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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization  
St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order o  
f St Francis  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
503 N MAPLE STREET  
City or town, state or province, country, and ZIP or foreign postal code  
Effingham, IL 624012099  
F Name and address of principal officer  
THERESA RUTHERFORD  
503 N MAPLE STREET  
Effingham, IL 624012099  
H(a) Is this a group return for subordinates? ☐ Yes ☒ No  
H(b) Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)  
H(c) Group exemption number ▶ 0928

D Employer identification number  
37-0661233  
E Telephone number  
(217) 347-2121  
G Gross receipts \$ 157,414,063

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527  
J Website: ▶ STANTHONYSHOSPITAL.ORG

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

L Year of formation 1955 M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
TO PARTICIPATE IN THE HEALTHCARE MINISTRY OF THE CHURCH BY COMMITTING OUR RESOURCES TO PROVIDE A FAMILY-CENTERED APPROACH IN MEETING THE HEALTHCARE NEEDS OF ALL PEOPLE IN THE COMMUNITY  
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  
3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 12  
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 10  
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . . 5 990  
6 Total number of volunteers (estimate if necessary) . . . . . 6 80  
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

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 143,087 108,390  
9 Program service revenue (Part VIII, line 2g) . . . . . 141,990,557 141,407,019  
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 12,914,735 6,565,229  
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 2,513,776 3,189,073  
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 157,562,155 151,269,711

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 0 0  
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0  
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 57,746,520 58,455,644  
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0  
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0  
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 73,616,786 73,004,382  
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 131,363,306 131,460,026  
19 Revenue less expenses Subtract line 18 from line 12 . . . . . 26,198,849 19,809,685

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 440,746,704 458,245,546  
21 Total liabilities (Part X, line 26) . . . . . 62,080,118 49,671,182  
22 Net assets or fund balances Subtract line 21 from line 20 . . . . . 378,666,586 408,574,364

Part II Signature Block

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

Sign Here

\*\*\*\*\*  
Signature of officer  
Theresa Rutherford President and CEO  
Type or print name and title  
2019-05-09  
Date

Paid Preparer Use Only

Print/Type preparer's name  
RACHEL SPURLOCK  
Preparer's signature  
RACHEL SPURLOCK  
Date  
Check ☐ if self-employed  
PTIN  
P00520729  
Firm's name ▶ CROWE LLP  
Firm's EIN ▶ 35-0921680  
Firm's address ▶ 225 West Wacker Drive Suite 2600  
Chicago, IL 606061224  
Phone no (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form 990 (2017)

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

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

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

|                     |         |                         |                        |                           |
|---------------------|---------|-------------------------|------------------------|---------------------------|
| <b>4a</b>           | (Code ) | (Expenses \$ 99,517,563 | including grants of \$ | (Revenue \$ 141,407,019 ) |
| See Additional Data |         |                         |                        |                           |

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

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

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

|           |                                         |            |
|-----------|-----------------------------------------|------------|
| <b>4e</b> | <b>Total program service expenses ▶</b> | 99,517,563 |
|-----------|-----------------------------------------|------------|

**Part IV Checklist of Required Schedules**

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

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

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

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

|            |                                                                                                                                                                                                                                            | Yes | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 56  |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                           | 0   |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                   | Yes |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                             | 990 |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | Yes |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              |     | No |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |     | No |
| <b>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                              |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |     | No |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           |     | No |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | No |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                       |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                            |     | No |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       | Yes |    |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         | 7d  |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            |     | No |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               |     | No |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                          |     |    |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                              |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  | 10a |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               | 10b |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                             |     |    |
| <b>a</b>   | Gross income from members or shareholders.                                                                                                                                                                                                 | 11a |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               | 11b |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                          | 12a |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     | 12b |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                    |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                              | 13a |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 | 13b |    |
| <b>c</b>   | Enter the amount of reserves on hand.                                                                                                                                                                                                      | 13c |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | 14a | No |
| <b>b</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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 12 |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.            |              |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 10 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | <b>2</b>     |     | No |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     | Yes |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                 | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.       | <b>9</b>     |     | No |

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

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

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                        |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) THERESA J RUTHERFORD<br>PRESIDENT & CEO            | 60 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 382,577                                                                   | 131,442                                                                                       |
| (2) DOROTHY BEHRNS<br>2017 & 2018 Chair                | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) JOHN KINGERY<br>2017 & 2018 Vice Chair             | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) SR RITAMARY BROWN<br>2017 & 2018 Secretary         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) SR MARYBETH CULNAN OSF<br>BOARD MEMBER/HSHS Sister | 1 0<br>.....<br>10 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) Kelly Haller MD<br>BOARD MEMBER                    | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) Didi Omiyi MD<br>BOARD MEMBER                      | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) KENNETH JOHNSON MD<br>BOARD MEMBER                 | 1 0<br>.....<br>49 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 481,230                                                                   | 128,513                                                                                       |
| (9) FR Michael ROSA<br>BOARD MEMBER                    | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) Carrie Crippen<br>BOARD MEMBER                    | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) Bob Schultz<br>Board Member                       | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) Eric Zeller<br>Board Member                       | 1 0<br>.....<br>0                                                                          | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) JAMES DOVER<br>CEO SOUTHERN IL DIVISION           | 18 0<br>.....<br>42 0                                                                      |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 786,328                                                                   | 119,860                                                                                       |
| (14) DAVID NOSACKA<br>DIVISION CFO                     | 16 0<br>.....<br>44 0                                                                      |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 340,763                                                                   | 54,052                                                                                        |
| (15) ANN M CARR<br>TREASURER                           | 0 3<br>.....<br>59 7                                                                       |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 318,511                                                                   | 120,197                                                                                       |
| (16) RYAN L JENNINGS<br>CHIEF MEDICAL OFFICER          | 40 0<br>.....<br>0                                                                         |                                                                                                           |                       |         | X            |                              |        | 348,153                                                              | 0                                                                         | 49,511                                                                                        |
| (17) KELLY M SAGER<br>Chief Nursing Officer            | 40 0<br>.....<br>0                                                                         |                                                                                                           |                       |         | X            |                              |        | 176,576                                                              | 0                                                                         | 87,968                                                                                        |

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

| (A)<br>Name and Title        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                              |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) Marshall Ashby<br>CRNA  | 40 0<br>.....2...                                                                          |                                                                                                           |                       |         |              | X                            |        | 224,367                                                              | 0                                                                         | 17,310                                                                                        |
| (19) Mary Spencer<br>CRNA    | 40 0<br>.....2...                                                                          |                                                                                                           |                       |         |              | X                            |        | 222,860                                                              | 0                                                                         | 17,739                                                                                        |
| (20) ROBERT S BRYANT<br>CRNA | 40 0<br>.....2...                                                                          |                                                                                                           |                       |         |              | X                            |        | 215,689                                                              | 0                                                                         | 32,189                                                                                        |
| (21) ALICE K BEARY<br>CRNA   | 40 0<br>.....2...                                                                          |                                                                                                           |                       |         |              | X                            |        | 212,390                                                              | 0                                                                         | 8,950                                                                                         |
| (22) MARY BRYANT<br>CRNA     | 40 0<br>.....2...                                                                          |                                                                                                           |                       |         |              | X                            |        | 211,650                                                              | 0                                                                         | 40,845                                                                                        |
|                              |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                              |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                              |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                              |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

|                                                                          |   |           |           |         |
|--------------------------------------------------------------------------|---|-----------|-----------|---------|
| <b>1b Sub-Total</b> . . . . .                                            | ▶ |           |           |         |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . | ▶ |           |           |         |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           | ▶ | 1,611,685 | 2,309,409 | 808,576 |

**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 ▶ 31

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                                          | (B)<br>Description of services | (C)<br>Compensation |
|-------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| McCarthy Building Companies Inc<br>1341 North Rock Hill Road<br>St Louis, MO 63124        | Construction Services          | 6,376,737           |
| PRAIRIE CARDIOVASCULAR<br>PO BOX 19420<br>SPRINGFIELD, IL 62794                           | PHYSICIAN SERVICES             | 3,368,898           |
| CENTRAL ILLINOIS ASSOCIATES LTD<br>1800 E LAKE SHORE DR<br>STE 2<br>DECATUR, IL 625213810 | ANESTHESIA SERVICES            | 1,961,043           |
| PRISM HEALTHCARE PARTNERS LTD<br>190 S LaSalle St<br>2900<br>Chicago, IL 60603            | Consulting Services            | 1,429,116           |
| INFINITY MEDS LLP<br>111 E WISCONSIN AVE<br>STE 2100<br>MILWAUKEE, WI 532024809           | EMERGENCY SERVICES             | 973,213             |

**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 ▶ 28

**Part VIII** **Statement of Revenue**

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

|                                                                                          |                                                                                                                                                               |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |  |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                        | <b>1a</b> Federated campaigns . . .                                                                                                                           | <b>1a</b>      |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>b</b> Membership dues . . .                                                                                                                                | <b>1b</b>      |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>c</b> Fundraising events . . .                                                                                                                             | <b>1c</b>      |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>d</b> Related organizations                                                                                                                                | <b>1d</b>      | 108,390              |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>e</b> Government grants (contributions)                                                                                                                    | <b>1e</b>      |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                                 | <b>1f</b>      |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____                                                                                            |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>h Total.</b> Add lines 1a-1f . . . . . ▶                                                                                                                   |                | 108,390              |                                                    |                                         |                                                                  |  |
| <b>Program Service Revenue</b>                                                           |                                                                                                                                                               |                | Business Code        |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>2a</b> PATIENT SERVICE REVENUE                                                                                                                             |                | 900099               | 141,407,019                                        | 141,407,019                             |                                                                  |  |
|                                                                                          | <b>b</b> _____                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>c</b> _____                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>d</b> _____                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>e</b> _____                                                                                                                                                |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>f</b> All other program service revenue                                                                                                                    |                |                      | 0                                                  | 0                                       | 0                                                                |  |
|                                                                                          | <b>g Total.</b> Add lines 2a-2f . . . . . ▶                                                                                                                   |                | 141,407,019          |                                                    |                                         |                                                                  |  |
| <b>Other Revenue</b>                                                                     | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶                                                          |                | 919,238              |                                                    |                                         | 919,238                                                          |  |
|                                                                                          | <b>4</b> Income from investment of tax-exempt bond proceeds ▶                                                                                                 |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>5</b> Royalties . . . . . ▶                                                                                                                                |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>6a</b> Gross rents                                                                                                                                         | (i) Real       | (ii) Personal        |                                                    |                                         |                                                                  |  |
|                                                                                          |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>b</b> Less rental expenses                                                                                                                                 |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>c</b> Rental income or<br>(loss)                                                                                                                           |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>d</b> Net rental income or (loss) . . . . . ▶                                                                                                              |                | 116,855              |                                                    |                                         | 116,855                                                          |  |
|                                                                                          | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                                                                                     | (i) Securities | (ii) Other           |                                                    |                                         |                                                                  |  |
|                                                                                          |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>b</b> Less cost or<br>other basis and<br>sales expenses                                                                                                    |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>c</b> Gain or (loss)                                                                                                                                       |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>d</b> Net gain or (loss) . . . . . ▶                                                                                                                       |                | 5,645,991            |                                                    |                                         | 5,645,991                                                        |  |
|                                                                                          | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . <b>a</b> |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>b</b> Less direct expenses . . . . . <b>b</b>                                                                                                              |                |                      |                                                    |                                         |                                                                  |  |
|                                                                                          | <b>c</b> Net income or (loss) from fundraising events . . . ▶                                                                                                 |                |                      |                                                    |                                         |                                                                  |  |
| <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . . <b>a</b> |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
| <b>b</b> Less direct expenses . . . . . <b>b</b>                                         |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
| <b>c</b> Net income or (loss) from gaming activities . . . ▶                             |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . <b>a</b>       |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
| <b>b</b> Less cost of goods sold . . . <b>b</b>                                          |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . ▶                            |                                                                                                                                                               |                |                      |                                                    |                                         |                                                                  |  |
| Miscellaneous Revenue                                                                    |                                                                                                                                                               | Business Code  |                      |                                                    |                                         |                                                                  |  |
| <b>11a</b> Anesthesia Lease Income                                                       |                                                                                                                                                               | 900099         | 2,022,127            |                                                    |                                         | 2,022,127                                                        |  |
| <b>b</b> Medical Records                                                                 |                                                                                                                                                               | 900099         | 61,497               |                                                    |                                         | 61,497                                                           |  |
| <b>c</b> AUXILIARY GIFT SHOP                                                             |                                                                                                                                                               | 453220         | 33,077               |                                                    |                                         | 33,077                                                           |  |
| <b>d</b> All other revenue . . . . .                                                     |                                                                                                                                                               |                | 955,517              | 0                                                  | 0                                       | 955,517                                                          |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                            |                                                                                                                                                               |                | 3,072,218            |                                                    |                                         |                                                                  |  |
| <b>12 Total revenue.</b> See Instructions . . . . . ▶                                    |                                                                                                                                                               |                | 151,269,711          | 141,407,019                                        | 0                                       | 9,754,302                                                        |  |

**Part IX Statement of Functional Expenses**

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

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

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

|                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    |                       |                                 |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                         |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 662,208               | 0                               | 662,208                                | 0                           |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                | 43,368,481            | 33,683,119                      | 9,685,362                              |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                     | 321,252               | 246,529                         | 74,723                                 |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                 | 11,166,920            | 8,674,996                       | 2,491,924                              |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                          | 2,936,783             | 2,253,687                       | 683,096                                |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management.                                                                                                                                                                                                                              | 2,893,644             |                                 | 2,893,644                              |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                   | 116,730               |                                 | 116,730                                |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                | 29,009                |                                 | 29,009                                 |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                              | 73,524                |                                 | 73,524                                 |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 24,286,746            | 15,906,295                      | 8,380,451                              | 0                           |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                              | 805,510               | 47,261                          | 758,249                                |                             |
| <b>13</b> Office expenses.                                                                                                                                                                                                                        | 19,009,178            | 18,790,660                      | 218,518                                |                             |
| <b>14</b> Information technology.                                                                                                                                                                                                                 | 5,485,984             | 5,485,984                       |                                        |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                              | 1,601,016             | 225,252                         | 1,375,764                              |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                 | 82,360                | 24,715                          | 57,645                                 |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                 | 116,441               | 59,193                          | 57,248                                 |                             |
| <b>20</b> Interest.                                                                                                                                                                                                                               | 386,677               |                                 | 386,677                                |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                              | 4,041,374             | 2,409,031                       | 1,632,343                              |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                              | 1,138,292             | 1,031,868                       | 106,424                                |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |                                        |                             |
| <b>a</b> MEDICAID TAX ASSESSMENT                                                                                                                                                                                                                  | 3,695,519             | 3,695,519                       |                                        |                             |
| <b>b</b> BAD DEBT EXPENSE                                                                                                                                                                                                                         | 3,203,862             | 3,203,862                       |                                        |                             |
| <b>c</b> LEASE/RENTALS                                                                                                                                                                                                                            | 1,972,117             | 1,749,754                       | 222,363                                |                             |
| <b>d</b> Purchased Services/Maintenance & Repairs                                                                                                                                                                                                 | 1,964,947             | 1,676,719                       | 288,228                                |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                       | 2,101,452             | 353,119                         | 1,748,333                              | 0                           |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 131,460,026           | 99,517,563                      | 31,942,463                             | 0                           |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

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

|                                    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |             | (A)<br>Beginning of year |             | (B)<br>End of year |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                      | <b>1</b>                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     |             | 0                        | <b>1</b>    |                    |
|                                    | <b>2</b>                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |             | 18,083,647               | <b>2</b>    | 12,174,561         |
|                                    | <b>3</b>                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |             | 0                        | <b>3</b>    |                    |
|                                    | <b>4</b>                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |             | 28,752,275               | <b>4</b>    | 22,378,820         |
|                                    | <b>5</b>                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |             | 0                        | <b>5</b>    | 0                  |
|                                    | <b>6</b>                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |             |                          | <b>6</b>    | 0                  |
|                                    | <b>7</b>                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |             | 0                        | <b>7</b>    |                    |
|                                    | <b>8</b>                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |             | 4,539,938                | <b>8</b>    | 4,681,871          |
|                                    | <b>9</b>                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |             | 369,936                  | <b>9</b>    | 265,090            |
|                                    | <b>10a</b>                                                                                                                                                 | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                                      | <b>10a</b>  | 182,331,721              |             |                    |
|                                    | <b>b</b>                                                                                                                                                   | Less: accumulated depreciation                                                                                                                                                                                                                                                                                                          | <b>10b</b>  | 117,575,482              |             |                    |
|                                    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |             | 56,671,566               | <b>10c</b>  | 64,756,239         |
|                                    | <b>11</b>                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                        |             | 330,824,935              | <b>11</b>   | 352,764,174        |
|                                    | <b>12</b>                                                                                                                                                  | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |             | 0                        | <b>12</b>   |                    |
|                                    | <b>13</b>                                                                                                                                                  | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                             |             | 0                        | <b>13</b>   |                    |
|                                    | <b>14</b>                                                                                                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                             |             | 0                        | <b>14</b>   |                    |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .                                                                                                               |                                                                                                                                                                                                                                                                                                                                         | 1,504,407   | <b>15</b>                | 1,224,791   |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                                         | 440,746,704 | <b>16</b>                | 458,245,546 |                    |
| <b>Liabilities</b>                 | <b>17</b>                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                         |             | 7,259,388                | <b>17</b>   | 9,338,998          |
|                                    | <b>18</b>                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                                |             | 0                        | <b>18</b>   |                    |
|                                    | <b>19</b>                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                              |             | 0                        | <b>19</b>   |                    |
|                                    | <b>20</b>                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                   |             | 22,462,511               | <b>20</b>   | 21,154,798         |
|                                    | <b>21</b>                                                                                                                                                  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                         |             | 0                        | <b>21</b>   |                    |
|                                    | <b>22</b>                                                                                                                                                  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                          |             |                          | <b>22</b>   | 0                  |
|                                    | <b>23</b>                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                |             | 2,376,120                | <b>23</b>   | 2,212,632          |
|                                    | <b>24</b>                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                  |             | 0                        | <b>24</b>   |                    |
|                                    | <b>25</b>                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .                                                                                                                                                         |             | 29,982,099               | <b>25</b>   | 16,964,754         |
|                                    | <b>26</b>                                                                                                                                                  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                             |             | 62,080,118               | <b>26</b>   | 49,671,182         |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                         |             |                          |             |                    |
|                                    | <b>27</b>                                                                                                                                                  | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                       |             | 376,996,707              | <b>27</b>   | 406,807,890        |
|                                    | <b>28</b>                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |             | 1,491,745                | <b>28</b>   | 1,588,340          |
|                                    | <b>29</b>                                                                                                                                                  | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |             | 178,134                  | <b>29</b>   | 178,134            |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                                         |             |                          |             |                    |
|                                    | <b>30</b>                                                                                                                                                  | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                            |             | 0                        | <b>30</b>   |                    |
|                                    | <b>31</b>                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                               |             | 0                        | <b>31</b>   |                    |
|                                    | <b>32</b>                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                              |             | 0                        | <b>32</b>   |                    |
|                                    | <b>33</b>                                                                                                                                                  | <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                                                                                                                                      |             | 378,666,586              | <b>33</b>   | 408,574,364        |
|                                    | <b>34</b>                                                                                                                                                  | <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                                                                                                                                                                                                         |             | 440,746,704              | <b>34</b>   | 458,245,546        |

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

|           |                                                                                                               |           |             |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 151,269,711 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 131,460,026 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 19,809,685  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 378,666,586 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  | 7,966,279   |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |             |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  | 2,131,814   |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 408,574,364 |

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

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

**Additional Data**

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 37-0661233  
**Name:** St Anthony's Memorial Hospital of the Hospital Sisters of  
The Third Order of  
St Francis

Form 990 (2017)

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

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

Employer identification number

37-0661233

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| Total                              |          |                                                                                |                                                             |    |                                                   |                                                 |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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.)

1117 If the organization fails to qualify under the tests noted below, please complete Part 1117.

| Section A. Public Support                                                                                                                                                                                    |          |          |          |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                             | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")                                                                                                    |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                         |                                                                                                                                                                                                                                  |         |         |         |         |         |          |  |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|--|
| Calendar year<br>(or fiscal year beginning in) ► |                                                                                                                                                                                                                                  | (a)2013 | (b)2014 | (c)2015 | (d)2016 | (e)2017 | (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                                               | <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                                     |         |         |         |         |         |          |  |
| 12                                               | Gross receipts from related activities, etc (see instructions)                                                                                                                                                                   |         |         |         |         |         | 12       |  |
| 13                                               | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/> |         |         |         |         |         |          |  |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 14                                                  | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                          | 14 |
| 15                                                  | Public support percentage for 2016 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                                 | 15 |
| 16a                                                 | <b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>                                                                                                                                                                            |    |
| b                                                   | <b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>                                                                                                                                                                       |    |
| 17a                                                 | <b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>      |    |
| b                                                   | <b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span> |    |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>                                                                                                                                                                                                                                                               |    |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                          | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                  |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>                                                                                                                                                                            |           | (A) Prior Year | (B) Current Year (optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b>  |                |                             |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>  |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              | <b>8</b>  |                |                             |
| <b>Section B - Minimum Asset Amount</b>                                                                                                                                                                           |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)                                                                           | <b>1</b>  |                |                             |
| <b>a</b> Average monthly value of securities                                                                                                                                                                      | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances                                                                                                                                                                            | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                         | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)                                                                                                                            |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets                                                                                                                                             | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d                                                                                                                                                                             | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                                                                                           | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035                                                                                                                                                                                  | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                              | <b>8</b>  |                |                             |
| <b>Section C - Distributable Amount</b>                                                                                                                                                                           |           |                | Current Year                |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | <b>1</b>  |                |                             |
| <b>2</b> Enter 85% of line 1                                                                                                                                                                                      | <b>2</b>  |                |                             |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | <b>3</b>  |                |                             |
| <b>4</b> Enter greater of line 2 or line 3                                                                                                                                                                        | <b>4</b>  |                |                             |
| <b>5</b> Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>  |                |                             |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                                    | <b>6</b>  |                |                             |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).                                |           |                |                             |

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

| <b>Section D - Distributions</b>                                                                                                                          | <b>Current Year</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                            |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                            |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                        |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                        |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions                                                                               |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6                                                                                                |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b> Distributable amount for 2017 from Section C, line 6                                                                                             |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                          |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>                                                                                                                     | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2017</b> | <b>(iii)<br/>Distributable<br/>Amount for 2017</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b> Distributable amount for 2017 from Section C, line 6                                                                                                                      |                                     |                                                 |                                                    |
| <b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions                                                     |                                     |                                                 |                                                    |
| <b>3</b> Excess distributions carryover, if any, to 2017                                                                                                                           |                                     |                                                 |                                                    |
| <b>a</b>                                                                                                                                                                           |                                     |                                                 |                                                    |
| <b>b</b> From 2013. . . . .                                                                                                                                                        |                                     |                                                 |                                                    |
| <b>c</b> From 2014. . . . .                                                                                                                                                        |                                     |                                                 |                                                    |
| <b>d</b> From 2015. . . . .                                                                                                                                                        |                                     |                                                 |                                                    |
| <b>e</b> From 2016. . . . .                                                                                                                                                        |                                     |                                                 |                                                    |
| <b>f</b> Total of lines 3a through e                                                                                                                                               |                                     |                                                 |                                                    |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                              |                                     |                                                 |                                                    |
| <b>h</b> Applied to 2017 distributable amount                                                                                                                                      |                                     |                                                 |                                                    |
| <b>i</b> Carryover from 2012 not applied (see instructions)                                                                                                                        |                                     |                                                 |                                                    |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                                           |                                     |                                                 |                                                    |
| <b>4</b> Distributions for 2017 from Section D, line 7 \$                                                                                                                          |                                     |                                                 |                                                    |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                              |                                     |                                                 |                                                    |
| <b>b</b> Applied to 2017 distributable amount                                                                                                                                      |                                     |                                                 |                                                    |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4                                                                                                                                 |                                     |                                                 |                                                    |
| <b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions |                                     |                                                 |                                                    |
| <b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions                        |                                     |                                                 |                                                    |
| <b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c                                                                                                               |                                     |                                                 |                                                    |
| <b>8</b> Breakdown of line 7                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>a</b> Excess from 2013. . . . .                                                                                                                                                 |                                     |                                                 |                                                    |
| <b>b</b> Excess from 2014. . . . .                                                                                                                                                 |                                     |                                                 |                                                    |
| <b>c</b> Excess from 2015. . . . .                                                                                                                                                 |                                     |                                                 |                                                    |
| <b>d</b> Excess from 2016. . . . .                                                                                                                                                 |                                     |                                                 |                                                    |
| <b>e</b> Excess from 2017. . . . .                                                                                                                                                 |                                     |                                                 |                                                    |

Additional Data

Software ID: 17005876  
Software Version: 2017v2.2  
EIN: 37-0661233  
Name: St Anthony's Memorial Hospital of the Hospital Sisters of  
The Third Order o  
f St Francis

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

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

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

**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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

**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- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1        |             |         |                                                                     |                                                                                                                                            |
| 2        |             |         |                                                                     |                                                                                                                                            |
| 3        |             |         |                                                                     |                                                                                                                                            |
| 4        |             |         |                                                                     |                                                                                                                                            |
| 5        |             |         |                                                                     |                                                                                                                                            |
| 6        |             |         |                                                                     |                                                                                                                                            |

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

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

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

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

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

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

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

**d** Other exempt purpose expenditures

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

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

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

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

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

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

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

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

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

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

| Calendar year (or fiscal year beginning in)                         | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

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

|           |                                                                                                                                                                                                                              | (a) |    | (b)    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|           |                                                                                                                                                                                                                              | Yes | No | Amount |
| <b>1</b>  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| <b>a</b>  | Volunteers?                                                                                                                                                                                                                  |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     | No |        |
| <b>c</b>  | Media advertisements?                                                                                                                                                                                                        |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public?                                                                                                                                                                             |     | No |        |
| <b>e</b>  | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     | No |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |        |
| <b>i</b>  | Other activities?                                                                                                                                                                                                            | Yes |    | 29,009 |
| <b>j</b>  | Total. Add lines 1c through 1i                                                                                                                                                                                               |     |    | 29,009 |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

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

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

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

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

**Part IV Supplemental Information**

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

| Return Reference                                                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | ST ANTHONY'S HOSPITAL (THE HOSPITAL) IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE ILLINOIS HOSPITAL ASSOCIATION ("IHA"), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, AND THE AMERICAN HOSPITAL ASSOCIATION ("AHA") AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES, WITH PART OF THESE DUES BEING ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID. THE ASSOCIATIONS THE HOSPITAL PAYS ARE AS FOLLOWS: - AMERICAN HOSPITAL ASSOCIATION ("AHA") AT 22.98% LOBBYING EXPENSE - CATHOLIC HEALTH ASSOCIATION ("CHA") AT 3.93% LOBBYING EXPENSE - ILLINOIS HOSPITAL ASSOCIATION ("IHA") AT 38.00% LOBBYING EXPENSE - NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE AT 15.00% LOBBYING EXPENSE. THE TOTAL AMOUNT OF ANNUAL DUES PAID TO EACH ASSOCIATION IS MULTIPLIED BY THE PERCENTAGE OF DUES ALLOCATED TO LOBBYING EXPENSE TO CALCULATE THE TOTAL LOBBYING EXPENDITURES PAID. |
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | ST ANTHONY'S HOSPITAL (THE HOSPITAL) IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE ILLINOIS HOSPITAL ASSOCIATION ("IHA"), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, AND THE AMERICAN HOSPITAL ASSOCIATION ("AHA") AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES, WITH PART OF THESE DUES BEING ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID. THE ASSOCIATIONS THE HOSPITAL PAYS ARE AS FOLLOWS: - AMERICAN HOSPITAL ASSOCIATION ("AHA") AT 22.98% LOBBYING EXPENSE - CATHOLIC HEALTH ASSOCIATION ("CHA") AT 3.93% LOBBYING EXPENSE - ILLINOIS HOSPITAL ASSOCIATION ("IHA") AT 38.00% LOBBYING EXPENSE - NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE AT 15.00% LOBBYING EXPENSE. THE TOTAL AMOUNT OF ANNUAL DUES PAID TO EACH ASSOCIATION IS MULTIPLIED BY THE PERCENTAGE OF DUES ALLOCATED TO LOBBYING EXPENSE TO CALCULATE THE TOTAL LOBBYING EXPENDITURES PAID. |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number  
37-0661233

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

|                                                                                                                                            | Held at the End of the Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| a 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property                                                                         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                         | 1,931,097                            | 768,477                         |                              | 2,699,574      |
| b Buildings                                                                                     | 212,144                              | 69,827,558                      | 33,519,436                   | 36,520,266     |
| c Leasehold improvements                                                                        |                                      | 326,265                         | 75,501                       | 250,764        |
| d Equipment                                                                                     |                                      | 81,346,646                      | 67,479,142                   | 13,867,504     |
| e Other                                                                                         |                                      | 27,919,534                      | 16,501,403                   | 11,418,131     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 64,756,239     |

Part VII

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

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

Part VIII

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

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

Part IX

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

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

Part X

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

| 1. (a) Description of liability                                     | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            |                |
| PENSION BENEFIT LIABILITY                                           | 7,963,098      |
| RETIRE OBLIGATION-ASBESTOS                                          | 507,700        |
| BLUE CROSS SETTLEMENT                                               | 1,674,504      |
| SETTLEMENT-HSHS BC (EMP)                                            | 28,035         |
| Medicare Settlement                                                 | 63,609         |
| Settlement value of interest rate SWAP                              | 6,727,808      |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 16,964,754     |

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

☒

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

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 37-0661233  
**Name:** St Anthony's Memorial Hospital of the Hospital Sisters of  
The Third Order o  
f St Francis

## Supplemental Information

| Return Reference                                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule D, Part X, Line 2 FIN<br>48 (ASC 740) footnote | <p>HSHS and the Foundation are Illinois not-for-profit organizations as described in Section 501(c) (3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Kiara, Inc. is an Illinois for-profit corporation that recognizes income taxes under the asset-and-liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the consolidated financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not that Kiara, Inc. will not realize the majority of the benefits of these deductible differences. Full valuation allowances have been applied against the deferred tax assets attributable to the net operating loss carryforwards not realized as of June 30, 2018 and 2017 in the accompanying consolidated financial statements due to the uncertainty of realization. HSHS recognizes the tax benefit from an uncertain tax position only if it is more likely than not the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of June 30, 2018 and 2017, HSHS does not have any liabilities for unrecognized tax benefits.</p> |

|                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 990)</b><br><br>Department of the Treasury<br>Internal Revenue Service                       | <h1 style="margin:0;">Hospitals</h1> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b><br/>                 ► <b>Attach to Form 990.</b><br/>                 ► <b>Information about Schedule H (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b></p> | OMB No 1545-0047<br><br><div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div> Open to Public Inspection |
| <b>Name of the organization</b><br>St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis |                                                                                                                                                                                                                                                                                                                                                      | <b>Employer identification number</b><br>37-0661233                                                                              |

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a                                                                                                                                                                                                                                                                                                                           | <b>1a</b> | Yes |    |
| <b>b</b> If "Yes," was it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                         | <b>1b</b> | Yes |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year                                                                                                                                                                                                                           |           |     |    |
| <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities                                                                                                                                                                                                      |           |     |    |
| <b>3</b> 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                                                                                                                                                                                                                                                                    |           |     |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %                                              | <b>3a</b> | Yes |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 % | <b>3b</b> | Yes |    |
| <b>c</b> 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                                                                       |           |     |    |
| <b>4</b> 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"?                                                                                                                                                                                                                                           | <b>4</b>  | Yes |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?                                                                                                                                                                                                                                                                                                 | <b>5a</b> | Yes |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?                                                                                                                                                                                                                                                                                                                                           | <b>5b</b> | Yes |    |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?                                                                                                                                                                                                                                                 | <b>5c</b> |     | No |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?                                                                                                                                                                                                                                                                                                                                                        | <b>6a</b> | Yes |    |
| <b>b</b> If "Yes," did the organization make it available to the public?                                                                                                                                                                                                                                                                                                                                                                      | <b>6b</b> | 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 |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1)                                           |                                                 |                               | 1,992,352                           |                               | 1,992,352                         | 1 52 %                       |
| <b>b</b> Medicaid (from Worksheet 3, column a)                                                     |                                                 |                               | 10,755,155                          | 4,805,601                     | 5,949,554                         | 4 53 %                       |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |                                                 |                               |                                     |                               | 0                                 | 0 %                          |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                           | 0                                               | 0                             | 12,747,507                          | 4,805,601                     | 7,941,906                         | 6 04 %                       |
| <b>Other Benefits</b>                                                                              |                                                 |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) |                                                 |                               | 580,178                             | 926                           | 579,252                           | 0 44 %                       |
| <b>f</b> Health professions education (from Worksheet 5)                                           |                                                 |                               | 468,550                             |                               | 468,550                           | 0 36 %                       |
| <b>g</b> Subsidized health services (from Worksheet 6)                                             |                                                 |                               |                                     |                               | 0                                 | 0 %                          |
| <b>h</b> Research (from Worksheet 7)                                                               |                                                 |                               |                                     |                               | 0                                 | 0 %                          |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |                                                 |                               | 391,129                             |                               | 391,129                           | 0 30 %                       |
| <b>j Total.</b> Other Benefits                                                                     | 0                                               | 0                             | 1,439,857                           | 926                           | 1,438,931                         | 1 09 %                       |
| <b>k Total.</b> Add lines 7d and 7j                                                                | 0                                               | 0                             | 14,187,364                          | 4,806,527                     | 9,380,837                         | 7 14 %                       |

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

|                                                                    | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--------------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>2</b> Economic development                                      |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>3</b> Community support                                         |                                                 |                               | 103                                  |                               | 103                                | 0 %                          |
| <b>4</b> Environmental improvements                                |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>5</b> Leadership development and training for community members |                                                 |                               | 6,330                                |                               | 6,330                              | 0 %                          |
| <b>6</b> Coalition building                                        |                                                 |                               | 1,996                                |                               | 1,996                              | 0 %                          |
| <b>7</b> Community health improvement advocacy                     |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>8</b> Workforce development                                     |                                                 |                               | 77,909                               |                               | 77,909                             | 0 06 %                       |
| <b>9</b> Other                                                     |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>10 Total</b>                                                    | 0                                               | 0                             | 86,338                               | 0                             | 86,338                             | 0 07 %                       |

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

**Section A. Bad Debt Expense**

|                                                                                                                                                                                                                                                                                                                                                |          | Yes       | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?                                                                                                                                                                                                         | <b>1</b> | Yes       |    |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.                                                                                                                                                                                         | <b>2</b> | 3,203,862 |    |
| <b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | <b>3</b> | 0         |    |
| <b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.                                                                                                                   |          |           |    |

**Section B. Medicare**

|                                                                                                                                                                                                                                                                                     |                                                          |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME).                                                                                                                                                                                                        | <b>5</b>                                                 | 36,831,325                     |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.                                                                                                                                                                                                     | <b>6</b>                                                 | 53,886,029                     |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).                                                                                                                                                                                                           | <b>7</b>                                                 | -17,054,704                    |
| <b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. |                                                          |                                |
| <input type="checkbox"/> Cost accounting system                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>1</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>2</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>3</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>4</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>5</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>6</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>7</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>8</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>9</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>10</b>                                                                                                               |                                               |                                                  |                                                                                    |                                               |
| <b>11</b>                                                                                                               |                                               |                                                  |                                                                                    |                                               |
| <b>12</b>                                                                                                               |                                               |                                                  |                                                                                    |                                               |
| <b>13</b>                                                                                                               |                                               |                                                  |                                                                                    |                                               |

**Part V Facility Information****Section A. Hospital Facilities**

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

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

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

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

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

1

**Community Health Needs Assessment**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes           | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .                                                                                                                                                                                                                                                                    | <b>1</b>      | No |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .                                                                                                                                                                                                                                       | <b>2</b>      | No |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)                                                                                                                                                                                      | <b>3</b> Yes  |    |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                           |               |    |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                           |               |    |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community                                                                                                                                                                                                                                                                                   |               |    |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                                   |               |    |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                           |               |    |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                                 |               |    |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                                     |               |    |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                          |               |    |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)                                                                                                                                                                                                                                                                                             |               |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                      |               |    |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u>                                                                                                                                                                                                                                                                                                                                                                              |               |    |
| <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | <b>5</b> Yes  |    |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .                                                                                                                                                                                                                                                                                                | <b>6a</b>     | No |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .                                                                                                                                                                                                                                                                                     | <b>6b</b> Yes |    |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)                                                                                                                                                                                                                                                                         | <b>7</b> Yes  |    |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.stanthonyshospital.org/www-sae/media/PDF-Documents/2018-Community-Health-Needs-Assessmen</u>                                                                                                                                                                                                                                                                      |               |    |
| <b>b</b> <input type="checkbox"/> Other website (list url) _____                                                                                                                                                                                                                                                                                                                                                                                                     |               |    |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                               |               |    |
| <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                           |               |    |
| <b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .                                                                                                                                                                                                                                                           | <b>8</b> Yes  |    |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>                                                                                                                                                                                                                                                                                                                                                            |               |    |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br><u>https://www.stanthonyshospital.org/www-sae/media/PDF-Documents/2018-Implementation-Plan.pdf</u>                                                                                                                                                                                                                                              | <b>10</b> Yes |    |
| <b>a</b> If "Yes" (list url) <u>Implementation-Plan.pdf</u>                                                                                                                                                                                                                                                                                                                                                                                                          |               |    |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .                                                                                                                                                                                                                                                                                                                                        | <b>10b</b>    |    |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed                                                                                                                                                                                                        |               |    |
| <b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .                                                                                                                                                                                                                                                                                             | <b>12a</b>    | No |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .                                                                                                                                                                                                                                                                                                                                                  | <b>12b</b>    |    |
| <b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____                                                                                                                                                                                                                                                                                               |               |    |

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

ST ANTHONY'S MEMORIAL HOSPITAL

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

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

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

ST ANTHONY'S MEMORIAL HOSPITAL

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

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

**Policy Relating to Emergency Medical Care**

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

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

ST ANTHONY'S MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

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

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

[illegible]

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

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

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

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                                                      | Explanation |
|----------------------------------------------------------------------------------------------|-------------|
| Schedule H, Part I, Line 7f BAD DEBT EXPENSES EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION | 3,203,862   |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI Section 501(R)<br>Information | IN JANUARY 2015, THE ORGANIZATION ENGAGED A LAW FIRM TO REVIEW AND REVISE ITS FINANCIAL ASSISTANCE POLICY TO MEET THE REQUIREMENTS OF TREASURY REGULATIONS ISSUED UNDER SECTION 501(R) THE HOSPITAL BEGAN TO FOLLOW THAT REVISED POLICY DURING 2015, HOWEVER IT WAS NOT FORMALLY APPROVED UNTIL OCTOBER 2017 TO ENSURE FULL COMPLIANCE WITH SECTION 501(R) AND THE TREASURY REGULATIONS ISSUED THEREUNDER, IN NOVEMBER 2017 THE ORGANIZATION ENGAGED AN OUTSIDE CONSULTANT TO REVIEW ALL APPLICABLE POLICIES AND PRACTICES AND CONTINUES TO MONITOR COMPLIANCE WITH 501(R) ON A REGULAR BASIS |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part I, Line 7 Costing<br>Methodology used to calculate financial<br>assistance | TO DETERMINE THE ACTUAL COST OF THESE SERVICES, THE HOSPITAL USES A COST-TO-CHARGE RATIO<br>(derived from the IRS Schedule H - Worksheet 2) BASED ON OUR AUDITED FINANCIAL STATEMENTS TO<br>CALCULATE THE AMOUNTS REPORTED ON LINES 7A THROUGH 7I THE BAD DEBT EXPENSE INCLUDED ON<br>FORM 990, PART IX, LINE 25, COLUMN (A) WAS SUBTRACTED PRIOR TO AND FOR THE PURPOSE OF<br>CALCULATING THE PERCENTAGE IN PART I, LINE 7, COLUMN (F) IS \$3,203,862 |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part II Community Building Activities | <p>Coalition Building Organized by the Effingham County Chamber of Commerce, St Anthony's is part of the Impact 2030 Beyond the Vision community initiative Impact 2030 builds on Effingham County's original Vision 2020 project, a grassroots, county-wide effort to proactively build a positive future and improve the quality of life for its residents Community leaders serve as team leaders with St Anthony's community benefit representatives leading the Safe/Healthy People team Other Impact 2030 teams include Connect Community, Vibrant Economy, Creative Learning Culture, Strong Community and Quality Environment This coalition meets monthly with the goal to build a bright future for all residents of Effingham County St Anthony's leadership team and colleagues work with other community organizations to promote the overall health and quality of life for the individuals they serve St Anthony's CEO works with the local Creating Entrepreneurial Opportunities (CEO) organization mentoring local youth This organization provides entrepreneurship education to prepare youth to be responsible, enterprising individuals who become entrepreneurs or entrepreneurial thinkers and contribute to economic development and sustainable communities St Anthony's CNO takes part in the 100+ Women Who Care of Effingham County, a program of Southeastern Illinois Community Foundation, dedicated to making a positive impact on Effingham County, and volunteered at the Big Heart Foundation benefit, an organization that provides high school athletes free heart screenings Community benefit staff attended a "Teach to Lead" summit hosted by the Effingham school district The summit invited key stakeholders in the community to learn about the Leadership, Creativity and Innovation Project and how they can help the continued growth of this effort Community Support Each year a Cancer Survivor's Dinner is held in recognition of National Cancer Survivors Day hosted by Crossroads Cancer Center St Anthony's colleagues volunteer their time at this annual event that honors local cancer patients Workforce Development St Anthony's partners with the Eastern Illinois Education for Employment System (EIEFES) to provide classroom space for their health occupations program During this year-long course, students also participate in the direct care of patients, work alongside medical and administrative staff in the hospital as well as in several local nursing homes The health occupations program is a health science technology program designed primarily for high school seniors who are interested in pursuing a career in a health care field Students who successfully complete this course are eligible to take the Basic Nurse Assistant Competency Exam In addition, the hospital offers a job shadowing program to high school and college students This program gives students the opportunity to shadow hospital colleagues in their various roles Students obtain firsthand knowledge about their future career path Through these programs, St Anthony's gives young adults in the community access to educational and job opportunities Community Building activities included attending the Illinois Hospital Association Advocacy Day where staff and other local health care organizations met with our legislators to discuss health care legislation</p> |

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | THE HOSPITAL STRONGLY BELIEVES THAT ITS CHARITY CARE, AND THE RELATED COMMUNITY BENEFIT OBTAINED FROM SUCH CARE, IS UNDERSTATED BECAUSE OF THOSE PATIENTS WHO POTENTIALLY QUALIFY FOR CHARITY CARE BUT DO NOT WISH TO APPLY FOR IT IN ADDITION, SOME CARE IS NOT CLASSIFIED AS CHARITY BECAUSE OF MISSING DOCUMENTATION ON PATIENT RESOURCES THUS, THE HOSPITAL'S BAD DEBT INCLUDES A PORTION THAT COULD BE CLASSIFIED AS CHARITY CARE IF APPLICATION FOR SUCH CARE WAS SOUGHT AND/OR COMPLETED While the hospital feels their bad debt expense includes amounts attributable to patients who would qualify for financial assistance under the hospital's financial assistance policy, the hospital is unable to estimate this amount |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                                      | Explanation                                                                                                                                                       |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE CAN BE FOUND ON PAGE 20 OF THE HSHS CONSOLIDATED AUDIT REPORT |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                                                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 8<br>Community benefit & methodology for determining medicare costs | <p>The hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital leadership continually advocates for improved Medicare payment so that the cost of quality care to those patients who are not able to afford it is not compromised and is fairly subsidized by all payers. The IRS does not classify this shortfall in Medicare payments as Community Benefit. However, we believe it is an important contribution made by the hospital to the health and well-being of the community. If the Medicare program did not exist, many Medicare patients would be eligible for financial assistance or other means-tested government programs. Further, by absorbing this shortfall and providing care below cost to these individuals, the hospital is relieving the burden of government. Accordingly, this shortfall restricts the hospital's ability to make funds available to provide for financial assistance and other Community Benefit. The hospital's Medicare shortfall at cost for fiscal year 2018 was \$17,054,704.</p> |

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

| Form and Line Reference                             | Explanation                                                                                                   |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16a FAP website | - ST ANTHONY'S MEMORIAL HOSPITAL Line 16a URL <a href="http://www.hshs.org/fap">http //www hshs org/fap</a> , |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                         | Explanation                                                                                                   |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16b FAP Application website | - ST ANTHONY'S MEMORIAL HOSPITAL Line 16b URL <a href="http://www.hshs.org/fap">http //www hshs org/fap</a> , |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                                       | Explanation                                                                                                                                         |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16c<br>FAP plain language summary website | - ST ANTHONY'S MEMORIAL HOSPITAL Line 16c URL <a href="http://www.hshs.org/fap">http //www hshs org/fap</a> ,<br>FAP plain language summary website |

| Form and Line Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Schedule H, Part VI, Line 2 Needs assessment | <p>As indicated in Part V, Section C, HSHS St. Anthony's Memorial Hospital conducted a Community Health Needs Assessment in FY2018 (July 1, 2017 through June 30, 2018). Since 2005, HSHS St. Anthony's Memorial Hospital has been involved in needs assessments conducted by the hospital and several other organizations. Health care needs identified by community members involved in a grassroots effort, Vision 2020, to improve quality of life for Effingham County identified health care needs that paralleled those identified by "Checkup 2005" Community Needs Assessment. Members of Vision 2020 eventually joined the "Checkup 2005" Committee to form the Alliance for a Healthier Effingham County that continues today. With the newly formed Effingham County Impact 2030, the Alliance serves as the Safe/Healthy People team for this community initiative. St. Anthony's has several representatives on the Alliance, including the hospital's current Chairperson of its Board of Directors, Director of Quality Support, and the Manager of Community Benefit. In addition to HSHS St. Anthony's involvement, the Alliance membership is comprised of representatives from the county health department, a physicians' office, dental office, Catholic Charities and other social service agencies, community businesses, and area media. Members of the Alliance continue to monitor needs assessments to determine priorities that should continue to be addressed and to include new health priorities. In 2011, a steering committee similar to the Alliance was formed in Jasper County to address health care needs identified in that county. In addition to representatives from St. Anthony's, the Jasper County Steering Committee includes representatives from other health care organizations, area schools, government, community organizations, business and local community members. This committee meets on a regular basis to continue to monitor progress on the needs assessment and provide input on the health care needs in their community. St. Anthony's CEO serves on the board for SAFE (Sexual Assault and Family Emergencies). This organization provides support services for sexual assault victims and family members. SAFE also provides free educational programs for schools and civic groups, as well as professional training. The hospital's newly formed Patient Family Advisory Council gathers insight from community members and hospital colleagues on how to improve patient and family health, while information from surveys gathered from several community programs provides input on how to enhance program offerings. HSHS St. Anthony's Hospital has a systematic and comprehensive strategic planning process that starts with a reaffirmation of the mission, vision and values. The first step of the process is the compilation of the Environmental Strategic Assessment. The Environmental Strategic Assessment helps to identify the potential need for transformational change as it encompasses major market challenges, community health needs assessment, growth strategies/keys to success, physician alignment strategy, and future state (one to three years out). Key participants in the strategic planning process include leadership team, administrative team, physicians, Board of Directors, and HSHS Southern Illinois Division colleagues. Patients participate in the strategic planning process through comments on surveys, letters, phone calls, real-time and social media feedback. In addition, former patients and community members sit on key committees including the quality &amp; patient safety council, the quality care committee, and the Board of Directors itself. IN ADDITION TO CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TRIENNIALLY PER THE PROVISIONS IN THE AFFORDABLE CARE ACT, THE HOSPITAL ROUTINELY ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES IN A VARIETY OF WAYS, INCLUDING REVIEWING THE HEALTH NEEDS ASSESSMENTS OF OTHER HEALTH CARE ORGANIZATIONS IN OUR SERVICE AREA AS WELL AS OUR LOCAL AND STATE HEALTH DEPARTMENTS AND THE UNITED WAY. WE CONTINUALLY REVIEW PRIMARY DATA SUCH AS HOSPITAL AND EMERGENCY DEPARTMENT UTILIZATION AND PATIENT SURVEYS AS WELL AS SECONDARY DATA FROM OUR COUNTY AND STATE PUBLIC HEALTH DEPARTMENTS, THE CENTERS FOR DISEASE CONTROL, COUNTY HEALTH RANKINGS, AND THE BEHAVIORAL RISK FACTORS SURVEY TO NAME A FEW. ON OCCASION, WE WILL ALSO COLLECT PRIMARY DATA THROUGH TELEPHONE AND ELECTRONIC SURVEY INSTRUMENTS. IN ADDITION TO ONGOING PRIMARY AND SECONDARY DATA COLLECTION AND ANALYSIS, THE HOSPITAL REGULARLY ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES THROUGH FEEDBACK RECEIVED FROM ITS INTERNAL ASSESSMENT TEAM, ASSESSMENT ADVISORY TEAM, HOSPITAL LEADERSHIP, STRATEGY DEPARTMENT AND HOSPITAL BOARD MEMBERS. AS PART OF THE THREE-YEAR IMPLEMENTATION PLAN, THE HOSPITAL SHARES ITS PROGRESS TOWARD ACHIEVING ITS SHORT AND LONG TERM INDICATORS IN VARIOUS COMMUNITY VENUES SUCH AS TOWN HALL MEETINGS, COMMUNITY FORUMS, AND CHAMBER OF COMMERCE. ALSO THROUGH VOLUNTEER A</p> |

| Form and Line Reference                      | Explanation                                                                                                                                                                                                                 |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 2 Needs assessment | ND BOARD SERVICE WITH OTHER LOCAL HEALTH CARE, SOCIAL SERVICE AGENCIES, LAW ENFORCEMENT TASK FORCES, AND AREA SCHOOLS, HOSPITAL COLLEAGUES GATHER ONGOING INFORMATION ON THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES |

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

| Form and Line Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Schedule H, Part VI, Line 4 Community Information | <p>Located in rural central Illinois, the hospital defines its primary service area and populations as Effingham and Jasper counties with a combined population of approximately 43,967. HSHS St. Anthony's Memorial Hospital is the only hospital located in its primary service area. The hospital's total service area is Effingham and Jasper counties along with portions of the counties of Clark, Clay, Coles, Crawford, Cumberland, Fayette, Marion, Richland, Shelby and Wayne. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility of assistance. The hospital does not exclude Medically Underserved Areas (MUAs), low income or minority populations from its service area. There are two MUAs in St. Anthony's primary service area of Effingham and Jasper Counties, and six MUAs in its secondary service area. Per the 2015 estimates of the US Census Bureau QuickFacts, the demographic make-up of Effingham County is 97.8% white (non-Hispanic), 1.9% of Hispanic or Latino origin, and 1.5% other. The demographic make-up of Jasper County is 98.5% white (non-Hispanic), 1.5% of Hispanic or Latino origin, and 0.7% other. The Community Health Needs Assessment (CHNA), using data from the US Census Bureau's American Community Survey 2011 to 2015, indicated that 20.55% of Effingham County and 16.6% of Jasper County of those insured have health insurance coverage through Medicaid (or other means-tested public health insurance). Medicaid accounted for 13.8% of St. Anthony's total revenue in FY18 while the uninsured accounted for 1.98%. US Census Bureau data showed 6.99% of Effingham County and 7.97% of Jasper County residents have no insurance coverage for health care expenses. Within the primary service area, 9.8% of Effingham County residents and 12% of Jasper County residents are living in households with income below the Federal Poverty Level (FPL) according to the US Census Bureau, Small Area Income and Poverty Estimates. According the US Census Bureau, American Community Survey (2010-2015) the median household income for Effingham County is \$53,077 and Jasper County is \$52,608.</p> |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Schedule H, Part VI, Line 5 Promotion of community health | <p>As a healing ministry of the Catholic Church and an affiliate of Hospital Sisters Health System (HSHS), HSHS St. Anthony's Memorial Hospital is committed to delivering high quality, compassionate, and cost-effective health care services to all. Founded in 1875, the hospital brings a healing presence and improves the health of our community, especially those persons who are sick, poor, and disadvantaged. Because of the hospital's mission and heritage, the hospital is dedicated to promoting the health of Effingham and Jasper Counties and surrounding areas. The hospital is governed by a Board of Directors, most of whom reside in the hospital's primary service area and who are neither employees nor independent contractors of the hospital (nor family members thereof). The Board ensures that St. Anthony's is responding to community need. Throughout the 2018 CHNA process, updates were given to the hospital's Board of Directors at their scheduled meetings. The top identified health needs were communicated and a draft of the proposed implementation strategies was shared prior to the Board's final approval of the CHNA and Implementation Plan. Community leaders serve on the Foundation Leadership Council, which ensure the continuing growth, stability and future of health care in the region, by accepting and acknowledging charitable contributions to the hospital. St. Anthony's Auxiliary Executive Committee is a board of volunteers who direct the Auxiliary volunteer program which promotes and advances the welfare of the hospital through services for patients and their families, and fundraising for hospital needs. St. Anthony's also connects with the community through the newly formed Patient Family Advisory Council. This council gathers input from patients and their family members on how to improve patient care. Consistent with its exempt purpose, St. Anthony's has an open medical staff with privileges available to all qualified physicians in the area. The hospital also operates an emergency department that is open 24 hours to all persons regardless of their ability to pay. As a not-for-profit hospital, St. Anthony's reinvests surplus funds to support the mission of the organization and promote the health of the community rather than distributing surplus funds as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, improve patient care, provide medical education and support initiatives designed to promote health and ensure access for all. In February 2018, the first phase of a three-phased renovation of the emergency department began. This renovation will provide more safety, security and privacy for patients in a more efficient design. When completed, this project will expand the emergency department square footage from approximately 8,000 square feet to 13,000 square feet and will include 17 private rooms. A da Vinci Surgical System was purchased by the hospital to enhance surgical services available to patients. Robotic-Assisted da Vinci surgery is a minimally invasive surgery that allows specially trained surgeons to use the da Vinci Surgical System to perform a wide range of delicate and complex operations through a few small incisions. Benefits to patients include shorter hospitalization, reduced risk of infection and faster recovery time. To elevate the level of cancer care in the community, St. Anthony's became an affiliate of MD Anderson Cancer Network, a program of The University of Texas MD Anderson Cancer Center. This collaboration with the network means local patients have access to pioneering evidence-based guidelines, treatment plans and best practices developed by the experts at MD Anderson. To provide care to patients in an outlying community, a St. Anthony's Health Center was opened in Altamont. This health center offers a variety of services, such as lab and imaging testing, nutrition counseling and rehabilitative services to area residents close to home. To assist patients with limited English proficiency, St. Anthony's significantly increased the number of certified CyraCom interpretation phones throughout its facility. These phones are used as the primary interpretation method with patients with medical questions. St. Anthony's partnership with the Liberty University College of Osteopathic Medicine (LUCOM) provides clinical education for their osteopathic medical students. These third-year medical students learn alongside hospital colleagues and Medical Staff during their clinical rotations. St. Anthony's also devotes significant resources to access for patients who cannot afford care, along with other Community Benefits. In FY2018, St. Anthony's provided more than \$X million in Community Benefit, including financial assistance at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health. Additionally, in FY2018, St.</p> |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 5 Promotion of community health | <p>Anthony's provided &lt;\$X X&gt;million (at cost) in uncompensated care to patients who did not qualify for charity care or public assistance and more than&lt; \$XX&gt;million (at cost) in excess of Medicare payment for health care services. St. Anthony's provides a range of Community Benefit initiatives and programs that further our mission and long-standing commitment to our community. In many cases, these Community Benefits would not exist without the leadership role played by St. Anthony's and they often relieve a burden that would otherwise be carried by government.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Schedule H, Part VI, Line 6 Affiliated health care system | <p>Headquartered in Springfield, Illinois, Hospital Sisters Health System (HSHS) is a highly integrated, multi-institutional health care system comprised of 15 hospitals and more than 200 physician practice sites in Illinois and Wisconsin. HSHS is sponsored by Hospital Sisters Ministries (HSM), which is a public juridic person of the Roman Catholic Church. HSHS continues the health care ministries begun by its founders, the Hospital Sisters of St. Francis, more than 140 years ago, in rural and mid-sized communities throughout Illinois and Wisconsin. HSHS provides compassionate, holistic, high quality, and cost-effective health care through its acute care hospitals, physician practices, home health programs, palliative and hospice programs, and community outreach services. In addition, HSHS affiliated hospitals include critical access facilities that offer essential health services that otherwise would not be available in many communities. Our mission calls us to reveal and embody Christ's healing love for all people, and we extend our high quality Franciscan health care ministry beyond the walls of our hospitals by providing community health improvement services with special emphasis on the poor and vulnerable. In addition to providing community health improvement services to the broader community, HSHS cares for everyone who comes to its facilities, regardless of their ability to pay. In tandem with a variety of cross sector community partners, HSHS's Community Benefit initiatives are strategically planned and professionally implemented to improve access to health care services, enhance the health of the community, advance medical or general health care knowledge, and relieve or reduce the burden of government to improve health. In FY2018, HSHS collectively provided \$198.4 million in Community Benefit (9.1% of total hospital expenses). This amount included \$25.7 million provided for Financial Assistance (a.k.a. Charity Care) and \$133.7 million for unreimbursed care provided as part of the Medicaid program. In addition, HSHS hospitals committed significant resources to treat Medicare patients. The cost of providing services to primarily elderly beneficiaries of the Medicare program - in excess of governmental and managed care contract payments - was \$221.5 million. HSHS hospitals also recorded \$45.9 million in uncollectible accounts. While HSHS does not count the latter two amounts as Community Benefit, they nonetheless reflect our commitment to serving all persons in need of care. In addition to the dollars invested in our Community Benefit programs, HSHS continues to reinvest any surplus revenue from operations and investments into new medical technology, facility infrastructure and health care services in our communities. By doing so, we ensure our ability to meet the ongoing demand for high quality, efficient and easily accessible health care.</p> |

## 990 Schedule H, Supplemental Information

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

**Schedule H (Form 990) 2017**

## Additional Data

**Software ID:** 17005876

**Software Version:** 2017v2.2

**EIN:** 37-0661233

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

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

## Section A. Hospital Facilities

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

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

**1**

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

Licensing hospital

General medical &amp; surgical

Children's hospitals

Teaching hospital

Critical access hospital

Research facility;

EH-24 hours

ER-othér

Other (Describe)

### Facility reporting group

1

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

| Form 990 Part V Section C Supplemental Information for Part V, Section B.                                                                                                                                                                                                                                                                                  |                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. |                                                                                                                                                          |
| Form and Line Reference                                                                                                                                                                                                                                                                                                                                    | Explanation                                                                                                                                              |
| Schedule H, Part V, Section B, Line 3E                                                                                                                                                                                                                                                                                                                     | Yes, the significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA process |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 5<br>Facility , 1 | Facility , 1 - HSHS St Anthony's Memorial Hospital Input from Persons Who Represent the Broad Interests of the Community HSHS St Anthony's is committed to addressing community health needs in collaboration with local organizations and other area health care institutions In response to the FY2015 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top identified community health needs access to primary care, chronic disease diabetes, cerebrovascular disease stroke, nutrition and smoking The FY2018 assessment built on that collaboration, actively seeking input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus human, material and financial resources on Input from Community Stakeholders The Effingham County Health Department developed and circulated a paper and electronic survey instrument on behalf of the hospital, in total 783 surveys were received from individuals in the hospital's primary service area The Effingham County Health Department analyzed and provided a summary report of the results of the electronic survey Data collected throughout the assessment process was supplemented with qualitative data gathered through the Alliance for a Greater Effingham County, Jasper County Steering Committee, Effingham County Board of Health, Community Area Service Providers (CASP), HSHS St Anthony's Administrative Team, HSHS St Anthony's Physician Strategy Committee, and HSHS St Anthony's Medical Executive Committee Community stakeholders were asked to actively participate in the CHNA process Preliminary community health data was presented to nineteen participants at the July 13 and August 17 in-person key stakeholder meetings of the Alliance for a Healthier Effingham County and the Jasper County Steering Committee The Effingham County Health Department representatives provided an overview of county demographics, and detailed data on the seven health focus areas identified by the Illinois administrative code for IPLA N from existing data sources Topics included general health and access to health care, maternal and child health indicators, chronic disease indicators, health behaviors, infectious disease indicators, environmental, occupational and injury control and sentinel events The groups then participated in a discussion facilitated by the Effingham County Health Department about the data, progress on previous priority areas, identifying current initiatives and any emerging needs The members of the partnership committee were then asked to participate in sub-committee focus group meetings A total of 34 individuals attended the sub-committee focus group meetings held on November 13, 15 and December 4 and 12 All meetings were moderated and recorded by the Effingham County Health Department Community assets and resources were identified and, based on those assets and resources and additional criteria, the top three communi |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 5<br>Facility , 1 | <p>ty health priorities were ranked and strategies identified to address the health prioritie s Community stakeholders who participated in the CHNA process represented the following a rea organizations and institutions Effingham County Health Department* Jasper County Heal th Department* HSHS St Anthony's Memorial Hospital* Effingham Catholic Charities * Family Care Associates of Effingham, SC* Effingham City Police Department University of Illinois Extension Center* Effingham Unit 40 Schools* Horin Dentistry* Effingham County Committee on Aging* Kingery Printing Company Greater Effingham County Chamber of Commerce Heartland Human Services * Premier Broadcasting Bloomberg Chiropractic* City of Newton* Jasper Unit 1 Schools* Rides Mass Transit District* *Denotes groups representing medically underserved , low-income and minority populations Input from Members of Medically Underserved, Low In come and Minority Populations Hospital Sisters Health System and HSHS St Anthony's are co mmitted to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, promoting the common good, and stewarding resources We believe that the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve To ensure that the needs of these groups were adequately represented, we included representatives from Effingham County Health Department, Jasper County Health De partment, HSHS St Anthony's Memorial Hospital, Effingham Catholic Charities, Family Care Associates of Effingham, SC, University of Illinois Extension Center, Effingham Unit 40 Sc hools, Horin Dentistry, Effingham County Committee on Aging, Heartland Human Services, Blo omberg Chiropractic, City of Newton, Jasper Unit 1 Schools and Rides Mass Transit District These organizations serve the under-resourced in our community, including low-income sen iors, children living in poverty, and families who struggle with shelter and food insecuri ty, the medically underserved and low-income community members Representatives of these o rganizations, who work directly with their constituents, have extensive knowledge and quan tifiable data regarding the needs of their service populations Actively including these o rganizations in the CHNA process was critical to ensure that the needs of the most vulnera ble persons in our communities were being shared and addressed in the CHNA process and dev elopment of related implementation strategies</p> |

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                 |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 6b<br>Facility , 1 | Facility , 1 - HSHS St Anthony's Memorial Hospital The hospital conducted the FY2018 CHNA with the Effingham County Health Department, Jasper County Health Department, Alliance for a Healthier Effingham County, and the Jasper County Steering Committee |

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 7<br>Facility , 1 | Facility , 1 - HSHS St Anthony's Memorial Hospital The CHNA data was gathered into a written report/presentation and shared with community members at in-person focus groups and key stakeholder meetings (described below) Deena Mosbarger with the Effingham County Health Department gave a PowerPoint presentation summarizing the secondary data results and provided a profile report of the secondary data at the July Alliance for a Healthier Effingham County and the August Jasper County Steering Committee meetings Primary data results from the community survey were also shared with both groups Presentations on the data were also given to the HSHS St Anthony's Administrative Team, Effingham County Board of Health, Community Area Service Providers (CASP), HSHS St Anthony's Physician Strategy Committee and the HSHS St Anthony's Medical Executive Committee in the fall of 2017 In addition to the CHNA survey, the Effingham Public Library, Effingham County Chamber of Commerce and CEFS Economic Opportunity Corporation conducted their own community surveys in 2017 A meeting with representatives from these agencies was held at the library in order to share data from all the surveys conducted Results were also shared at HSHS St Anthony's Colleague Town Halls and a news release was distributed to the local news media and posted on social media St Anthony's CHNA report and implementation plan are available to the public by contacting the hospital's community programs department at 217-347-1529 |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Schedule H, Part V, Section B, Line 11<br>Facility , 1 | Facility , 1 - HSHS St Anthony's Memorial Hospital The organization's most recently cond ucted CHNA was completed for the fiscal year ended 6/30/18 The related implementation str ategy that was adopted is for the period July 1, 2018 through June 30, 2021 The informati on below pertains to the 3rd year cycle of the implementation strategy from the CHNA condu cted in the fiscal year 2015 In FY2015, HSHS St Anthony's Memorial Hospital conducted a Community Health Needs Assessment (CHNA) Primary and secondary data was gathered from mul tiple sources to assess the hospital's primary service area Based on the data and the pri oritization process, the following priority community health needs were selected * Access to primary care * Chronic disease diabetes * Cerebrovascular disease stroke * Nutrition * Smoking The FY2015 Implementation Plan outlined the strategies that the hospital would undertake to address the priority community health needs identified through the CHNA proc ess An evaluation of the impact of the actions that were taken in response to the hospita l's FY2015 CHNA follows Access to Care Outcomes The hospital promoted the availability o f the Health Insurance Exchange (HIE) to the community by making available a hospital-base d enrollment counselor during the enrollment period to community members Throughout FY201 8, an enrollment counselor assisted 2,591 individuals with insurance St Anthony's co-spo nsored Effingham Catholic Charities prescription assistance program, an ongoing program th at the hospital has supported since 2000, based on community health priorities Rather tha n establishing their own prescription assistance and duplicating efforts, the hospital par tners with Catholic Charities who already had an excellent program in place to assist thos e in need of prescription medication In FY2018, Catholic Charities was able to help 290 p eople receive the prescription medications they need, thanks to the support of the hospita l A monthly blood pressure program was provided to increase access to care to low-income populations The screening locations were determined based on access to underserved popula tions In FY2018, 530 individuals were served by this program The hospital partnered with Effingham Catholic Charities to provide a dental voucher program for adults 18 years and older who are underinsured or uninsured and in need of an emergency tooth extraction The goal is to increase access to emergency dental care and improve the oral health for the un derserved in the hospital's service area The program facilitates access to the appropriat e care for those individuals needing emergency tooth extraction Those qualifying for the program will also find relief from the burden of paying for emergency, dental and oral sur gery services when they cannot afford to do so The program served 396 patients and provid ed \$93,943 in Community Benefit in FY2018 The hospital provided hearing and vision screen ings free of charge to all Eff |

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Schedule H, Part V, Section B, Line 11<br>Facility , 1 | <p>Effingham County schools and three licensed childcare facilities to assist them in meeting a State of Illinois requirement in FY2018. Under the Illinois Child Vision and Hearing Test Act, 410 ILCS 205/1 et seq., hearing and vision screenings are required annually for all public, private, and parochial schools and licensed childcare facilities at certain grade levels. In previous years, hearing and vision screenings in Effingham County were provided by the Effingham County Health Department, but due to State budget cuts, the health department no longer had the staff to provide the screenings. The hospital provided all the equipment, staffing, as well as handled all the reporting requirements to the State. A certified hearing and vision technician for HSHS St. Anthony's provides the screenings in each location. During the fiscal year, the technician provided 2,941 hearing screenings and 2,204 vision screenings. These screenings identified 10 children who were referred for hearing follow-up and 62 children who were referred for vision follow-up. From the follow-up vision reports received, at least 23 children required glasses or contacts due to their vision issues. From the follow-up hearing reports received, no children needed hearing aids. Free colorectal screenings were offered to promote colorectal health in the community. The goal, in partnership with the American Cancer Society's 80 x 2018 colorectal screening initiative, is to screen 80% of individuals over the age of 50 by 2018. Community screening events were held in February and March 2018 providing a total of 84 screenings. The screenings resulted in 10 positive FIT (fecal immunochemical test) tests. Five completed colonoscopies at St. Anthony's, three with negative results and two with hyperplastic polyps. The other five positive results had follow-up done elsewhere so results were not available. The hospital partnered with the Effingham County Health Department to offer monthly low-cost health screenings - "Working Together for Health." The screenings are available to anyone in the community, especially those with high-deductible insurance plans. In FY2018, 26 individuals were served. The State of Illinois budget cuts reduced funding which assisted Heartland Human Services in paying for a local psychiatrist to serve their clients. To help alleviate gaps in behavioral health care, HSHS St. Anthony's Memorial Hospital partnered with Heartland Human Services in early 2018 to provide funding for a telemedicine psychiatrist, and offering nursing support for the program. The hospital's Clare's Closet continues to collect and provide clothing and hygiene basics to meet the immediate needs of patients or visitors. All colleagues have access to Clare's Closet and are encouraged to use this resource when a patient or visitor needs basic provisions. In FY18, Clare's Closet served 228 individuals. The hospital provided operational funds for the Crisis Nursery of Effingham County. In its first full year</p> |

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Schedule H, Part V, Section B, Line 11<br>Facility , 1 | <p>ar of operation, the Crisis Nursery served 285 families with 1805 total admissions Client s' surveys before and after services showed a 73% decreased level of stress, 90% reduced risk of maltreatment and 92% improvement in parenting skills The nursery provided 4,418 basic need items and made 1987 referrals to community agencies in FY18 Home crisis and parental stress were two of the top reasons for admission In one situation, the nursery worked with a family in a domestic violence situation and an open adoption The staff supported a mother by caring for her children and providing agency referrals so she could safely leave a violent relationship and start over The mother felt the only way to truly keep her children safe and give them the best life possible was to find a permanent loving home with a new family A partnership was established with the Effingham City Police Department to assist with their drug overdose prevention program To relieve or reduce the burden of the local government, the hospital donated to the police department to purchase doses of Narcan in nasal spray form to use in cases of heroin overdoses In June 2014, the State of Illinois passed House Bill 3724, the Lauren Laman CPR &amp; AED Training Law This law requires all high school students to be trained on how to properly administer cardiopulmonary resuscitation and how to use an automated external defibrillator (AED) The hospital offered free CPR training to assist these schools in meeting this state requirement In the FY18 school year, the hospital taught the Heart Saver CPR/AED at nine area schools In total, 310 high school students and 38 teachers were taught CPR and AED use</p> |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Schedule H, Part V, Section B, Line 11<br>Facility , 2 | Facility , 2 - HSHS St Anthony's Memorial Hospital In addition to the partnership projec ts with members of the Alliance and the annual programs referenced above, the hospital off ers numerous programs free of charge to residents in area communities to increase access t o health care services including but not limited to Breastfeeding Support Group, Bridges for Healing Hearts Monthly Support Group, Caregiver Symposium, community presentations on nutrition, exercise, poison prevention, children's health, hand hygiene and oral hygiene, community CPR classes, Continental Mills Health Fair, Effingham Senior Center Health Fair, Family Fun Fair, Go! Healthy - Children's Summer Wellness Education Program, Healing the Grieving Heart Support Group, High School Free Heart Screenings, Illinois Senators' Senior Health Fair, Jasper County Health Dept Health Fair, Kid's Safety Days, Kluthe Pool Sun S afety Station, Little Lambs Community Helper Health Fair, Newton Dynegy Power Station Empl oyee Health Fair, Prenatal Classes (Having A Baby Class 1-3, Breastfeeding and New Brother /New Sister), Walk with a Doc Program, Breast Cancer Support Group, Look Good/Feel Better Program, Women's Wellness Wig Bank, Workman Sports Complex Health Fair, and emergency assi stance for transportation, lodging, medication and meals Chronic Disease Diabetes Outcom es Following the FY2015 Community Health Needs Assessment (CHNA), it was discovered that diabetes prevalence in Jasper County exceeded the state average consistently between 2007 and 2011 with a most recent prevalence of 10.8%. Effingham County prevalence between 2007 and 2011 was similar to the state rate. However, among Medicare enrollees, the prevalence of diabetes in Jasper County and Effingham County in 2011 was 30.2% and 26.9%, respective ly, compared to the Illinois prevalence of 27.7%. The hospital partnered with Catholic Char ities to offer a free community program for people with diabetes. Clients meet with a regi stered dietitian who will assist them in obtaining the necessary resources to manage their disease. Through this free program, people can get help with healthy food options, medica tion costs, free blood sugar testing supplies nutrition education, behavioral goal setting and laboratory exams. Clients partner with a registered dietitian to work toward goals to improve their health. The program evaluates clients' blood pressure, HgbA1c, total choles terol, LDL, HDL, and triglyceride levels pre- and post-participation in the Diabetes Commu nity Education Program. With Catholic Charities, the hospital also evaluated the availabil ity of diabetic-friendly foods provided by their food pantry and filled any gaps as needed to support the overall program. The program had 1,203 consultations in FY18. Because of o ur partnership, these people now have access to blood glucose testing materials, including meters, test strips and lancets, and assistance with their diabetes medications. Followin g the success of the community |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Schedule H, Part V, Section B, Line 11<br>Facility , 2 | diabetes program offered at Catholic Charities, the hospital expanded the program to othe r locations To reach more community members with diabetes, an educational booth about the program was offered at the Jasper County Health Department Expo in May 2018 A free month ly diabetes support group is offered to help people cope with their disease Each session includes an educational presentation as well as discussion By sharing ideas and struggles with others who deal with the same disease, each person finds encouragement and comfort, as well as advice on avoiding future problems Seventy-one individuals participated in FY1 8 In addition, dietitians held a training session for area school staff members on how to help students with diabetes succeed in school Cerebrovascular Disease Stroke Outcomes The hospital provided education in the community at various health fairs held throughout t he year including the Effingham Senior Center Health Fair, Illinois Senators Senior Health Fair and the Effingham County Fair During National Stroke Awareness Month in May, and at various times throughout the year, information was provided on the hospital's social medi a pages to educate the community on signs and symptoms of a stroke The hospital continued to utilize telemedicine technology in partnership with our sister facility, HSHS St John 's Hospital in Springfield, for identification and diagnosis of stroke symptoms when patie nts present in our emergency department as well as current inpatients Nutrition Outcomes The hospital continued its six to eight-week school wellness program to educate children and instill healthy habits regarding physical activity levels, nutrition and safety In th e 2017/2018 school year, the program served 503 third grade students in 11 schools and 25 classrooms with an average increase in pre- and post-survey scores of 27% Another barrier to healthy nutrition is not having funds to buy an adequate food supply or milk to make a nutritious meal The hospital donated healthy food bags to Catholic Charities' Food Pantr y, as well as gallons of milk for their clients On average, the hospital donates three he althy food bags and 821 gallons of milk per month to the food pantry The hospital support ed the local Meals on Wheels and Crisis Nursery by preparing food for their clients to ens ure that those who are most vulnerable receive the most basic of needs, a nutritious meal In FY18, HSHS St Anthony's provided the food and staff time to prepare 4,476 meals for t hose in need Dietitians staffed an educational booth at the Effingham Farmer's Market to teach children about nutrition Nutritional games and activities were offered to a total o f 105 kids during weekends in August to celebrate Kids Eat Right month designated by the A cademy of Nutrition and Dietetics In addition, a Race to a Healthy Plate educational pres entation was given Boy Scouts at the local Pinewood Derby Smoking Outcomes The hospital offered the American Cancer So |

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Schedule H, Part V, Section B, Line 11<br>Facility , 2 | <p>ciety's Freshstart program, which is designed for adults who are ready to quit smoking. The program guides participants in selecting a method of quitting while providing social support in a group setting led by a trained facilitator. The school wellness program described also includes a lesson on the hazards of smoking. Children learn the dangers of cigarettes, smokeless tobacco, e-cigarettes and secondhand smoke. Smoking cessation and secondhand smoke information is also included in prenatal packets for expectant mothers given at the hospital's free prenatal classes. Mothers who deliver at HSHS St. Anthony's also receive an informational book that contains information about the hazards of smoking. The Healthy Lungs day at the Effingham County Fair featured tobacco cessation information for attendees. Tobacco cessation educational booths were also offered at the Continental Mills and Newton Dynegy Power Station employee health fairs. Areas of Opportunity Not Addressed St. Anthony's and the CHNA committees did not choose to address the following areas of opportunity since there were already resources available in the community. The members felt that this would lead to a duplication of services if addressed through this CHNA process.</p> <p>1 Dental Access A dental voucher program is offered by St. Anthony's and Catholic Charities.</p> <p>2 Mental Health Provider Access There are established resources available through the Jasper County Health Department and various other individual providers. However, with the State of Illinois budget cuts, Heartland Human Services is no longer able to pay a psychiatrist to serve their clients. In early 2018, the hospital partnered with the agency to provide funding for a telemedicine psychiatrist and offered nursing support for the program.</p> <p>3 Access to Exercise Opportunities A new community sports complex opened in January 2016. In addition, there are various gyms and exercise facilities available and walking trails in both Effingham and Jasper counties.</p> |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number

37-0661233

**Part I Questions Regarding Compensation**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                                 | No               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel<br/> <input type="checkbox"/> Travel for companions<br/> <input checked="" type="checkbox"/> Tax indemnification and gross-up payments<br/> <input type="checkbox"/> Discretionary spending account                 </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </div> </div> |                                     |                  |
| <b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1b</b> Yes                       |                  |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>2</b> Yes                        |                  |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee<br/> <input checked="" type="checkbox"/> Independent compensation consultant<br/> <input checked="" type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract<br/> <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </div> </div>                                               |                                     |                  |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?<br/> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?<br/> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                           | <b>4a</b><br><b>4b</b><br><b>4c</b> | <br>No<br><br>No |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                  |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> <b>a</b> The organization?<br/> <b>b</b> Any related organization?                 </div> If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5a</b><br><b>5b</b>              | <br>No<br>No     |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> <b>a</b> The organization?<br/> <b>b</b> Any related organization?                 </div> If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>6a</b><br><b>6b</b>              | <br>No<br>No     |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>7</b>                            | No               |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>8</b>                            | No               |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>9</b>                            |                  |

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.

See Additional Data Table**Schedule J (Form 990) 2017**

**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 1a Tax indemnification and gross-up payments                               | TAX GROSS-UPS WERE PAID BY THE ORGANIZATION TO VARIOUS INDIVIDUALS LISTED IN SCH J THAT WERE LESS THAN \$50 A PERSON. THE FAIR VALUE OF THIS WAS INCLUDED IN EACH EMPLOYEE'S ANNUAL TAXABLE INCOME.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A IN SCHEDULE O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan                               | <p>HSHS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS. THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSHS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSHS COMPENSATION COMMITTEE. THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN DOCUMENTS FOR THE PLAN YEAR. PARTICIPANTS CONSTRUCTIVELY RECEIVE A DISTRIBUTION FROM THE PLAN NO LATER THAN MARCH 15TH OF THE CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH AN AMOUNT IS VESTED AND TAXABLE PURSUANT TO A VESTING SCHEDULE AS SPECIFIED IN THE PLAN DOCUMENT. THE ACTUAL DISTRIBUTION OF THE VESTED BENEFIT UNDER THE PLAN IS PAID IN A SINGLE LUMP SUM TO THE PARTICIPANT OR THE PARTICIPANT'S BENEFICIARY UPON THE EARLIER OF THE PARTICIPANT'S TERMINATION OF EMPLOYMENT, DEATH, OR TOTAL AND PERMANENT DISABILITY. THE FOLLOWING INTERESTED PERSONS CONSTRUCTIVELY RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2017: THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C): ANN CARR -- \$28,431; JAMES DOVER -- \$75,077; THERESA RUTHERFORD -- \$33,159; KENNETH JOHNSON -- \$56,617. THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2017: THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE: ANN CARR -- \$31,564; THERESA RUTHERFORD -- \$45,647.</p> |

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 37-0661233

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

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

| (A) Name and Title                        |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                           |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1THERESA J RUTHERFORD<br>PRESIDENT & CEO  | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                           | (ii) | 325,898                                            | 0                                   | 56,679                              | 110,394                                        | 21,048                  | 514,019                         | 45,647                                                                |
| 1KENNETH JOHNSON MD<br>BOARD MEMBER       | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                           | (ii) | 466,237                                            | 0                                   | 14,993                              | 102,032                                        | 26,481                  | 609,743                         | 0                                                                     |
| 2JAMES DOVER<br>CEO SOUTHERN IL DIVISION  | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                           | (ii) | 567,456                                            | 0                                   | 218,872                             | 81,543                                         | 38,317                  | 906,188                         | 0                                                                     |
| 3DAVID NOSACKA<br>DIVISION CFO            | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                           | (ii) | 335,717                                            | 0                                   | 5,046                               | 30,103                                         | 23,949                  | 394,815                         | 0                                                                     |
| 4ANN M CARR<br>TREASURER                  | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                           | (ii) | 260,012                                            | 0                                   | 58,499                              | 98,998                                         | 21,199                  | 438,708                         | 31,564                                                                |
| 5RYAN L JENNINGS<br>CHIEF MEDICAL OFFICER | (i)  | 330,526                                            | 16,768                              | 859                                 | 28,062                                         | 21,449                  | 397,664                         | 0                                                                     |
|                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 6KELLY M SAGER<br>Chief Nursing Officer   | (i)  | 175,796                                            | 0                                   | 780                                 | 66,689                                         | 21,279                  | 264,544                         | 0                                                                     |
|                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 7Marshall Ashby<br>CRNA                   | (i)  | 200,615                                            | 23,092                              | 660                                 | 0                                              | 17,310                  | 241,677                         | 0                                                                     |
|                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 8Mary Spencer<br>CRNA                     | (i)  | 204,760                                            | 17,515                              | 585                                 | 0                                              | 17,739                  | 240,599                         | 0                                                                     |
|                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 9ROBERT S BRYANT<br>CRNA                  | (i)  | 199,746                                            | 15,474                              | 469                                 | 32,189                                         | 0                       | 247,878                         | 0                                                                     |
|                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 10ALICE K BEARY<br>CRNA                   | (i)  | 195,935                                            | 15,986                              | 469                                 | 0                                              | 8,950                   | 221,340                         | 0                                                                     |
|                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 11MARY BRYANT<br>CRNA                     | (i)  | 195,707                                            | 15,474                              | 469                                 | 31,922                                         | 8,923                   | 252,495                         | 0                                                                     |
|                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

37-0661233

**990 Schedule O, Supplemental Information**

| Return Reference                                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III,<br>Line 4a STATEMENT<br>OF PROGRAM<br>SERVICE<br>ACCOMPLISHMENTS | ST ANTHONY'S MEMORIAL HOSPITAL, EFFINGHAM OF THE HOSPITAL SISTERS HEALTH SYSTEM PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED,SEX, NATIONAL ORIGIN, HANDICAP, AGE, RELIGION, OR ABILITY TO PAY ALTHOUGH REIMBURSEMENT FOR SERVICES IS CRITICAL TO THE CONTINUED OPERATION AND STABILITY OF THE HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE NECESSARY MEDICAL SERVICES OUR MISSION IS TO SERVE THE COMMUNITY WITH THE BEST QUALITY HEALTHCARE SERVICES AND HEALTHCARE EDUCATION INHERENT TO OUR MISSION, WE PROVIDE CARE TO THE POOR, THE ELDERLY, AND THE NEEDY OF THE COMMUNITY THROUGH VARIOUS PROGRAMS AND SERVICES THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF COMMUNITY SUPPORT ACTIVITIES DURING FISCAL YEAR 2018, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 4,769 INPATIENTS UTILIZING 15,164 ADULT AND PEDIATRIC DAYS OF CARE IN ADDITION, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 159,871 OUTPATIENTS ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO THE POOR AT FREE OR REDUCED COST THROUGH OUR CHRISTIAN CARE PROGRAM CHARITY CARE PROVIDED AT COST WAS \$1,992,352 IN ADDITION, THE HOSPITAL PARTICIPATES IN THE ILLINOIS MEDICAID PROGRAM, WHICH REIMBURSES THE HOSPITAL AT RATES SUBSTANTIALLY BELOW THE COST OF PROVIDING THE SERVICES FULFILLING OUR MISSION TO THE COMMUNITY, SERVICES WERE PROVIDED TO MEDICAID INPATIENTS UTILIZING 2,093 DAYS OF CARE THE UNPAID COST OF MEDICAID WAS \$5,949,554 OTHER BENEFITS INCLUDED IN-KIND DONATIONS IN THE AMOUNT OF \$391,129 ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO MEMBERS OF THE BROADER COMMUNITY THROUGH OUR PARTICIPATION IN THE MEDICARE PROGRAM, PROVIDING MANY PROGRAMS AND SERVICES FREE OR AT A REDUCED PRICE, PROVIDING SERVICES THAT BENEFIT THE COMMUNITY BUT HAVE A NEGATIVE MARGIN, AND THROUGH EDUCATIONAL PROGRAMS AT NO COST THE UNPAID AND UNREIMBURSED COST OF PARTICIPATING IN THE MEDICARE PROGRAM WAS \$17,054,704 DURING FISCAL YEAR 2018 |

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                  | Explanation                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>7b Decisions<br>requiring<br>approval by<br>members or<br>stockholders | ND PROCEDURES OF THE CORPORATION OR OF ANY AFFILIATE, AND APPROVE ANY DEVIATIONS FROM SUCH<br>POLICIES AND PROCEDURES BY THE CORPORATION OR ANY AFFILIATE, AND (O) ADOPT POLICIES TO IM PLEMENT<br>THE RESERVED POWERS OF HSSI |

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

| Return Reference                                                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | <p>THE COMPENSATION COMMITTEE (COMMITTEE) IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS THE COMMITTEE DEVELOPS A COMPENSATION PHILOSOPHY FOR THE SYSTEM AND ALL AFFILIATES THE COMMITTEE SELECTS AND HIRES THE INDEPENDENT COMPENSATION CONSULTANT TO DEVELOP COMPARABILITY DATA AND ADVISE THE COMMITTEE DURING ITS DELIBERATIONS REGARDING ALL ELEMENTS OF TOTAL COMPENSATION FOR ALL HSHS EXECUTIVES, (the top management official, other officers and key employees) INTEGRATED HEALTHCARE STRATEGIES ("IHS"), THE CONSULTANTS UTILIZED BY THE COMMITTEE, USE DATA FROM MULTIPLE TAX-EXEMPT PEER GROUP SOURCES (derived from a full market review conducted every other year) TO DETERMINE SALARY RANGES, INCENTIVE OPPORTUNITY RANGES AND BENEFITS FOR THE HSHS executives IHS THEN ASSISTS THE COMMITTEE IN PREPARING CONTEMPORANEOUS DOCUMENTATION OF ALL ACTIONS EACH COMMITTEE MEETING IS CONDUCTED WITH THE INTENT TO CREATE A REBUTTABLE PRESUMPTION OF REASONABLENESS FOR ALL ELEMENTS OF EXECUTIVE TOTAL COMPENSATION THE CHAIRMAN MAKES THIS DECLARATION AND ALSO INQUIRES IF THERE ARE ANY CONFLICTS OF INTEREST BY ANY ATTENDEES ANY CONFLICTS ARE DISCLOSED AND THE COMMITTEE THEN ACTS IN A MANNER TO AVOID ANY CONFLICTED INDIVIDUAL PARTICIPATING IN ANY MANNER WHERE A CONFLICT MIGHT EXIST AT THE END OF THE MEETING, THE COMMITTEE PREPARES CONTEMPORANEOUS MINUTES THAT RECORD ALL ACTIONS TAKEN DURING THE MEETING The process for reviewing compensation by the compensation committee is completed each fiscal year</p> |

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VIII, Line<br>11d Other<br>Miscellaneous<br>Revenue | Clinic Revenue - Total Revenue 47721, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 47721, Dues Revenue - Total Revenue 17150, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 17150, Other - Total Revenue 890646, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 890646, |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>11g Other<br>Fees | Other Prof Fees - Total Expense 10940512, Program Service Expense 6720139, Management and General Expenses 4220373, Fundraising Expenses , Purchased Service Other - Total Expense 9756839, Program Service Expense 5596761, Management and General Expenses 4160078, Fundraising Expenses , HSHS Medical Group Fee - Total Expense 3589395, Program Service Expense 3589395, Management and General Expenses , Fundraising Expenses , |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                                                      | Explanation                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part XI, Line<br>9 Other<br>changes in<br>net assets or<br>fund<br>balances | Change in fair value of interest rate swap - 2626801, Swap payments - -946349, CHANGE IN TEMPORARILY RESTRICTED NET ASSETS - 96595, TRANSFERS TO/FROM AFFILIATES - -3525103, Change in Pension - 3879870, |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number  
37-0661233

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                        | (b)<br>Primary activity        | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) KIARA CLINICAL INTEGRATION NETWORK LLC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>26-1417684     | HEALTHCARE                     | IL                                               | -1,385,886          | 3,938,708                 | HSSI                             |
| (2) PHYSICIAN CLINICAL INTEGRATION NETWORK LLC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1668647 | HEALTHCARE                     | IL                                               | 149,935             | 8,833,307                 | KCIN                             |
| (3) HSHS ACO LLC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>32-0465666                               | HEALTHCARE & SOCIAL ASSISTANCE | IL                                               | -538,042            | 88,228                    | KCIN                             |
|                                                                                                            |                                |                                                  |                     |                           |                                  |
|                                                                                                            |                                |                                                  |                     |                           |                                  |
|                                                                                                            |                                |                                                  |                     |                           |                                  |

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

See Additional Data Table

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

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

See Additional Data Table

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|----------------------------|-----------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          | Yes                                     | No |                                                                            | Yes                                       | No |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |

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

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

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

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

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

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

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

Yes

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

1n

Yes

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

1o

Yes

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

1p

Yes

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

1q

Yes

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

1r

Yes

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

1s

No

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

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

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

[illegible]

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

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

| Return Reference                                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule R, Part V, Line 2<br>TRANSACTIONS WITH RELATED<br>PARTIES | ANY TRANSACTIONS LISTED ON SCHEDULE R, PART V, LINE 1 AND NOT ON SCHEDULE R, PART V, LINE 2 ARE BETWEEN RELATED 501(C)(3) AND DO NOT<br>REQUIRE REPORTING ON THIS SECTION FOR ALL ORGANIZATIONS REPORTED AS 512(B)(13) CONTROLLED IN SCHEDULE R, PART II, PLEASE SEE SCHEDULE A,<br>PART IV FOR THE ONLY TRANSACTIONS BETWEEN THESE ORGANIZATIONS HOSPITAL SISTERS HEALTH SYSTEM (HSHS) CHARGES A MANAGEMENT FEE TO THE<br>RELATED ORGANIZATIONS FOR SERVICES RENDERED IN FULFILLING THE MISSION OF HSHS |



Additional Data

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 37-0661233  
**Name:** St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis

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

| (a)<br>Name, address, and EIN of related organization            | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                  |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| 4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1058692         | HEALTHCARE              | IL                                               | 501(c)(3)                  | Type III-FI                                         | NA                               |                                               | No |
| 4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1186514         | HEALTHCARE              | IL                                               | 501(c)(3)                  | 7                                                   | HSBS                             | Yes                                           |    |
| 2661 COUNTY HIGHWAY 1<br>CHIPPEWA FALLS, WI 54729<br>51-0157933  | HEALTHCARE              | WI                                               | 501(c)(3)                  | Type I                                              | HSSI                             | Yes                                           |    |
| 990 WEST CLAIREMONT AVENUE<br>EAU CLAIRE, WI 54701<br>39-0807060 | HEALTHCARE              | WI                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| ONE ST ELIZABETHS BLVD<br>OFALLON, IL 62269<br>37-0663567        | HEALTHCARE              | IL                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 3100 SUPERIOR AVENUE<br>SHEBOYGAN, WI 53081<br>39-0808480        | HEALTHCARE              | WI                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 800 EAST CARPENTER STREET<br>SPRINGFIELD, IL 62769<br>37-0661238 | HEALTHCARE              | IL                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 9515 HOLY CROSS LANE<br>BREESE, IL 62230<br>37-1208459           | HEALTHCARE              | IL                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 2661 COUNTY HIGHWAY 1<br>CHIPPEWA FALLS, WI 54729<br>39-0810545  | HEALTHCARE              | WI                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 1800 E LAKE SHORE DRIVE<br>DECATUR, IL 62521<br>37-0661244       | HEALTHCARE              | IL                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 111 SPRING STREET<br>STREATOR, IL 61364<br>36-2169181            | HEALTHCARE              | IL                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 1762 SHAWANO AVENUE<br>GREEN BAY, WI 54303<br>39-0818682         | HEALTHCARE              | WI                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 835 S VAN BUREN<br>GREEN BAY, WI 51301<br>39-0817529             | HEALTHCARE              | WI                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 12866 TROXLER AVENUE<br>HIGHLAND, IL 62249<br>37-0663568         | HEALTHCARE              | IL                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 1215 FRANCISCAN DRIVE<br>LITCHFIELD, IL 62056<br>37-0661236      | HEALTHCARE              | IL                                               | 501(c)(3)                  | 3                                                   | HSSI                             | Yes                                           |    |
| 4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1163402         | HEALTHCARE              | IL                                               | 501(c)(3)                  | Type III-FI                                         | HSBS                             | Yes                                           |    |
| 3215 EXECUTIVE PARK DRIVE<br>SPRINGFIELD, IL 62703<br>26-3956318 | HEALTHCARE              | IL                                               | 501(c)(3)                  | Type III-FI                                         | HSSI                             | Yes                                           |    |
| 3215 EXECUTIVE PARK DRIVE<br>SPRINGFIELD, IL 62703<br>26-4515959 | HEALTHCARE              | WI                                               | 501(c)(3)                  | Type III-FI                                         | HSSI                             | Yes                                           |    |
| 919 ASHLAND AVENUE<br>SHEBOYGAN, WI 53081<br>39-1860942          | HEALTHCARE              | WI                                               | 501(c)(3)                  | 10                                                  | ST NICHOLAS                      | Yes                                           |    |
| 2366 OAK RIDGE CIRCLE<br>DE PERE, WI 54115<br>39-1750729         | HEALTHCARE              | WI                                               | 501(c)(3)                  | 10                                                  | HSSI                             | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization         | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------|--------------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                               |                         |                                                     |                            |                                                        |                                  | Yes                                           | No |
| 317 NORTH 5TH STREET<br>SPRINGFIELD, IL 62701<br>37-1157915   | HEALTHCARE              | IL                                                  | 501(c)(3)                  | 4                                                      | HSSI                             | Yes                                           |    |
| 855 S MAIN STREET<br>OCONTO FALLS, WI 54154<br>39-0848401     | HEALTHCARE              | WI                                                  | 501(c)(3)                  | 3                                                      | HSSI                             | Yes                                           |    |
| 200 HEALTHCARE DRIVE<br>GREENVILLE, IL 62246<br>37-0792770    | HEALTHCARE              | IL                                                  | 501(c)(3)                  | 3                                                      | HSSI                             | Yes                                           |    |
| 200 HEALTHCARE DRIVE<br>GREENVILLE, IL 62246<br>37-1140166    | FUNDRAISING             | IL                                                  | 501(c)(3)                  | Type II                                                | HSSI                             | Yes                                           |    |
| 200 SOUTH CEDAR STREET<br>SHELBYVILLE, IL 62565<br>37-0512290 | HEALTHCARE              | IL                                                  | 501(c)(3)                  | 3                                                      | HSSI                             | Yes                                           |    |
| 200 SOUTH CEDAR STREET<br>SHELBYVILLE, IL 62565<br>37-1778753 | TRUST                   | IL                                                  | 501(a)                     |                                                        | HSSI                             | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of<br>related organization                                                                                  | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                                                                                           |                         |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                         | Yes                                          | No |                                |
| MEMORIAL AND ST<br>ELIZABETH'S HEALTHCARE<br>CANCER TREATMENT CENTER<br><br>4000 NORTH ILLINOIS STREET<br>SWANSEA, IL 62226<br>37-1312961 | HEALTHCARE              | IL                                                              | ST ELIZABETH'S                         | Related                                                                                                   | 187,165                         | 0                                      |                                         | No |                                                                         |                                              | No | 50 %                           |
| PRAIRIE HEART INSTITUTE ST<br>JOHN'S<br><br>800 EAST CARPENTER STREET<br>SPRINGFIELD, IL 62769<br>37-1321197                              | HEALTHCARE              | IL                                                              | HSHS                                   | Related                                                                                                   | 0                               | 0                                      |                                         | No |                                                                         |                                              | No | 100 %                          |
| PAIN CENTER OF WISCONSIN<br><br>4131 W LOOMIS ROAD<br>SUITE 300<br>GREENFIELD, WI 53221<br>26-3155343                                     | HEALTHCARE              | WI                                                              | ST VINCENT                             | Related                                                                                                   | 240,126                         | 4,769,500                              |                                         | No |                                                                         |                                              | No | 50 %                           |
| PAIN CENTER OF WISCONSIN -<br>OCONTO FALLS LLC<br><br>4131 W LOOMIS ROAD<br>SUITE 300<br>GREENFIELD, WI 53221<br>36-4717036               | HEALTHCARE              | WI                                                              | ST CLARE                               | Related                                                                                                   | -48,977                         | 202,533                                |                                         | No |                                                                         |                                              | No | 50 %                           |
| CARPENTER STREET HOTEL LLC<br><br>525 NORTH SIXTH STREET<br>SPRINGFIELD, IL 62702<br>36-4128127                                           | HOTEL                   | IL                                                              | LASANTE INC                            | N/A                                                                                                       |                                 |                                        |                                         |    |                                                                         |                                              |    | 0 %                            |
| SPRINGFIELD URGENT CARE<br>REAL ESTATE LLC<br><br>PO BOX 19456<br>SPRINGFIELD, IL 627949456<br>03-0413258                                 | RENTAL REAL ESTATE      | IL                                                              | LASANTE INC                            | N/A                                                                                                       |                                 |                                        |                                         |    |                                                                         |                                              |    | 0 %                            |
| PRAIRIE HEART INSTITUTE<br>MANAGEMENT COMPANY LLC<br><br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>26-1479945                         | MEDICAL                 | IL                                                              | HSHS                                   | Related                                                                                                   | -6,440                          | 20,163                                 |                                         | No |                                                                         | Yes                                          |    | 100 %                          |
| SOUTHWEST ILLINOIS HEALTH<br>SERVICES REAL ESTATE LLP<br><br>4000 NORTH ILLINOIS STREET<br>SWANSEA, IL 62226<br>82-3633320                | REAL ESTATE             | IL                                                              | ST ELIZABETH'S                         | Related                                                                                                   | 0                               | 2,467,223                              |                                         | No |                                                                         |                                              | No | 50 %                           |

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

| (a)<br>Name, address, and EIN of<br>related organization                                   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|------------------------------|---------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                            |                         |                                                           |                                     |                                                        |                              |                                       |                                | Yes                                                    | No |
| KIARA INC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1163401                      | HEALTHCARE              | IL                                                        | HSBS                                | C Corporation                                          | -32,771,486                  | 29,755,341                            | 100 %                          | Yes                                                    |    |
| LASANTE WISCONSIN INC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>39-1572196          | HEALTHCARE              | IL                                                        | KIARA INC                           | C Corporation                                          |                              |                                       |                                | Yes                                                    |    |
| LASANTE INC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>37-1163400                    | HEALTHCARE              | IL                                                        | KIARA INC                           | C Corporation                                          |                              |                                       |                                | Yes                                                    |    |
| PRAIRIE CARDIOVASCULAR<br>619 EAST MASON SUITE 4P57<br>SPRINGFIELD, IL 62701<br>37-1071858 | HEALTHCARE              | IL                                                        | KIARA INC                           | C Corporation                                          |                              |                                       |                                | Yes                                                    |    |
| PREVEA HEALTH SERVICES INC<br>2710 EXECUTIVE DRIVE<br>GREEN BAY, WI 54304<br>39-1839351    | HEALTHCARE              | WI                                                        | HSSI                                | C Corporation                                          | 82,898                       | 44,874,417                            | 50 %                           | Yes                                                    |    |
| PREVEA CLINIC INC<br>2710 EXECUTVE DRIVE<br>GREEN BAY, WI 54304<br>39-1839349              | HEALTHCARE              | WI                                                        | PHSI                                | C Corporation                                          |                              |                                       |                                | Yes                                                    |    |
| RENAISSANCE QUALITY INSURANCE LTD<br>PO BOX 1159<br>GRAND CAYMAN KY11102<br>CJ 98-0669953  | INSURANCE               | CJ                                                        | HSSI                                | C Corporation                                          | 0                            | 116,763,493                           | 100 %                          | Yes                                                    |    |
| OJV INC<br>4936 LAVERNA ROAD<br>SPRINGFIELD, IL 62707<br>46-0873384                        | HEALTHCARE              | IL                                                        | LASANTE INC                         | C Corporation                                          |                              |                                       |                                | Yes                                                    |    |