDER ASC SUBTOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES -AN INTERPRETATION OF FASB STATEMENT NO 109, OS F MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE CONSOLI DATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT AS OF S EPTEMBER 30, 2017 AND 2016, OSF DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 12500 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,423,825		1,423,825	1 45 %
b Medicaid (from Worksheet 3, column a)			24,178,620	17,923,512	6,255,108	6 38 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	25,602,445	17,923,512	7,678,933	7 84 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			213,170	10,440	202,730	0 21 %
f Health professions education (from Worksheet 5)			12,000		12,000	0 01 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			51,197		51,197	0 05 %
j **Total.** Other Benefits	0	0	276,367	10,440	265,927	0 27 %
k **Total.** Add lines 7d and 7j	0	0	25,878,812	17,933,952	7,944,860	8 11 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 1,114,111			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	35,831,464
6	Enter Medicare allowable costs of care relating to payments on line 5	6	26,088,541
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	9,742,923
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group OTTAWA REGIONAL HOSPITAL & HEALTHCARE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTPS //WWW OSFHEALTHCARE ORG/ABOUT/COMMUNITY-HEALTH/			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

OTTAWA REGIONAL HOSPITAL & HEALTHCARE

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b ☑ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☑ Residency			
h ☑ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☑ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) HTTPS //WWW OSFHEALTHCARE ORG/BILLING/FINANCIAL-ASSISTANCE/			
b ☑ The FAP application form was widely available on a website (list url) HTTPS //WWW OSFHEALTHCARE ORG/BILLING/FINANCIAL-ASSISTANCE/			
c ☑ A plain language summary of the FAP was widely available on a website (list url) HTTPS //WWW OSFHEALTHCARE ORG/BILLING/FINANCIAL-ASSISTANCE/			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

OTTAWA REGIONAL HOSPITAL & HEALTHCARE

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

OTTAWA REGIONAL HOSPITAL & HEALTHCARE

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	OTTAWA REGIONAL MEDICAL CENTER INC 1614 EAST NORRIS DRIVE OTTAWA, IL 61350	OUTPATIENT MEDICAL AND DIAGNOSTIC SERVICES
2	RADIATION ONCOLOGY OF NORTHERN ILLINOIS 1200 STARFIRE DRIVE OTTAWA, IL 61350	RADIATION ONCOLOGY CENTER
3	OSF ST ELIZABETH MEDICAL CENTER SLEEP CT 1601 MERCURY CIRCLE SUITE 200 OTTAWA, IL 61350	POLYSYMNOGRAPHY LAB
4	OTTAWA MEDICAL CENTER RADIOLOGY SVCS 1614 EAST NORRIS DRIVE OTTAWA, IL 61350	DIAGNOSTIC RADIOLOGY
5	OSF HEALTHCARE OTTAWA SOUTH 1640 FIRST AVE OTTAWA, IL 61350	OCCUPATIONAL HEALTH
6	OSF CENTER FOR HEALTH - STREATOR 111 SPRING STREET STREATOR, IL 61364	EMERGENCY
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c SCH H, PART I, LINE 3C	THE CORPORATION PROVIDES -CATASTROPHIC CHARITY ASSISTANCE REGARDLESS OF INCOME OR ASSET LEVELS FOR MEDICALLY NECESSARY SERVICES WHICH EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT DUE IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES CATASTROPHIC CHARITY IS MORE GENEROUS -PRESUMPTIVE CHARITY CHARGES MAY BE ADJUSTED TO PROVIDE FOR A CHARITY DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO AN UNINSURED PATIENT WHO ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA PRESUMPTIVE CHARITY CATEGORIES FOR ALL OSF HOSPITALS -HOMELESSNESS, -DECEASED WITH NO ESTATE, -MENTAL INCAPACITATION WITH NO ONE TO ACT ON PATIENT'S BEHALF, OR -CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE -ALL PATIENTS RECEIVE THE GREATEST REQUESTED DISCOUNT AVAILABLE UNDER ANY OF THE OSF PROGRAMS NO ASSET TESTS ARE USED - EXCEPT AS OTHERWISE NOTED, THESE POLICIES APPLY BOTH TO UNINSURED PATIENTS AND TO INSURED PATIENTS WITH RESPECT TO THE PATIENT RESPONSIBILITY AMOUNT
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Medicare Cost to Charge Ratio

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	IN GENERAL, AND IN ACCORDANCE WITH MEDICARE REGULATIONS, PATIENT ACCOUNT BALANCES ARE WRITTEN OFF TO BAD DEBT EXPENSE AFTER REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED AND THE ACCOUNT HAS BEEN SENT TO A COLLECTION AGENCY OR LAW FIRM PATIENTS' ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENTS' ACCOUNTS RECEIVABLE, OSF ANALYZES PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, OSF ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH PATIENT RESPONSIBILITY (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE PATIENTS ARE SCREENED AGAINST THE OSF FINANCIAL ASSISTANCE POLICY AND UNINSURED DISCOUNT POLICY FOR ANY REMAINING PATIENT RESPONSIBILITY BALANCE, OSF RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BAD DEBT EXPENSE OF 4,915,952 ON FORM 990, PART IX, LINE 24B IS BASED UPON ACCRUAL ACCOUNTING REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THIS AMOUNT CONSEQUENTLY DIFFERS FROM THE BAD DEBT EXPENSE OF $1,114,111 ON SCHEDULE H, PART III, LINE 2 WHICH REQUIRES THE ORGANIZATION TO REPORT AGGREGATE BAD DEBT AT COST BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS THEREFORE CALCULATED BY MULTIPLYING GROSS CHARGES WRITTEN OFF TO BAD DEBT EXPENSE TIMES THE RATIO OF PATIENT CARE COST-TO-CHARGES DERIVED FROM WORKSHEET 2 DISCOUNTS, INCLUDING ANY APPLICABLE THIRD PARTY PAYER CONTRACTUAL ALLOWANCES AND ANY CHARITY CARE DISCOUNTS (VALUED AT GROSS CHARGES), ARE APPLIED TO PATIENT ACCOUNT GROSS CHARGES TO DETERMINE THE ACCOUNT BALANCE BEFORE PATIENT PAYMENTS THE AGGREGATE AMOUNT OF ALL PATIENT PAYMENTS IS THEN APPLIED TO THE ACCOUNT BALANCE WHEN DETERMINATION IS MADE THAT NO FURTHER AMOUNTS CAN BE COLLECTED IN ACCORDANCE WITH THE CORPORATION'S BAD DEBT POLICY, THE REMAINING BALANCE IS WRITTEN OFF TO BAD DEBT EXPENSE PRESUMPTIVE CHARITY CHARGES MAY BE ADJUSTED TO PROVIDE FOR A CHARITY DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO AN UNINSURED PATIENT WHO ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA PRESUMPTIVE CHARITY CATEGORIES FOR ALL OSF HOSPITALS -HOMELESSNESS, -DECEASED WITH NO ESTATE, -MENTAL INCAPACITATION WITH NO ONE TO ACT ON PATIENT'S BEHALF, OR -CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE THEREFORE, THE CORPORATION DOES NOT BELIEVE THAT BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 INCLUDES ANY AMOUNTS THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY UNDER THE CORPORATION'S FINANCIAL ASSISTANCE POLICY
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	PLEASE SEE PAGE 20 AND 21 OF NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	THE CORPORATION HAS A FAIR BILLING/COLLECTION POLICY WHICH APPLIES FOR ALL PATIENTS THE POLICY INCLUDES -REQUIRED INFORMATION PROVIDED IN BILLS TO PATIENTS (INCLUDING A REQUIREMENT THAT INFORMATION BE PROVIDED ON HOW THE PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE) -PROCESS FOR PATIENTS TO INQUIRE ABOUT OR DISPUTE A BILL, INCLUDING TOLL-FREE TELEPHONE NUMBER, ADDRESS, CONTACT NAME AND E-MAIL ADDRESS -REQUIREMENTS FOR TIMELY RESPONSE TO PATIENT INQUIRIES -CONDITIONS WHICH MUST BE SATISFIED BEFORE PATIENT MAY BE SENT TO A COLLECTION AGENCY OR ATTORNEY -LEGAL ACTION FOR NON-PAYMENT OF A PATIENT BILL MAY NOT BE INITIATED UNTIL AN AUTHORIZED HOSPITAL OFFICIAL HAS DETERMINED THAT ALL CONDITIONS IN THE CORPORATION'S POLICY (INCLUDING ALL THE FOREGOING POLICY PROVISIONS) HAVE BEEN SATISFIED FOR INITIATING LEGAL ACTION -LEGAL ACTION MAY NOT BE PURSUED AGAINST UNINSURED PATIENTS WHO HAVE CLEARLY DEMONSTRATED THAT THEY HAVE NEITHER SUFFICIENT INCOME NOR ASSETS TO MEET THEIR FINANCIAL OBLIGATIONS - EVEN IF SUCH PATIENTS DO NOT APPLY FOR FINANCIAL ASSISTANCE -THE CORPORATION SHALL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS, SUCH AS SUBMITTING REPORTS TO CREDIT AGENCIES BEFORE REASONABLE ATTEMPTS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE HAVE BEEN COMPLETED -IF A PATIENT RECEIVES AN APPLICATION FOR FINANCIAL ASSISTANCE BUT FAILS TO RETURN IT, OSF WILL TRY TO USE SECONDARY SOURCES TO DETERMINE THE PATIENT'S ELIGIBILITY FOR NONCOMPLIANT CHARITY BEFORE PURSUING LEGAL ACTION FOR NONPAYMENT -THE HOSPITAL SHALL NOT OBTAIN A BODY ATTACHMENT AGAINST ANY PATIENT OR GUARANTOR
Schedule H, Part V, Section B, Line 16a FAP website	- OTTAWA REGIONAL HOSPITAL & HEALTHCARE Line 16a URL HTTPS //WWW OSFHEALTHCARE ORG/BILLING/FINANCIAL-ASSISTANCE/,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- OTTAWA REGIONAL HOSPITAL & HEALTHCARE Line 16b URL HTTPS //WWW OSFHEALTHCARE ORG/BILLING/FINANCIAL-ASSISTANCE/,
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- OTTAWA REGIONAL HOSPITAL & HEALTHCARE Line 16c URL HTTPS //WWW OSFHEALTHCARE ORG/BILLING/FINANCIAL-ASSISTANCE/,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER D/B/A OSF SAINT ELIZABETH MEDICAL CENTER COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2016 AS PREVIOUSLY STATED THE CHNA IS UPDATED EVERY 3 YEARS AND CORRESPONDING IMPLEMENTATION STRATEGY IS REFRESHED YEARLY NOT ONLY DOES THE PLAN GET REFRESHED YEARLY, BUT EACH ACTION ITEM HAS A RESPONSIBLE PARTY INVOLVED TO GET THE WORK ASSOCIATED WITH THE NEED ACCOMPLISHED LEADERSHIP WITHIN OSF SIT ON VARIOUS COMMUNITY ADVISORY BOARDS TO STAY CONNECTED TO THE OTHER AGENCIES WITHIN THE COMMUNITY THIS WORK ALIGNS WITH OUR MISSION STATEMENT TO SERVE PERSONS WITH THE GREATEST CARE AND LOVE IN A COMMUNITY THAT CELEBRATES THE GIFT OF LIFE
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	THE CORPORATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO ARE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER GOVERNMENT PROGRAMS AND THE CORPORATION'S FINANCIAL ASSISTANCE POLICY, IN ENGLISH AND IN ANY OTHER LANGUAGE SPOKEN BY POPULATIONS WITH LIMITED ENGLISH PROFICIENCY THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE COMMUNITY OF THE HOSPITAL, IN THE FOLLOWING WAYS -SIGNS ARE POSTED IN PATIENT REGISTRATION AREAS (INCLUDING EMERGENCY DEPARTMENT REGISTRATION) INFORMING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE, THE AVAILABILITY OF FINANCIAL ASSISTANCE COUNSELORS, AND HOW TO OBTAIN A COPY OF THE OSF FINANCIAL ASSISTANCE POLICY AND APPLICATION -A PLAIN LANGUAGE SUMMARY OF THE OSF FINANCIAL ASSISTANCE POLICY IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS AND INCLUDED IN THE BILLING STATEMENT MAILED PRIOR TO INITIATING EXTRAORDINARY COLLECTION ACTIONS IN ADDITION, THE PLAIN LANGUAGE SUMMARY AND APPLICATION ARE PROVIDED TO REFERRING STAFF PHYSICIANS -OSF MAKES REASONABLE EFFORTS TO ORALLY NOTIFY PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY AND HOW TO OBTAIN ASSISTANCE IN APPLYING -A NOTICE OF AVAILABILITY OF THE CORPORATION'S FINANCIAL ASSISTANCE AND UNINSURED PATIENT DISCOUNT POLICIES IS PROMINENTLY AVAILABLE ON THE CORPORATION'S WEB SITE THE APPLICATION FORM WITH INSTRUCTIONS AND THE PLAIN LANGUAGE SUMMARY IS AVAILABLE FOR DOWNLOAD -A NOTE REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE (TOGETHER WITH CONTACT PHONE NUMBERS) APPEARS ON EVERY PATIENT BILLING STATEMENT AS WELL AS THE WEBSITE WHERE COPIES OF THE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY MAY BE OBTAINED -FINANCIAL ASSISTANCE COUNSELORS ARE AVAILABLE IN PERSON AND BY PHONE TO ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AND IN DETERMINING ELIGIBILITY AND APPLYING FOR GOVERNMENT PROGRAM BENEFITS, INCLUDING MEDICAID -THE CORPORATION'S FINANCIAL ASSISTANCE POLICY IS FILED WITH THE ILLINOIS ATTORNEY GENERAL AND IS AVAILABLE TO THE PUBLIC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER d/b/a OSF SAINT ELIZABETH MEDICAL CENTER IS LOCATED IN LASALLE COUNTY DATA ESTABLISHES THAT LASALLE COUNTY IS THE RESIDENCE OF OVER 90% OF ALL PATIENTS RECEIVING SERVICES FROM THE HOSPITAL THE POPULATION IS AN AGING POPULATION THE HISPANIC POPULATION COMPRISES 9 4% OF THE POPULATION RESIDENTS HAVE A MEDIAN HOUSEHOLD INCOME LOWER THAN THE STATE OF ILLINOIS UNEMPLOYMENT REMAINS SLIGHTLY HIGHER THAN THE STATE OF ILLINOIS UNEMPLOYMENT RATE
Schedule H, Part VI, Line 5 Promotion of community health	PROMOTION OF COMMUNITY HEALTH THE ORHHC'S SPONSORING ORGANIZATION IS A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH KNOWN AS THE SISTERS OF THE THIRD ORDER OF ST FRANCIS IN ACCORDANCE WITH CANON LAW OF THE ROMAN CATHOLIC CHURCH AND FEDERAL TAX LAW APPLICABLE TO SUPPORTING ORGANIZATIONS, A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION ARE PROFESSED MEMBERS OF THE SPONSORING RELIGIOUS CONGREGATION ORHHC HAS A COMMUNITY ADVISORY BOARD CONSISTING OF MEMBERS OF THE COMMUNITY WHO ARE NOT DIRECTORS, OFFICERS, OR CONTRACTORS OF ORHHC EXCEPT FOR HOSPITAL DEPARTMENTS WHICH HAVE BEEN CLOSED, OR IN WHICH CLINICAL PRIVILEGES HAVE BEEN RESTRICTED, FOR CLINICAL OR QUALITY OF CARE REASONS BY ACTIONS OF THE HOSPITAL'S MEDICAL STAFF AND THE BOARD OF DIRECTORS, ORHHC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITIES THE ORHHC'S SURPLUS FUNDS WERE USED DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2016 FOR IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH ORHHC MEET THE REQUIREMENTS OF REVENUE RULING 69-545 BY -OPERATING EMERGENCY DEPARTMENTS WHICH ARE STAFFED 24 HOURS PER DAY BY QUALIFIED PHYSICIANS AND OTHER MEDICAL PERSONNEL AND WHICH ARE OPEN TO ALL PERSONS WITHOUT REGARD TO ABILITY TO PAY -HAVING MEDICAL STAFFS WHICH ARE OPEN TO ALL QUALIFIED PHYSICIANS, MID-LEVEL PROVIDERS, PODIATRISTS, AND DENTISTS IN THE COMMUNITY (EXCEPT WHERE RESTRICTED IN RARE CASES FOR CLINICAL QUALITY REASONS BY ACTION OF THE MEDICAL STAFF AND THE BOARD OF DIRECTORS) -ACCEPTING MEDICARE, MEDICAID AND OTHER GOVERNMENT PROGRAM PATIENTS -ACCEPTING ALL PATIENTS, INCLUDING UNINSURED PATIENTS, WITHOUT REGARD TO THEIR ABILITY TO PAY -USING SURPLUS FUNDS TO IMPROVE THEIR FACILITIES, EQUIPMENT, PATIENT CARE, MEDICAL TRAINING, EDUCATION, AND RESEARCH AS DESCRIBED ABOVE OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER d/b/a OSF SAINT ELIZABETH MEDICAL CENTER PARTNER WITH OTHER LOCAL SERVICE AGENCIES TO ENSURE ACCESS FOR RURAL HEALTHCARE INCLUDING OFFERING SPACE TO OTHER AGENCIES TO CO-LOCATE UNDER ONE ROOF OSF ON CALL OFFERS A 24/7 ONLINE ACCESS TO MEDICAL CARE VIA SMARTPHONE, TABLET OR COMPUTER THE HOSPITAL FORMED A TRANSIT PARTNERSHIP UNDER THE CITY OF OTTAWA AND NORTH CENTRAL AREA TRANSIT (NCAT) AND DONATED ANOTHER VAN TO THE NCAT FLEET TO EXPAND TRANSPORTATION OPTIONS FOR MEDICAL PATIENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	THE CORPORATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM (THE "OSF HEALTHCARE SYSTEM") WHICH PROVIDES INTEGRATED HEALTH CARE SERVICES THROUGHOUT CENTRAL ILLINOIS, PARTS OF NORTHERN ILLINOIS, AND PARTS OF THE UPPER PENINSULA OF MICHIGAN THE OSF SYSTEM INCLUDES THE OTHER CORPORATIONS LISTED BELOW, ALL OF WHICH ARE CONTROLLED, DIRECTLY OR INDIRECTLY, BY THE SISTERS OF THE THIRD ORDER OF ST FRANCIS (THE "CONGREGATION") ALL AFFILIATED CORPORATIONS (WHETHER TAXABLE OR EXEMPT) APPLY AND FOLLOW THE CHARITY CARE POLICY OF THE CORPORATION AND ARE OPERATED IN FURTHERANCE OF THE MISSION OF THE CONGREGATION TO PROVIDE COMPREHENSIVE, INTEGRATED, QUALITY CARE, INCLUDING PREVENTIVE, PRIMARY, ACUTE, CONTINUOUS AND REHABILITATIVE HEALTH SERVICES TO THE COMMUNITIES SERVED BY THE CORPORATION AND THE OSF SYSTEM SPECIAL EMPHASIS IS PLACED ON MEETING THE PHYSICAL, SPIRITUAL, EMOTIONAL, AND SOCIAL NEEDS OF EVERYONE WHO IS CARED FOR IN THE OSF SYSTEM REGARDLESS OF RACE, COLOR, RELIGION AND ABILITY TO PAY THE AFFILIATED CORPORATIONS ARE -THE SISTERS OF THE THIRD ORDER OF ST FRANCIS, WHICH HOLDS THE ASSETS OF THE RELIGIOUS CONGREGATION AND DIRECTS ALL OTHER CORPORATIONS IN THE AFFILIATED HEALTH CARE SYSTEM THROUGH BOARD REPRESENTATION AND THE EXERCISE OF RESERVED POWERS -OSF SAINT FRANCIS, INC , WHICH PROVIDES HOME INFUSION AND DURABLE MEDICAL EQUIPMENT SERVICES, MOBILE MEDICAL IMAGING SERVICES, MEDICAL EQUIPMENT MAINTENANCE AND REPAIR SERVICES, MEDICAL STAFFING SERVICES, BILLING SERVICES, AND OTHER SERVICES IN SUPPORT OF THE AFFILIATED HEALTH CARE SYSTEM -OSF AVIATION, LLC, WHICH IS AN FAA PART 135 CERTIFIED CARRIER PROVIDING EMS HELICOPTER SERVICES THROUGHOUT CENTRAL ILLINOIS AND PARTS OF NORTHERN ILLINOIS -OSF LIFELINE AMBULANCE, LLC, WHICH PROVIDES GROUND AMBULANCE TRANSPORTATION SERVICES IN PARTS OF NORTHERN ILLINOIS -OSF MULTISPECIALTY GROUP - PEORIA, LLC, WHICH PROVIDES PEDIATRIC CARDIOLOGY PHYSICIAN SERVICES IN CENTRAL ILLINOIS EFFECTIVE UNTIL DECEMBER 31, 2016 THESE PROVIDERS AND SERVICES AFTER DECEMBER 31, 2016 ARE PROVIDED UNDER OSF MULTI-SPECIALTY GROUP WHICH IS A SEPARATE CORPORATION OF WHICH OSF HEALTHCARE SYSTEM IS THE SOLE MEMBER -ILLINOIS NEUROLOGICAL INSTITUTE - PHYSICIANS, LLC, WHICH PROVIDES PHYSICIAN NEUROSURGERY SERVICES IN CENTRAL ILLINOIS EFFECTIVE UNTIL DECEMBER 31, 2016 THESE PROVIDERS AND SERVICES AFTER DECEMBER 31, 2016 ARE PROVIDED UNDER OSF MULTI-SPECIALTY GROUP -HEARTCARE MIDWEST, LTD , WHICH PROVIDES CARDIOLOGY AND CARDIOVASCULAR SURGERY PHYSICIAN SERVICES IN CENTRAL ILLINOIS EFFECTIVE UNTIL DECEMBER 31, 2016 THESE PROVIDERS AND SERVICES AFTER DECEMBER 31, 2016 ARE PROVIDED UNDER OSF MULTI-SPECIALTY GROUP -CARDIOVASCULAR INSTITUTE AT OSF, LLC, WHICH PROVIDES CARDIOLOGY AND CARDIOVASCULAR SURGERY PHYSICIAN SERVICES IN PARTS OF NORTHERN ILLINOIS EFFECTIVE UNTIL DECEMBER 31, 2016 THESE PROVIDERS AND SERVICES AFTER DECEMBER 31, 2016 ARE PROVIDED UNDER OSF MULTI-SPECIALTY GROUP -OSF MULTISPECIALTY GROUP - EASTERN REGION, LLC, WHICH PROVIDES PRIMARY AND SPECIALTY PHYSICIAN SERVICES IN PARTS OF CENTRAL ILLINOIS EFFECTIVE UNTIL DECEMBER 31, 2016 THESE PROVIDERS AND SERVICES AFTER DECEMBER 31, 2016 ARE PROVIDED UNDER OSF MULTI-SPECIALTY GROUP -ILLINOIS PATHOLOGIST SERVICES, LLC, WHICH PROVIDES PROFESSIONAL PATHOLOGY SERVICES IN PARTS OF NORTHERN ILLINOIS -ILLINOIS SPECIALTY PHYSICIAN SERVICES AT OSF, LLC, WHICH PROVIDES PULMONOLOGY AND CRITICAL CARE PHYSICIAN SERVICES IN CENTRAL ILLINOIS EFFECTIVE UNTIL DECEMBER 31, 2016 THESE PROVIDERS AND SERVICES AFTER DECEMBER 31, 2016 ARE PROVIDED UNDER OSF MULTI-SPECIALTY GROUP -OSF PERINATAL ASSOCIATES, LLC, WHICH PROVIDES MATERNAL FETAL MEDICINE PHYSICIAN SERVICES IN CENTRAL ILLINOIS EFFECTIVE UNTIL DECEMBER 31, 2016 THESE PROVIDERS AND SERVICES AFTER DECEMBER 31, 2016 ARE PROVIDED UNDER OSF MULTI-SPECIALTY GROUP -OSF MULTISPECIALTY GROUP - WESTERN REGION, LLC, WHICH PROVIDES PRIMARY AND SPECIALTY PHYSICIAN SERVICES IN WESTERN ILLINOIS EFFECTIVE UNTIL DECEMBER 31, 2016 THESE PROVIDERS AND SERVICES AFTER DECEMBER 31, 2016 ARE PROVIDED UNDER OSF MULTI-SPECIALTY GROUP -OSF CHILDREN'S MEDICAL GROUP- CONGENITAL HEART CENTER, LLC WHICH PROVIDES PEDIATRIC CARE FOR CARDIOVASCULAR ILLNESSES IN NORTHERN ILLINOIS EFFECTIVE UNTIL DECEMBER 31, 2016 THESE PROVIDERS AND SERVICES AFTER DECEMBER 31, 2016 ARE PROVIDED UNDER OSF MULTI-SPECIALTY GROUP -PREFERRED EMERGENCY PHYSICIANS OF ILLINOIS, LLC WHICH PROVIDES PHYSICIAN COVERAGE FOR EMERGENCY DEPARTMENTS EFFECTIVE UNTIL DECEMBER 31, 2016 THESE PROVIDERS AND SERVICES AFTER DECEMBER 31, 2016 ARE PROVIDED UNDER OSF MULTI-SPECIALTY GROUP -SAINT ANTHONY PHYSICIAN GROUP WHICH PROVIDES A VARIETY OF GENERAL AND SPECIALTY PHYSICIANS SERVICES IN ALTON, ILLINOIS -Institute of Physical Medicine & Rehabilitation (IPMR) which provides rehabilitation therapy services throughout Illinois
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	OTTAWA REGIONAL HOSPITAL & HEALTHCARE 1100 EAST NORRIS DRIVE OTTAWA, IL 61350 HTTPS //WWW OSFHEALTHCARE ORG/SAINT-ELIZABETH/ IL0005520	X	X					X			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTH CARE CENTER FOR THE 2016 CHNA, OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER d/b/a OSF SAINT ELIZABETH MEDICAL CENTER SOLICITED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING SOURCES 1) CURRENT PUBLIC HEALTH ADMINISTRATOR AT THE LASALLE COUNTY HEALTH DEPT and CURRENT HEALTH EDUCATOR AND PUBLIC INFORMATION FROM THE LASALLE COUNTY HEALTH DEPT 2) PRIMARY DATA WAS COLLECTED FROM THE AT-RISK AND ECONOMICALLY DISADVANTAGED POPULATION BY COLLECTING A STRATIFIED SAMPLE OF SURVEYS DISTRIBUTED IN ENGLISH AND SPANISH AT ALL HOMELESS SHELTERS, FOOD PANTRIES AND SOUP KITCHENS 3) THE 2013 CHNA WAS MADE WIDELY AVAILABLE TO THE COMMUNITY AND FEEDBACK RECEIVED FROM COMMUNITY SERVICE ORGANIZATIONS WAS TAKEN INTO ACCOUNT 4) ADDITIONAL SOURCES OF INPUT WAS RECEIVED FROM A COLLABORATIVE TEAM CREATED TO CONDUCT THE 2016 CHNA, WHICH INCLUDED CONSUMER ADVOCATES, REPRESENTATIVES FROM NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS, ACADEMIC EXPERTS AND HEALTH EDUCATORS, LOCAL GOVERNMENT OFFICIALS, ADMINISTRATORS FROM LOCAL SCHOOL DISTRICTS, HEALTH CARE PROVIDERS AND COMMUNITY HEALTH CENTERS, EXECUTIVE DIRECTOR OF IL VALLEY PADS HOMELESS SHELTER PROGRAM, PROGRAM COORDINATOR FOR THE YOUTH SERVICE BUREAU OF IL VALLEY SERVING THE LATINO POPULATION ENROLLED IN PUBLIC BENEFITS, EXECUTIVE DIRECTOR OF UNITED WAY, AND EXECUTIVE DIRECTOR OF MENDOTA AREA SENIOR SERVICES MEMBERS OF THE COLLABORATIVE TEAM BY NAME, AFFILIATIONS, TITLE AND EXPERTISE ARE LISTED IN APPENDIX 1 TO THE 2016 CHNA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER DBA OSF SAINT ELIZABETH MEDICAL CENTER - OTTAWA, IL THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR 2016 FOR LASALLE COUNTY WAS A COLLABORATIVE UNDERTAKING BY OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER DBA OSF SAINT ELIZABETH MEDICAL CENTER AND MENDOTA COMMUNITY HOSPITAL DBA OSF SAINT PAUL MEDICAL CENTER THE CHNA HIGHLIGHTS THE HEALTH NEEDS AND WELL-BEING OF RESIDENTS IN LASALLE COUNTY

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER d/b/a OSF SAINT ELIZABETH MEDICAL CENTER COMPLETED A COMMUNITY HEALTH NE EDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2016 AS REQUIRED BY INTERNAL REVENUE CODE SECTI ON 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVED AND ADOPTED BY THE SYSTEM'S BOA RD OF DIRECTORS ON JULY 25, 2016 THIS CHNA IS EFFECTIVE FOR FISCAL YEARS 2017, 2018 AND 2 019 THE LASALLE COUNTY CHNA WAS DONE AS A COLLABORATIVE UNDERTAKING BY OSF SAINT ELIZABET H AND OSF SAINT PAUL MEDICAL CENTERS TO HIGHLIGHT THE HEALTH NEEDS AND WELL BEING OF RESID ENTS IN LASALLE COUNTY THE COLLABORATIVE TEAM IDENTIFIED THE FOLLOWING SIGNIFICANT COMMUN ITY HEALTH NEEDS AS A PRIORITY HEALTHY BEHAVIORS AND BEHAVIORAL HEALTH HEALTHY BEHAVIORS IS DEFINED AS ACTIVE LIVING AND HEALTHY EATING AND THEIR IMPACT ON OBESITY BEHAVIORAL HE ALTH INCLUDES MENTAL HEALTH AND SUBSTANCE ABUSE IN RESPONSE TO THESE PRIORITY HEALTH NEED S, THE HOSPITALS DEVELOPED AN IMPLEMENTATION STRATEGY DESCRIBING THE ACTIONS THE HOSPITALS INTEND TO TAKE TO ADDRESS BOTH PRIORITY HEALTH NEEDS, THE RESOURCES THE HOSPITALS PLAN TO COMMIT TO ADDRESS THE HEALTH NEEDS, AND ANY PLANNED COLLABORATIONS WITH OTHER ORGANIZATIO NS TO ADDRESS THE HEALTH NEEDS THE HOSPITALS REVIEW THEIR IMPLEMENTATION STRATEGY AT LEAS T ANNUALLY AND MAKE REVISIONS AS NEEDED TO MAXIMIZE THE IMPACT ON IDENTIFIED PRIORITY HEAL TH NEEDS A SUMMARY OF HOW THE HOSPITALS HAVE ADDRESSED THE PRIORITY HEALTH NEEDS IS PROVI DED BELOW HEALTHY BEHAVIORS GOALS *BRING TOGETHER COMMUNITY ORGANIZATIONS PROVIDING EDUC ATION, INCREASING AWARENESS, AND ENGAGING IN HEALTH NUTRITION INCLUDING EXERCISE DECISIONS IN ORDER TO BENEFIT COMMUNITY MEMBERS IN THEIR EVERYDAY LIFE AND OVERALL HEALTH *INCREAS E KNOWLEDGE, AWARENESS, AND ENGAGEMENT IN HEALTHY BEHAVIORS IN ORDER TO IMPROVE LASALLE CO UNTY RESIDENTS' OVERALL HEALTH MEASUREMENTS AND PROGRESS FROM FY2017 (1) TRACK NUMBER OF IMMUNIZATIONS PROVIDED AND THE IMPACT ON SCHOOL ABSENCES (I E DAILY, WEEKLY, MONTHLY, Y EARLY) - PROGRESS FY2017 DATA FOR OTTAWA/STREATOR/MENDOTA 8/1/2016-5/31/2017 6,574 IMMUN IZATIONS GIVEN, 8/1/2017-4/20/2018 7,477 IMMUNIZATIONS GIVEN (2) TRACK HOURS SPENT WITH ST UDENT ATHLETES AND NUMBER OF INJURIES - PROGRESS FY2017 SHS - 451 HRS /58 INJURIES, OHS - 232 HRS /32 INJURIES (3) NUMBER OF EDUCATIONAL EVENTS AND ATTENDANCE ADDRESSING HEALTH AND WELLNESS - PROGRESS FY2017 74 EVENTS 4115 ATTENDEES (4) TRACK NUMBER OF SPORTS PHY SICALS PROVIDED - PROGRESS FY2017 SHS - 57, OHS - 59, 2017 SHS - 51, OHS - 69, $25 EACH DONATED BACK TO SCHOOLS (5) SOCIAL MEDIA POSTS - PROGRESS FY2017 SEMC FACEBOOK REACHED 1, 070,284 INDIVIDUALS, CENTER FOR HEALTH-STREATOR FB REACHED 441,387 (6) POUNDS OF COMMUNITY GARDEN FOODS GROWN/DONATED - PROGRESS FY2017 1500LBS (7) OSF4LIFE PARTICIPATION/HRA/CHA LLENGE - PROGRESS FY2017 OTTAWA - 39%, MENDOTA - 63%, (8) HEALTHY YOU - POUNDS LOST - PRO GRESS FY2017 534 PARTICIPANTS,

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	4,780 LBS NEW PARTNERSHIPS INCLUDE PENGUIN PLUNGE - MAKE A WISH FOUNDATION, LABOR OF LO VE, OUT OF THE DARKNESS - SUICIDE PREVENTION WALK, WALK TO END ALZHEIMERS, FREEZIN FOR A R EEZIN, MEALS ON WHEELS, OPERATION SNOWBALL, RELAY FOR LIFE - AMERICAN CANCER SOCIETY, ILLI NOIS BRAIN INJURY SUPPORT - MEET 1X PER MONTH, BEREAVEMENT GROUP - MEET 2X PER MONTH, STRO KE SUPPORT - MEET 1X PER MONTH, BLOOD DRIVE - QUARTERLY TOTAL PINTS DONATED IN 2017, BREAS TFEEDING CLASS - MEET 6X PER YEAR, CHILDBIRTH CLASS - MEET 1X PER WEEK, SIBLING CLASS - ME ET 1X PER MONTH, SAFE SITTER CLASS - MEET 5X PER YEAR, BLS - OFFERED 2X PER MONTH, HEART S AVER CPR/AED - OFFERED 1X PER MONTH, FIRST AID - OFFERED 6X PER YEAR, CHILD PASSENGER CAR SEAT SAFETY CHECK - OFFERED 1X PER MONTH, MARSEILLES GOBBLE WOBBLE 5K, SPORT PHYSICAL CLIN ICS - OTTAWA HIGH SCHOOL/STREATOR HIGH SCHOOL BEHAVIORAL HEALTH GOALS *INCREASED ACCESS T O AND AWARENESS OF MENTAL HEALTH SERVICES IN LASALLE COUNTY *INCREASE AWARENESS OF MENTAL HEALTH SERVICES IN THE COMMUNITY *COMMIT TO TEACHING, EMPOWERING, AND ADVOCATING FOR MEN TAL HEALTH ISSUES *DEVELOP AND IMPLEMENT STRATEGIES TO FACILITATE ACCESS AND IMPROVE COMM UNITY AGENCY ALIGNMENT TO MEET THE BEHAVIORAL HEALTH NEEDS OF THE COMMUNITY *INCREASE AWA RENESS AND ENGAGEMENT TO DECREASE INSTANCES OF RISKY BEHAVIOR AND SUBSTANCE ABUSE IN LASAL LE COUNTY *PROVIDE AWARENESS OF FUTURE POTENTIAL RISKS RELATED TO SUBSTANCE ABUSE *DEVELO P AND IMPLEMENT STRATEGIES TO FACILITATE SERVICES/ ACCESS AND IMPROVE COMMUNITY AGENCY ALI GNMENT IN ADDRESSING ALCOHOL AND ILLICIT SUBSTANCE ABUSE BY YOUTHS WITHIN THE COMMUNITY M EASUREMENTS AND PROGRESS FY2017 (1) DEVELOPMENT OF A STRATEGIC SYSTEM OF CARE PLAN FOR ME NTAL HEALTH (STREATOR INITIATIVE) - PROGRESS FY2017 IMPLEMENTED BH NAVIGATOR, REFERRAL AL GORITHM, AND EMBEDDED BEHAVIORIST IN PC PRACTICE, TELE-PSYCH, NCBH COLOCATION, LIVE WELL S TREATOR SUBSTANCE ABUSE FOCUS (2) MONITOR COUNSELOR VISITS PROVIDING EARLY INTERVENTION, DEPRESSION SCREENING AND SUPPORT - PROGRESS FY2017 EMBEDDED THERAPIST IN CENTER FOR HEAL TH-STREATOR IS COMPLETE IN PROGRESS AT SAINT ELIZABETH MEDICAL CENTER (3) PATIENT WISDOM DATA - PROGRESS FY2017 149 RESPONDENTS GAVE VIEW ON HOW TO ADDRESS BEHAVIORAL HEALTH IN COMMUNITY 20% IDENTIFIED SUBSTANCE ABUSE AS NEEDING MORE COMMUNITY ATTENTION (4) UNIQUE PATIENTS FOR BH - PROGRESS FY2017 236 TELE-PSYCH UNIQUE PATIENTS (5) TELE-PSYCH VISITS - PROGRESS FY2017 367 TELE-PSYCH OP VISITS, 105 ECO SILT PSYCH VISITS, 15% OF CHOICES OP'S FROM STREATOR-PSYCHIATRY AND THERAPY SERVICES, 80% DECREASE IN CURRENT WORK QUEUE REFERRAL S 200 TO 40, INCREASE IN # OF TOTAL VISITS, 1ST 6 MONTHS FY17 (9923) COMPARED TO 1ST 6 MO NTHS FY18 (11216), 13% INCREASE OR 1293 PATIENTS (6) BH NAVIGATOR CALLS - PROGRESS FY2017 143 NEW PARTNERSHIPS INCLUDE OUT OF DARKNESS - SUICIDE PREVENTION WALK SPONSOR, NORTH C ENTRAL BEHAVIORAL HEALTH COLLABORATION, PEER SUPPORT GROUP - MEETS 2X PER MONTH, TEEN SHOW CASE - ANNUAL CONFERENCE SPONS

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	OR, PET THERAPY

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENERAL ASSISTANCE

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER PRESUMPTIVE FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDES FOR A DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO A PATIENT WITH NO INSURANCE BENEFITS, WHEN THE PATIENT ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA HOMELESSNESS, DECEASED WITH NO ESTATE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON THE PATIENT'S BEHALF, AND CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER A PLAIN LANGUAGE SUMMARY OF THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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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
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Streator Family YMCA 710 Oakley Ave Streator, IL 61364	36-2205999	501(c)(3)	1,000,000	0	N/A	N/A	Program Support
(2) Ottawa Kiwanis Foundation NFP 801 Evans Street Ottawa, IL 613501359	47-5206350	501(c)(3)	10,000	0	N/A	N/A	Program Support

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

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	Streator YMCA was awarded $1,000,000 Ottawa Hospital has a Vice President who sits on the YMCA board and as part of the donation agreement a collaborative agreement was put in place for both Ottawa Hospital and the YMCA to discuss programming at the YMCA both current and future In addition Ottawa Hospital had teams that sat on the various planning and design committees for the YMCA building expansion The Kiwanis donation was for playground equipment for local children including special needs children Ottawa Hospital representatives followed up via site visits to make sure the funds were used to install the agreed upon equipment

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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
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ 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**		No
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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 SCH J, PART I, LINE 3	THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMMITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE SISTERS OF THE THIRD ODRER OF ST FRANCIS WHO HAVE TAKEN A VOW OF POVERTY HENCE, THEY DO NOT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE THE CHIEF EXECUTIVE OFFICER (CEO) IS NOT A MEMBER OF THE COMMITTEE THE PERFORMANCE OF THE CEO AND HIS ACHIEVEMENT OF ANNUAL GOALS IS EVALUATED EACH YEAR BY THE FULL BOARD OF DIRECTORS, AND THIS PERFORMANCE REVIEW IS PROVIDED TO THE COMMITTEE THE COMMITTEE ALSO OBTAINS COMPENSATION SURVEY DATA AND RECOMMENDATIONS FROM A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT BASED ON ALL OF THESE FACTORS, THE COMMITTEE SETS THE BASE SALARY AND BENEFITS OF THE CEO AND APPROVES THE EXECUTIVE COMPENSATION PLAN APPLICABLE TO THE CEO PRIOR TO PAYMENT OF ANY BONUS OR INCENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR THE CEO, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO ENSURE THAT NO EXCESS BENEFIT AMOUNT IS PAID OR FURNISHED
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	THE CORPORATION REIMBURSES CERTAIN EXECUTIVES FOR SOCIAL CLUB DUES PAID BY SUCH EXECUTIVES ELIGIBILITY FOR CLUB DUES REIMBURSEMENT IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS AND IS TAKEN INTO CONSIDERATION BY THE COMMITTEE IN DETERMINING FAIR MARKET COMPENSATION SEE FORM 990 - SCHEDULE O - PART VI - LINES 15A AND 15B FOR AN EXPLANATION OF THE ROLE OF THE HUMAN RESOURCES COMMITTEE AND THE MANNER IN WHICH FAIR MARKET COMPENSATION IS DETERMINED CLUB DUES ARE NOT ELIGIBLE FOR REIMBURSEMENT IF THE CLUB IN QUESTION DISCRIMINATES ON THE BASIS OF RACE, RELIGION, SEX, NATIONAL ORIGIN, OR OTHER PROHIBITED FACTORS DUES REIMBURSEMENT IS TREATED AND REPORTED AS TAXABLE COMPENSATION
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DURING 2016, OSF HEALTHCARE SYSTEM MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN KEVIN D SCHOEPLEIN DANIEL E BAKER DURING 2016, THE FOLLOWING CONTRIBUTIONS WERE MADE BY OSF HEALTHCARE SYSTEM TO THE PLAN KEVIN D SCHOEPLEIN - $187,507 DANIEL E BAKER - $93,493 DURING 2016, NO DISTRIBUTIONS WERE MADE BY OSF HEALTHCARE SYSTEM FROM THE PLAN KEVIN D SCHOEPLEIN - $0 DANIEL E BAKER - $0

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 Kevin D Schoeplein Vice Chairperson CEO	(I)	0	0	0	0	0	0	0
	(II)	1,153,478	637,523	66,528	242,607	-20,246	2,120,382	0
1 Gerald J McShane MD Board Member	(I)	0	0	0	0	0	0	0
	(II)	657,198	117,268	22,964	55,100	-17,689	870,219	0
2 Daniel E Baker Former CFO	(I)	0	0	0	0	0	0	0
	(II)	521,345	74,599	11,369	148,593	-24,106	780,012	0
3 Michael M Allen CFO	(I)	0	0	0	0	0	0	0
	(II)	507,450	108,966	1,455	16,294	-25,399	659,563	0
4 Anthony M Avellino MD CEO NSSL/INI	(I)	0	0	0	0	0	0	0
	(II)	857,769	229,456	2,105	36,550	-24,465	1,150,346	0
5 Kenneth E Berkovitz MD CEO CVSL	(I)	0	0	0	0	0	0	0
	(II)	688,458	122,329	3,595	24,621	-4,430	843,433	0
6 Robert L Brandfass SVP Chief Legal Officer	(I)	0	0	0	0	0	0	0
	(II)	479,749	89,078	9,821	36,550	-24,004	639,201	0
7 Michelle D Conger Chief Strategy Officer	(I)	0	0	0	0	0	0	0
	(II)	394,837	69,642	7,956	17,957	-22,728	513,121	0
8 John R Evancho SVP Chief Compliance Officer	(I)	0	0	0	0	0	0	0
	(II)	235,021	43,111	7,906	21,898	-25,126	333,062	0
9 Thomas G Hammerton President OSF Healthcare Foundation Chief Development Officer	(I)	0	0	0	0	0	0	0
	(II)	311,676	56,035	50,191	31,978	-13,816	463,695	0
10 Stephen E Hippler MD Chief Clinical Officer	(I)	0	0	0	0	0	0	0
	(II)	443,207	78,446	2,351	55,100	-22,759	601,863	0
11 John C Horne SVP Chief Supply Chain Officer	(I)	0	0	0	0	0	0	0
	(II)	329,119	59,451	8,159	26,427	-22,685	445,840	0
12 Divya-Devi Joshi CEO Children SL	(I)	0	0	0	0	0	0	0
	(II)	473,984	78,103	35	13,250	-9,389	574,761	0
13 James J Mormann Chief Information Officer	(I)	0	0	0	0	0	0	0
	(II)	466,145	83,399	8,532	36,550	-24,184	618,809	0
14 Kenneth J Natzke CEO East Region	(I)	0	0	0	0	0	0	0
	(II)	484,869	85,959	20,035	43,685	-19,078	653,625	0
15 David A Schertz CEO Northern Region	(I)	0	0	0	0	0	0	0
	(II)	547,227	98,325	11,619	37,100	-19,619	713,890	0
16 Robert C Sehring CEO Central Region	(I)	0	0	0	0	0	0	0
	(II)	591,542	105,442	18,493	41,591	-24,365	781,433	0
17 Jeffry M Tillery SVP Chief Transformation Officer	(I)	0	0	0	0	0	0	0
	(II)	448,552	80,335	2,373	54,860	-18,956	605,075	0
18 Lori L Wiegand Chief Nursing Officer	(I)	0	0	0	0	0	0	0
	(II)	339,031	60,740	9,007	51,031	-19,032	478,841	0
19 Leon A Yeh MD VP CMO Emergency Serv	(I)	0	0	0	0	0	0	0
	(II)	478,750	89,640	46	33,441	-23,077	624,954	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 Garner Arnold MD Medical Director	(I)	368,639	0	46	33,900	10,706	413,290	0
	(II)	0	0	0	0	0	0	0
1 Joseph W Chuprevich MD Physician	(I)	488,263	35,898	282	23,850	17,299	565,592	0
	(II)	0	0	0	0	0	0	0
2 Andrew T Harris MD Physician	(I)	412,557	500	56	32,337	27,058	472,508	0
	(II)	0	0	0	0	0	0	0
3 Daniel R Mueller MD Physician	(I)	592,878	0	45	33,900	22,018	648,841	0
	(II)	0	0	0	0	0	0	0
4 Matthew W Wols MD Physician	(I)	423,766	579	53	31,830	23,918	480,146	0
	(II)	0	0	0	0	0	0	0

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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
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1 PART I	THE TAX LAW REQUIRES THAT EACH LEGAL ENTITY WITHIN THE OSF HEALTHCARE SYSTEM COMPLETE A SE PARATE TAX RETURN WHICH APPROPRIATELY REFLECTS THE ACTIVITIES AND FINANCIAL POSITION OF TH E PARTICULAR ORGANIZATION THIS REPORTING, HOWEVER, IS NOT REFLECTIVE OF THE OSF HEALTHCAR E SYSTEM AS A WHOLE PLEASE SEE THE ATTACHED AUDITED FINANCIAL STATEMENTS OF OSF HEALTHCAR E SYSTEM AND SUBSIDIARIES FOR A COMPLETE OVERVIEW OF THE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS	COMPENSATION FOR THE ORGANIZATION'S OTHER OFFICERS IS PAID BY OSF HEALTHCARE SYSTEM, A REL ATED TAX EXEMPT ORGANIZATION THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNO WN AS THE HUMAN RESOURCES COMMITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIO US CONGREGATION KNOWN AS THE SISTERS OF THE THIRD ORDER OF ST FRANCIS WHO HAVE TAKEN A VO W OF POVERTY HENCE, THEY DO NOT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE THE C OMMITTEE DETERMINES WHICH OFFICERS, KEY EMPLOYEES AND OTHER EMPLOYEES ARE ELIGIBLE TO PART ICIPATE IN THE EXECUTIVE COMPENSATION PLAN BASED ON PERFORMANCE REVIEWS BY THE SUPERVISOR S OF SUCH PERSONS AND COMPENSATION SURVEY DATA AND RECOMMENDATIONS FROM A NATIONALLY KNOWN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE APPROVES ANY EXECUTIVE COMPENSATION PL AN APPLICABLE TO KEY EMPLOYEES AND ESTABLISHES THE BASE SALARY AND BENEFITS FOR PLAN PARTI CIPANTS PRIOR TO PAYMENT OF ANY BONUS OR INCENTIVE COMPENSATION, THE TOTAL COMPENSATION F OR EACH KEY EMPLOYEE, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COM PENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO ENSURE THAT NO "EXCESS BENEFIT" AMOUNT IS PAID OR FURNISHED SOME KEY EMPLOYEES LISTED IN PART VI I ARE PRACTICING PHYSICIANS WHO ARE LISTED AS KEY EMPLOYEES AS A RESULT OF THE COMPENSATIO N THEY RECEIVE AND NOT DUE TO ANY EXECUTIVE OR MANAGEMENT POSITION WHICH THEY HOLD SUCH P HYSICIANS GENERALLY ARE NOT PARTICIPANTS IN THE EXECUTIVE COMPENSATION PLAN, AND THEIR COM PENSATION, INCLUDING BASE SALARY, BENEFITS, AND ANY APPLICABLE BONUS OR INCENTIVE COMPENSA TION, IS ESTABLISHED IN ACCORDANCE WITH NATIONALLY RECOGNIZED PHYSICIAN COMPENSATION SURVE YS AND IS SET FORTH IN WRITTEN EMPLOYMENT AGREEMENTS WHICH ARE APPROVED BY THE BOARD OF DI RECTORS OR ITS EXECUTIVE COMMITTEE BECAUSE THE ORGANIZATION'S OTHER OFFICERS ARE NOT PAID BY THE FILING ORGANIZATION, THE FORM 990 INSTRUCTIONS REQUIRE THIS TO BE ANSWERED "NO "

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	OSF HEALTHCARE SYSTEM IS THE SOLE MEMBER OF OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	OSF HEALTHCARE SYSTEM AS THE SOLE MEMBER OF OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER H AS THE POWER TO ELECT MEMBERS OF THE BOARD OF OSF SAINT ELIZABETH MEDICAL CENTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Prior to filing the return with the IRS, a draft of the completed Form 990 is reviewed by the organization's outside independent tax advisors Subsequent to this review by the tax advisors, the complete and final Form 990 is distributed to the board prior to filing the return with the IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	DISCLOSURES BY OFFICERS, DIRECTORS AND TRUSTEES, AS WELL AS KEY EMPLOYEES AND EMPLOYEES CH ARGED WITH PURCHASING, PROCUREMENT AND CONTRACTING DECISION-MAKING ARE MADE THROUGH AN ELE CTRONIC REPORTING SYSTEM ON AN ANNUAL BASIS DISCLOSURES ARE RECEIVED AND REVIEWED BY THE CORPORATE COMPLIANCE DIVISION IF A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THEN THE DISCLOSING INDIVIDUAL IS NOTIFIED OF THE POTENTIAL CONFLICT AND MAY BE ASKED FOR ADDITION AL INFORMATION ABOUT THE INTEREST THE CORPORATE COMPLIANCE DIVISION DETERMINES WHETHER A PLAN TO MANAGE A POSSIBLE OR ACTUAL CONFLICT OF INTEREST IS NEEDED, DISCUSSES THE MANAGEME NT PLAN WITH THE INDIVIDUAL AND MONITORS THE EMPLOYEE'S COMPLIANCE WITH THE PLAN PLANS TO MANAGE CONFLICTS ARE TRACKED THROUGH THE ELECTRONIC DISCLOSURE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMM ITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE S ISTERS OF THE THIRD ORDER OF ST FRANCIS WHO HAVE TAKEN A VOW OF POVERTY HENCE, THEY DO N OT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE THE CHIEF EXECUTIVE OFFICER (CEO) I S NOT A MEMBER OF THE COMMITTEE THE PERFORMANCE OF THE CEO AND HIS ACHIEVEMENT OF ANNUAL GOALS IS EVALUATED EACH YEAR BY THE FULL BOARD OF DIRECTORS, AND THIS PERFORMANCE REVIEW I S PROVIDED TO THE COMMITTEE THE COMMITTEE ALSO OBTAINS COMPENSATION SURVEY DATA AND RECOM MENDATIONS FROM A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT BASED ON ALL OF THESE FACTORS, THE COMMITTEE SETS THE BASE SALARY AND BENEFITS OF THE CEO AND APPROVES THE EXECUTIVE COMPENSATION PLAN APPLICABLE TO THE CEO PRIOR TO PAYMENT OF ANY BONUS OR IN CENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR THE CEO, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZE D COMPENSATION CONSULTANT TO ENSURE THAT NO EXCESS BENEFIT AMOUNT IS PAID OR FURNISHED TH E COMPENSATION REVIEW IS DONE ANNUALLY IN NOVEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMM ITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE S ISTERS OF THE THIRD ORDER OF ST FRANCIS WHO HAVE TAKEN A VOW OF POVERTY HENCE, THEY DO N OT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE THE COMMITTEE DETERMINES WHICH OFFI CERS, KEY EMPLOYEES AND OTHER EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN THE EXECUTIVE COMPE NSATION PLAN BASED ON THE PERFORMANCE REVIEWS BY THE SUPERVISORS OF SUCH PERSONS AND COMP ENSATION SURVEY DATA AND RECOMMENDATIONS FROM A NATIONALLY KNOWN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE APPROVES ANY EXECUTIVE COMPENSATION PLAN APPLICABLE TO KEY EMPLO YEES AND ESTABLISHES THE BASE SALARY AND BENEFITS FOR PLAN PARTICIPANTS PRIOR TO PAYMENT OF ANY BONUS OR INCENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR EACH KEY EMPLOYEE, INCL UDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEW ED BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO ENSURE THAT NO "EXCESS BENEFIT" A MOUNT IS PAID OR FURNISHED THE COMPENSATION REVIEW IS DONE ANNUALLY IN NOVEMBER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	ALL OTHER - Total Revenue 102334, Related or Exempt Function Revenue 102334, Unrelated B usiness Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	EQUITY TRANSFERS - -13255739, INCREASE IN TEMP RESTRICTED NET ASSETS - 30, SEMC FOUNDATION DONATIONS - 727822, FOX RIVER NON CONTROLLING SUBS - 152671,

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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
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Radiation Oncology of Northern Illinois 1200 Starfire Drive Ottawa, IL 61350 75-3247165	Oncology	IL	-166,534	159,081	ORHHC

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

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) Section 512(b)(13) controlled entity? 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) CENTER FOR HEALTH AMBULATORY 8800 RTE 91 N PEORIA, IL 61615 20-5557171	SURGICAL CENTER	IL	OSF	Related	0	0		No			No	0 %
(2) EASTLAND MEDICAL PLAZA 1505 EASTLAND DRIVE Bloomington, IL 61701 37-1400643	SURGICAL CENTER	IL	OSF	Related	0	0		No			No	0 %
(3) FORT JESSE IMAGING CENTER LLC 2200 FT JESSE ROAD NORMAL, IL 61761 46-0515604	MEDICAL IMAGING	IL	OSF	Related	0	0		No			No	0 %
(4) POINT CORE NETWORK SERVICES 222 3RD AVE SE SUITE 500 Cedar Rapids, IA 52401 46-5393141	IT SERVICES	IA	POINTCORE LLC	Related	0	0		No			No	0 %
(5) SAINT CLARE'S VILLA 915 EAST 5TH STREET ALTON, IL 62002 37-1397289	LOW INC HOUSING	IL	OSF	Related	0	0		No		Yes		0 %
(6) FOX RIVER CANCER CENTER 1211 STARFISH DRIVE OTTAWA, IL 61350 87-0805865	ONCOLOGY	IL	ORHHC	Related	0	0		No			No	0 %

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		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
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
(1) Ottawa Regional Hospital Foundation	C	727,822	FMV

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)

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 800 NE GLEN OAK AVE PEORIA, IL 61603 37-1259286	PARENT/SU ORG	IL	501(c)(3)	Type II	NA		No
(1) 800 NE GLEN OAK AVE PEORIA, IL 61603 37-1259284	SUPPORT ORG	IL	501(c)(3)	Type II	NA		No
(2) 530 NE GLEN OAK AVE PEORIA, IL 61637 37-0661235	FREE CLINIC	IL	501(c)(3)	7	SIS 3RD OSF		No
(3) 1100 EAST NORRIS DRIVE OTTAWA, IL 61350 36-4007569	SUPPORT ORG	IL	501(c)(3)	Type I	ORHHC	Yes	
(4) 1100 EAST NORRIS DRIVE OTTAWA, IL 61350 36-3854788	SUPPORT ORG	IL	501(c)(3)	Type I	ORHHC	Yes	
(5) 800 NE GLEN OAK AVE PEORIA, IL 61603 38-3852646	HLTHCARE SVCS	IL	501(c)(3)	Type I	OSF		No
(6) 800 NE GLEN OAK AVE PEORIA, IL 61603 35-2422385	HLTHCARE SVCS	IL	501(c)(3)	Type I	OSF		No
(7) 800 NE GLEN OAK AVE PEORIA, IL 61603 32-0353954	HLTHCARE SVCS	IL	501(c)(3)	Type I	OSF		No
(8) 800 NE GLEN OAK AVE PEORIA, IL 61603 36-4709999	HLTHCARE SVCS	IL	501(c)(3)	Type I	OSF		No
(9) 800 NE GLEN OAK AVE PEORIA, IL 61603 37-0813229	HLTHCARE SVCS	IL	501(c)(3)	3	SIS 3RD OSF		No
(10) 1201 E 12TH STREET MENDOTA, IL 61342 36-2167785	HOSPITAL	IL	501(c)(3)	3	OSF		No
(11) PO BOX 340 ALTON, IL 62002 37-1365059	HLTHCARE SVCS	IL	501(c)(3)	10	OSF		No
(12) 1 FRANCISCAN WAY PO BOX 902 ALTON, IL 62002 37-6034163	RELIGIOUS	IL	501(c)(3)	1	OSF		No
(13) 6501 N SHERIDAN ROAD PEORIA, IL 61614 37-0681567	REHAB	IL	501(c)(3)	3	OSF		No
(14) 800 NE GLEN OAK AVE PEORIA, IL 61603 36-4868939	COLLEGE OF NURSING	IL	501(c)(3)	2	OSF		No

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

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