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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Ottawa Regional Hospital & Healthcare Center

Doing business as

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

Room/suite

1100 EAST NORRIS DRIVE

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

Ottawa, IL 61350

D Employer identification number

36-2604009

E Telephone number

(815) 431-5479

G Gross receipts \$

113,534,284

F Name and address of principal officer

Michael M Allen

1100 EAST NORRIS DRIVE

Ottawa, IL 61350

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

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

J Website: ▶

[https //www.osfhealthcare.org/saint-elizabeth/](https://www.osfhealthcare.org/saint-elizabeth/)

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1995

M State of legal domicile

IL

Part I Summary

Activities & Governance

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

IN THE SPIRIT OF CHRIST AND THE EXAMPLE OF FRANCIS OF ASSISI, THE MISSION OF OTTAWA REGIONAL HOSPITAL IS TO SERVE PERSONS WITH THE GREATEST CARE AND LOVE IN A COMMUNITY THAT CELEBRATES THE GIFT OF LIFE

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

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

Michael M Allen CFO

Type or print name and title

2019-08-12

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Firm's name ▶ CROWE LLP

Firm's EIN ▶ 35-0921680

Phone no (502) 326-3996

Rachel Spurlock

Rachel Spurlock

Louisville, KY 402411122

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 83,781,266	including grants of \$	(Revenue \$ 111,410,039)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)		
	(Expenses \$	including grants of \$	(Revenue \$)

4e	Total program service expenses ▶	83,781,266
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	21	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	795	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

Form **990** (2017)

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

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

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	2,427,475	15,421,070	1,782,253

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 ▶ 26

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FOX RIVER CANCER CENTER LLC 1200 STARFIRE DR OTTAWA, IL 61350 Harshavadan Vyas	RENT	381,794
1013 Clinton Street Ottawa, IL 61350 Teverbaugh-Croland-Mueller OBGyne and Associates	OB/Gyne Physician Services	211,000
6708 N Knoxville Suite 1 Peoria, IL 61614 Srihari Chitturi	OB/Gyne Physician Services	149,675
9350 Viamurano Court Fort Meyers, FL 33905	Anesthesiology Services	134,238

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 ▶ 4

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	59,001			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		59,001			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	621110	109,276,494	109,276,494		
	b CONTRACT PHARMACY	621110	799,462	799,462		
	c _____					
	d _____					
	e _____					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a-2f ▶		110,075,956			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,133			1,133
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		1,691,217				
	b Less rental expenses	1,699,687				
	c Rental income or (loss)	-8,470 0				
	d Net rental income or (loss) ▶		-8,470			-8,470
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			5,501			
	b Less cost or other basis and sales expenses		0			
	c Gain or (loss)	0 5,501				
	d Net gain or (loss) ▶		5,501			5,501
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b						
c Net income or (loss) from gaming activities . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . a						
	25,813					
b Less cost of goods sold . . . b		22,729				
c Net income or (loss) from sales of inventory . . . ▶		3,084			3,084	
Miscellaneous Revenue	Business Code					
11a INSURANCE CREDIT	524298	939,325	939,325			
b CAFETERIA	722320	341,580			341,580	
c CONTRACT LABOR	900099	145,095	145,095			
d All other revenue		249,663	249,663	0	0	
e Total. Add lines 11a-11d ▶		1,675,663				
12 Total revenue. See Instructions ▶		111,811,868	111,410,039	0	342,828	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	41,117,088	33,632,158	7,484,930	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,603,443	1,354,427	249,016	
9 Other employee benefits.	6,831,082	5,770,208	1,060,874	
10 Payroll taxes.	2,316,941	1,957,118	359,823	
11 Fees for services (non-employees):				
a Management.	14,777,190	9,526,319	5,250,871	
b Legal.	162,500		162,500	
c Accounting.	23,482	0	23,482	
d Lobbying.	30,267	0	30,267	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	166,501	80,334	86,167	0
12 Advertising and promotion.	893	603	290	
13 Office expenses.	2,746,722	1,866,281	880,441	
14 Information technology.	37,821	10,072	27,749	
15 Royalties.				
16 Occupancy.	610,042	22,610	587,432	
17 Travel.	197,490	132,272	65,218	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	16,092	11,805	4,287	
20 Interest.	819,293	819,293		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,284,403	3,084,770	1,199,633	
23 Insurance.	84,725	0	84,725	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	9,434,618	9,434,618	0	
b PURCHASED SERVICES	14,961,374	12,688,340	2,273,034	
c MAINTENANCE	959,197	211,008	748,189	
d OTHER	3,722,552	3,179,030	543,522	
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e.	104,903,716	83,781,266	21,122,450	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,285	1	1,400
	2	Savings and temporary cash investments		1,691,559	2	1,912,310
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		26,525,241	4	20,533,176
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,678,594	8	2,849,975
	9	Prepaid expenses and deferred charges		93,956	9	21,521
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	116,008,811		
	b	Less: accumulated depreciation	10b	68,859,220		
				41,037,296	10c	47,149,591
	11	Investments—publicly traded securities		2,227,088	11	1,733,991
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		1,693,759	15	2,032,801	
16	Total assets. Add lines 1 through 15 (must equal line 34)		74,950,778	16	76,234,765	
Liabilities	17	Accounts payable and accrued expenses		34,713,251	17	14,765,897
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		661,297	25	28,891,543
	26	Total liabilities. Add lines 17 through 25		35,374,548	26	43,657,440
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		39,501,240	27	32,079,654
	28	Temporarily restricted net assets		74,990	28	497,671
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		39,576,230	33	32,577,325
	34	Total liabilities and net assets/fund balances		74,950,778	34	76,234,765

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	111,811,868
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,903,716
3	Revenue less expenses Subtract line 2 from line 1	3	6,908,152
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,576,230
5	Net unrealized gains (losses) on investments	5	-31,353
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-13,875,704
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,577,325

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

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

Form 990 (2017)

Form 990, Part III, Line 4a:

OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER PROVIDED 97 BEDS IN FISCAL YEAR 2017 INCLUDING A 26 BED PSYCHIATRIC CARE UNIT THE HOSPITAL GAVE \$7,904,371 IN CHARITY CARE THE HOSPITAL PROVIDED 9,290 PATIENT DAYS AND 5,484 DAYS OF PSYCHIATRIC CARE THE HOSPITAL PROVIDED 154,683 OUTPATIENT VISITS AND THE EMERGENCY ROOM HAD 29,959 PATIENT VISITS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Sister Diane Marie McGrew OSF President and Treasurer	1 0 47 0	X		X				0	5,200	0
Sister Judith Ann Duvall OSF Chairperson	1 0 47 0	X		X				0	5,200	0
Robert C Sehring Vice Chairperson CEO	1 0 47 0	X		X				0	849,531	68,240
Kevin D Schoeplein Partial Year - Vice Chairperson CEO	1 0 47 0	X		X				0	1,721,678	258,783
Sister Theresa Ann Brazeau OSF Secretary	1 0 47 0	X		X				0	5,200	0
Sister Agnes Joseph Williams OSF Assistant Secretary	1 0 47 0	X		X				0	5,200	0
Sister Rose Therese Mann OSF Board Member	1 0 47 0	X						0	0	0
Gerald J McShane MD Board Member	1 0 46 0	X						0	695,330	64,289
Sister M Mikela Meidl FSGM Board Member	1 0 47 0	X						0	0	0
Brian Silverstein MD Board Member	1 0 7 0	X						0	45,000	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael M Allen CFO	1 0 46 0			X				0	560,425	53,654
Anthony M Avellino MD Partial Year - CEO NSSL/INI	1 0 45 0			X				0	976,761	60,536
Kenneth E Berkovitz MD Partial Year - CEO CVSL	1 0 45 0			X				0	722,055	42,012
Chad E Boore Chief Executive Officer Eastern Region	1 0 45 0			X				0	317,270	39,387
Robert L Brandfass SVP Chief Legal Officer	1 0 45 0			X				0	519,421	64,040
Michelle D Conger Chief Strategy Officer	1 0 45 0			X				0	449,874	38,959
Roxanna Crosser Chief Executive Officer Western Region	1 0 45 0			X				0	314,792	40,905
Michael A Cruz MD Chief Executive Officer Central Region	1 0 45 0			X				0	597,403	67,230
John R Evancho SVP Chief Compliance Officer	1 0 45 0			X				0	256,009	45,584
Thomas G Hammerton President OSF Healthcare Foundation Chief Development Officer	1 0 47 0			X				0	362,569	46,481

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen E Hippler MD Chief Clinical Officer	1 0 45 0			X				0	541,637	67,183
John C Horne SVP Chief Supply Chain Officer	1 0 45 0			X				0	345,142	51,666
Divya-Devi Joshi CEO Children SL	1 0 45 0			X				0	497,362	26,209
James J Mormann Chief Information Officer	1 0 45 0			X				0	544,589	60,270
David A Schertz Partial Year - CEO Northern Region	1 0 45 0			X				0	579,694	43,726
Dwight D Stapleton Vice President Clinical Specialty Services	1 0 45 0			X				0	400,979	27,523
Jeffrey M Tillery SVP Chief Transformation Officer	1 0 45 0			X				0	513,402	61,306
Lori L Wiegand Chief Nursing Officer	1 0 45 0			X				0	382,846	61,596
Leon A Yeh MD VP CMO Emergency Serv	1 0 45 0			X				0	523,837	59,971
Garner Arnold MD Medical Director	40 0 0					X		518,609	0	58,084

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph W Chuprevich MD Physician	40 0 0					X		510,184	0	39,419
Molly M Kelly MD Physician	40 0 0					X		384,516	0	13,298
Daniel R Mueller MD Physician	40 0 0					X		516,597	0	58,084
Matthew W Wols MD Physician	40 0 0					X		497,568	0	55,946
Daniel E Baker Former CFO	0 0 0 0						X	0	2,154,132	160,530
Kenneth J Natzke Former CEO East Region	0 0 0 0						X	0	528,533	47,343

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Ottawa Regional Hospital & Healthcare Center

Employer identification number

36-2604009

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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.)

Section A. Public Support

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

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

14	Public support percentage for 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 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Part V

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

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

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

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 Ottawa Regional Hospital & Healthcare Center	Employer identification number 36-2604009
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		0
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		30,267
j	Total. Add lines 1c through 1i			30,267
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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As Filed Data -

DLN: 93493224015549

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

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

☐ Yes ☐ No

6

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

☐ Yes ☐ No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

2a

2b

2c

2d

Held at the End of the Year

3

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

4

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

5

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

6

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

7

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

☐ Yes ☐ No

8

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

9

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

10

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

☐ Yes ☐ No

11

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

Part III

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

1a

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

1b

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 %

c

Temporarily restricted endowment ▶ 0 %

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

3a

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

(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)		No
3a(ii)	Yes	
3b	Yes	

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,923,007		3,923,007
b Buildings		71,033,862	40,342,800	30,691,062
c Leasehold improvements		2,818,034	2,780,076	37,958
d Equipment		37,967,566	25,736,344	12,231,222
e Other		266,342		266,342
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				47,149,591

Part VII

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

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

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED BENEFIT LIABILITY	373,197
ASSET RETIREMENT OBLIGATION	397,346
ADVANCES DUE CORP	28,121,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	28,891,543

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	OSF IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED BY SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPTED FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(C)(3) OF THE CODE SFI AND VARIOUS SUBSIDIARIES ARE FOR-PROFIT CORPORATIONS THAT RECOGNIZE 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 BASES 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 UNDER ASC SUBTOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES -AN INTERPRETATION OF FASB STATEMENT NO 109, OSF MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT AS OF SEPTEMBER 30, 2018 AND 2017, OSF AND SFI DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS ON DECEMBER 22, 2017, THE PRESIDENT SIGNED INTO LAW H R 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACT THE NEW LAW (PUBLIC LAW NO 115-97) INCLUDES SUBSTANTIAL CHANGES TO THE TAXATION OF INDIVIDUALS, BUSINESSES, MULTINATIONAL ENTERPRISES, AND OTHERS IN ADDITION TO MANY GENERALLY APPLICABLE PROVISIONS, THE LAW CONTAINS SEVERAL SPECIFIC PROVISIONS THAT RESULT IN CHANGES TO THE TAX TREATMENT OF TAX-EXEMPT ORGANIZATIONS AND THEIR DONORS OSF HAS REVIEWED THESE PROVISIONS AND THE POTENTIAL IMPACT AND CONCLUDED THE ENACTMENT OF H R 1 WILL NOT HAVE A MATERIAL EFFECT OF THE OPERATIONS OF THE ORGANIZATION

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	Hospitals ► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047 2017 Open to Public Inspection
Name of the organization Ottawa Regional Hospital & Healthcare Center		Employer identification number 36-2604009

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,738,171		1,738,171	1 66 %
b Medicaid (from Worksheet 3, column a)			23,561,134	15,858,356	7,702,778	7 34 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	25,299,305	15,858,356	9,440,949	9 00 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			375,641	22,880	352,761	0 34 %
f Health professions education (from Worksheet 5)			4,000		4,000	0 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			47,752		47,752	0 05 %
j Total. Other Benefits	0	0	427,393	22,880	404,513	0 39 %
k Total. Add lines 7d and 7j	0	0	25,726,698	15,881,236	9,845,462	9 39 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,480,728	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	35,276,018
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	27,801,398
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	7,474,620
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	No
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	No

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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

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

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

OTTAWA REGIONAL HOSPITAL & HEALTHCARE

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %		
b	☒ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☐ Underinsurance discount		
g	☒ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? 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)	15 Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☒ Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	☒ The FAP was widely available on a website (list url) <u>https://www.osfhealthcare.org/billing/financial-assistance/</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>https://www.osfhealthcare.org/billing/financial-assistance/</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>https://www.osfhealthcare.org/billing/financial-assistance/</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☒ Other (describe in Section C)		

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

OTTAWA REGIONAL HOSPITAL & HEALTHCARE

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

OTTAWA REGIONAL HOSPITAL & HEALTHCARE

Name of hospital facility or letter of facility reporting group _____**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
23		No
24		No

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

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 6

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Medicare Cost to Charge Ratio

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	IN GENERAL, AND IN ACCORDANCE WITH MEDICARE REGULATIONS, PATIENT ACCOUNT BALANCES ARE WRITTEN OFF TO BAD DEBT EXPENSE AFTER REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED AND THE ACCOUNT HAS BEEN SENT TO A COLLECTION AGENCY OR LAW FIRM. PATIENTS' ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF PATIENTS' ACCOUNTS RECEIVABLE, OSF ANALYZES PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, OSF ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH PATIENT RESPONSIBILITY (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE PATIENTS ARE SCREENED AGAINST THE OSF FINANCIAL ASSISTANCE POLICY AND UNINSURED DISCOUNT POLICY. FOR ANY REMAINING PATIENT RESPONSIBILITY BALANCE, OSF RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. BAD DEBT EXPENSE OF 6,733,644 ON FORM 990, IS NETTED ON LINE 2A PART VIII AND IS BASED UPON ACCRUAL ACCOUNTING REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THIS AMOUNT CONSEQUENTLY DIFFERS FROM THE BAD DEBT EXPENSE OF \$1,480,728 ON SCHEDULE H, PART III, LINE 2 WHICH REQUIRES THE ORGANIZATION TO REPORT AGGREGATE BAD DEBT AT COST. BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS THEREFORE CALCULATED BY MULTIPLYING GROSS CHARGES WRITTEN OFF TO BAD DEBT EXPENSE TIMES THE MEDICARE COST TO CHARGE RATIO DERIVED FROM THE MEDICARE COST REPORTS. DISCOUNTS, INCLUDING ANY APPLICABLE THIRD PARTY PAYER CONTRACTUAL ALLOWANCES AND ANY CHARITY CARE DISCOUNTS (VALUED AT GROSS CHARGES), ARE APPLIED TO PATIENT ACCOUNT GROSS CHARGES TO DETERMINE THE ACCOUNT BALANCE BEFORE PATIENT PAYMENTS. THE AGGREGATE AMOUNT OF ALL PATIENT PAYMENTS IS THEN APPLIED TO THE ACCOUNT BALANCE WHEN DETERMINATION IS MADE THAT NO FURTHER AMOUNTS CAN BE COLLECTED IN ACCORDANCE WITH THE CORPORATION'S BAD DEBT POLICY, THE REMAINING BALANCE IS WRITTEN OFF TO BAD DEBT EXPENSE. PRESUMPTIVE CHARITY CHARGES MAY BE ADJUSTED TO PROVIDE FOR A CHARITY DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO AN UNINSURED PATIENT WHO ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA: PRESUMPTIVE CHARITY CATEGORIES FOR ALL OSF HOSPITALS: -HOMELESSNESS, -DECEASED WITH NO ESTATE, -MENTAL INCAPACITATION WITH NO ONE TO ACT ON PATIENT'S BEHALF, OR -CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE. THEREFORE, THE CORPORATION DOES NOT BELIEVE THAT BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 INCLUDES ANY AMOUNTS THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY UNDER THE CORPORATION'S FINANCIAL ASSISTANCE POLICY.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	PLEASE SEE PAGE 22 AND 23 OF NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- OTTAWA REGIONAL HOSPITAL & HEALTHCARE Line 16a URL https //www osfhealthcare org/billing/financial-assistance/ ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- OTTAWA REGIONAL HOSPITAL & HEALTHCARE Line 16b URL https //www osfhealthcare org/billing/financial-assistance/ ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- OTTAWA REGIONAL HOSPITAL & HEALTHCARE Line 16c URL https //www osfhealthcare org/billing/financial-assistance/ ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER D/B/A OSF SAINT ELIZABETH MEDICAL CENTER COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2016 AS PREVIOUSLY STATED THE CHNA IS UPDATED EVERY 3 YEARS AND CORRESPONDING IMPLEMENTATION STRATEGY IS REFRESHED YEARLY NOT ONLY DOES THE PLAN GET REFRESHED YEARLY, BUT EACH ACTION ITEM HAS A RESPONSIBLE PARTY INVOLVED TO GET THE WORK ASSOCIATED WITH THE NEED ACCOMPLISHED THE NEW CHNA FOR 2019 IS CURRENTLY BEING CREATED AND WILL BE UPDATED IN THE NEXT FILING LEADERSHIP WITHIN OSF SIT ON VARIOUS COMMUNITY ADVISORY BOARDS TO STAY CONNECTED TO THE OTHER AGENCIES WITHIN THE COMMUNITY THIS WORK ALIGNS WITH OUR MISSION STATEMENT TO SERVE PERSONS WITH THE GREATEST CARE AND LOVE IN A COMMUNITY THAT CELEBRATES THE GIFT OF LIFE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	THE CORPORATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO ARE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER GOVERNMENT PROGRAMS AND THE CORPORATION'S FINANCIAL ASSISTANCE POLICY, IN ENGLISH AND IN ANY OTHER LANGUAGE SPOKEN BY POPULATIONS WITH LIMITED ENGLISH PROFICIENCY THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE COMMUNITY OF THE HOSPITAL, IN THE FOLLOWING WAYS -SIGNS ARE POSTED IN PATIENT REGISTRATION AREAS (INCLUDING EMERGENCY DEPARTMENT REGISTRATION) INFORMING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE, THE AVAILABILITY OF FINANCIAL ASSISTANCE COUNSELORS, AND HOW TO OBTAIN A COPY OF THE OSF FINANCIAL ASSISTANCE POLICY AND APPLICATION -A PLAIN LANGUAGE SUMMARY OF THE OSF FINANCIAL ASSISTANCE POLICY IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS AND INCLUDED IN THE BILLING STATEMENT MAILED PRIOR TO INITIATING EXTRAORDINARY COLLECTION ACTIONS IN ADDITION, THE PLAIN LANGUAGE SUMMARY AND APPLICATION ARE PROVIDED TO REFERRING STAFF PHYSICIANS -OSF MAKES REASONABLE EFFORTS TO ORALLY NOTIFY PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY AND HOW TO OBTAIN ASSISTANCE IN APPLYING -A NOTICE OF AVAILABILITY OF THE CORPORATION'S FINANCIAL ASSISTANCE AND UNINSURED PATIENT DISCOUNT POLICIES IS PROMINENTLY AVAILABLE ON THE CORPORATION'S WEB SITE THE APPLICATION FORM WITH INSTRUCTIONS AND THE PLAIN LANGUAGE SUMMARY IS AVAILABLE FOR DOWNLOAD -A NOTE REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE (TOGETHER WITH CONTACT PHONE NUMBERS) APPEARS ON EVERY PATIENT BILLING STATEMENT AS WELL AS THE WEBSITE WHERE COPIES OF THE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY MAY BE OBTAINED -FINANCIAL ASSISTANCE COUNSELORS ARE AVAILABLE IN PERSON AND BY PHONE TO ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AND IN DETERMINING ELIGIBILITY AND APPLYING FOR GOVERNMENT PROGRAM BENEFITS, INCLUDING MEDICAID -THE CORPORATION'S FINANCIAL ASSISTANCE POLICY IS FILED WITH THE ILLINOIS ATTORNEY GENERAL AND IS AVAILABLE TO THE PUBLIC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER d/b/a OSF SAINT ELIZABETH MEDICAL CENTER IS LOCATED IN LASALLE COUNTY DATA ESTABLISHES THAT LASALLE COUNTY IS THE RESIDENCE OF OVER 90% OF ALL PATIENTS RECEIVING SERVICES FROM SAINT PAUL MEDICAL CENTER AND SAINT ELIZABETH MEDICAL CENTER THE POPULATION IS AN AGING POPULATION THE HISPANIC POPULATION COMPRISES 9 4% OF THE POPULATION RESIDENTS HAVE A MEDIAN HOUSEHOLD INCOME LOWER THAN THE STATE OF ILLINOIS UNEMPLOYMENT REMAINS SLIGHTLY HIGHER THAN THE STATE OF ILLINOIS UNEMPLOYMENT RATE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	PROMOTION OF COMMUNITY HEALTH THE ORHHC'S SPONSORING ORGANIZATION IS A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH KNOWN AS THE SISTERS OF THE THIRD ORDER OF ST FRANCIS IN ACCORDANCE WITH CANON LAW OF THE ROMAN CATHOLIC CHURCH AND FEDERAL TAX LAW APPLICABLE TO SUPPORTING ORGANIZATIONS, A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION ARE PROFESSED MEMBERS OF THE SPONSORING RELIGIOUS CONGREGATION ORHHC HAS A COMMUNITY ADVISORY BOARD CONSISTING OF MEMBERS OF THE COMMUNITY WHO ARE NOT DIRECTORS, OFFICERS, OR CONTRACTORS OF ORHHC EXCEPT FOR HOSPITAL DEPARTMENTS WHICH HAVE BEEN CLOSED, OR IN WHICH CLINICAL PRIVILEGES HAVE BEEN RESTRICTED, FOR CLINICAL OR QUALITY OF CARE REASONS BY ACTIONS OF THE HOSPITAL'S MEDICAL STAFF AND THE BOARD OF DIRECTORS, ORHHC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITIES THE ORHHC'S SURPLUS FUNDS WERE USED DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2018 FOR IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH ORHHC MEETS THE REQUIREMENTS OF REVENUE RULING 69-545 BY -OPERATING AN EMERGENCY DEPARTMENT WHICH IS STAFFED 24 HOURS PER DAY BY QUALIFIED PHYSICIANS AND OTHER MEDICAL PERSONNEL AND WHICH IS OPEN TO ALL PERSONS WITHOUT REGARD TO ABILITY TO PAY -HAVING MEDICAL STAFFS WHICH ARE OPEN TO ALL QUALIFIED PHYSICIANS, MID-LEVEL PROVIDERS, PODIATRISTS, AND DENTISTS IN THE COMMUNITY (EXCEPT WHERE RESTRICTED IN RARE CASES FOR CLINICAL QUALITY REASONS BY ACTION OF THE MEDICAL STAFF AND THE BOARD OF DIRECTORS) -ACCEPTING MEDICARE, MEDICAID AND OTHER GOVERNMENT PROGRAM PATIENTS -ACCEPTING ALL PATIENTS, INCLUDING UNINSURED PATIENTS, WITHOUT REGARD TO THEIR ABILITY TO PAY -USING SURPLUS FUNDS TO IMPROVE THEIR FACILITIES, EQUIPMENT, PATIENT CARE, MEDICAL TRAINING, EDUCATION, AND RESEARCH AS DESCRIBED ABOVE OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER d/b/a OSF SAINT ELIZABETH MEDICAL CENTER PARTNER WITH OTHER LOCAL SERVICE AGENCIES TO ENSURE ACCESS FOR RURAL HEALTHCARE INCLUDING OFFERING SPACE TO OTHER AGENCIES TO CO-LOCATE UNDER ONE ROOF OSF ON CALL OFFERS A 24/7 ONLINE ACCESS TO MEDICAL CARE VIA SMARTPHONE, TABLET OR COMPUTER THE HOSPITAL FORMED A TRANSIT PARTNERSHIP UNDER THE CITY OF OTTAWA AND NORTH CENTRAL AREA TRANSIT (NCAT) AND DONATED ANOTHER VAN TO THE NCAT FLEET TO EXPAND TRANSPORTATION OPTIONS FOR MEDICAL PATIENTS

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	THE CORPORATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM (THE "OSF SYSTEM") WHICH PROVIDES INTEGRATED HEALTH CARE SERVICES THROUGHOUT CENTRAL ILLINOIS, PARTS OF NORTHERN ILLINOIS, AND PARTS OF THE UPPER PENINSULA OF MICHIGAN. THE OSF SYSTEM INCLUDES THE OTHER CORPORATIONS LISTED BELOW, ALL OF WHICH ARE CONTROLLED, DIRECTLY OR INDIRECTLY, BY THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS (THE "CONGREGATION"). ALL AFFILIATED CORPORATIONS (WHETHER TAXABLE OR EXEMPT) APPLY AND FOLLOW THE CHARITY CARE POLICIES OF THE CORPORATION AND ARE OPERATED IN FURTHERANCE OF THE MISSION OF THE CONGREGATION TO PROVIDE COMPREHENSIVE, INTEGRATED, QUALITY CARE, INCLUDING PREVENTIVE, PRIMARY, ACUTE, CONTINUOUS AND REHABILITATIVE HEALTH SERVICES TO THE COMMUNITIES SERVED BY THE CORPORATION AND THE OSF SYSTEM. SPECIAL EMPHASIS IS PLACED ON MEETING THE PHYSICAL, SPIRITUAL, EMOTIONAL, AND SOCIAL NEEDS OF EVERYONE WHO IS CARED FOR IN THE OSF SYSTEM REGARDLESS OF RACE, COLOR, RELIGION AND ABILITY TO PAY. THE AFFILIATED CORPORATIONS ARE -THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS, WHICH HOLDS THE ASSETS OF THE RELIGIOUS CONGREGATION AND DIRECTS ALL OTHER CORPORATIONS IN THE AFFILIATED HEALTH CARE SYSTEM THROUGH BOARD REPRESENTATION AND THE EXERCISE OF RESERVED POWERS -OSF SAINT FRANCIS, INC., AN ILLINOIS BUSINESS CORPORATION, INCORPORATED DECEMBER 23, 1986, WHICH OPERATES FOR-PROFIT BUSINESSES IN SUPPORT OF OSF HEALTHCARE SYSTEM. OSF SAINT FRANCIS, INC. IS THE SOLE SHAREHOLDER OF OSF DESIGN GROUP, INC. AND OSF ASSURANCE COMPANY AND IS THE SOLE MEMBER OF OSF AVIATION, LLC, OSF FINANCE COMPANY, LLC, STATE AND ROXBURY, LLC, AND 124 ADAMS PROPERTY MANAGEMENT, LLC -OSF AVIATION, LLC, WHICH IS AN FAA PART CERTIFIED CARRIER PROVIDING EMS HELICOPTER SERVICES THROUGHOUT CENTRAL ILLINOIS AND PARTS OF NORTHERN ILLINOIS -OSF LIFELINE AMBULANCE, LLC, WHICH PROVIDES GROUND AMBULANCE TRANSPORTATION SERVICES IN PARTS OF NORTHERN ILLINOIS -OSF HEALTHCARE FOUNDATION, AN ILLINOIS NOT-FOR-PROFIT CORPORATION, INCORPORATED JULY 7, 1989, WHICH CONDUCTS FUNDRAISING AND ANY OTHER ACTIVITIES FOR THE BENEFIT OF OSF HEALTHCARE SYSTEM AND IN SUPPORT OF THE MISSION OF THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS -OSF ASSURANCE COMPANY, A VERMONT GENERAL CORPORATION, INCORPORATED DECEMBER 8, 2004, ORGANIZED FOR THE PURPOSE OF WRITING INSURANCE AND REINSURANCE AS A CAPTIVE INSURANCE COMPANY. OSF SAINT FRANCIS, INC. IS THE SOLE MEMBER OF THIS CORPORATION -OSF FINANCE COMPANY, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, ORGANIZED ON NOVEMBER 19, 2007, ORGANIZED TO ISSUE ADJUSTABLE RATE TAXABLE SECURITIES, WHOSE PROCEEDS WILL BE LOANED TO OSF SAINT FRANCIS, INC. FOR VARIOUS PROJECTS. OSF SAINT FRANCIS, INC. IS THE SOLE MEMBER OF THIS CORPORATION -ILLINOIS PATHOLOGIST SERVICES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, ORGANIZED ON JULY 9, 2009, TO PROVIDE PROFESSIONAL PATHOLOGY SERVICES IN THE ROCKFORD, ILLINOIS, AREA -OSF DESIGN GROUP, INC., AN ILLINOIS BUSINESS CORPORATION, INCORPORATED MAY 20, 2004, WHICH PROVIDES PROFESSIONAL ARCHITECTURAL SERVICES AS A REGISTERED PROFESSIONAL DESIGN FIRM TO OSF HEALTHCARE SYSTEM AND OTHER OSF CORPORATIONS -OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER, AN ILLINOIS NOT-FOR-PROFIT CORPORATION (FORMERLY NAMED COMMUNITY HOSPITAL OF OTTAWA), INCORPORATED ON DECEMBER 7, 1964. OSF HEALTHCARE SYSTEM BECAME THE SOLE MEMBER OF THIS CORPORATION ON APRIL 30, 2012, AND THE HOSPITAL WAS RENAMED AS D/B/A OSF SAINT ELIZABETH MEDICAL CENTER -OSF MULTI-SPECIALTY GROUP, AN ILLINOIS NOT-FOR-PROFIT CORPORATION, CREATED ON SEPTEMBER 8, 2011, EMPLOYS PRIMARY CARE AND SPECIALTY PHYSICIANS, MID-LEVEL PROVIDERS, NURSES, AND SUPPORT PERSONNEL TO PROVIDE PROFESSIONAL HEALTH CARE SERVICES -POINTCORE, LLC, A DELAWARE LIMITED LIABILITY COMPANY, FOUNDED ON MARCH 19, 2014, WHICH WILL IMPROVE THE QUALITY OF HEALTHCARE BY POOLING THE RESOURCES OF ITS MEMBERS TO PROVIDE SERVICES TO ITS MEMBERS AND THIRD PARTIES -SAINT ANTHONY'S, LLC, A DELAWARE LIMITED LIABILITY COMPANY, CREATED ON APRIL 17, 2000. THE CORPORATION, WITH ITS PRINCIPAL OFFICE IN ALTON, ILLINOIS, OPERATES EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES, SPECIFICALLY, TO OWN, OPERATE OR MAINTAIN THE AFFAIRS OF INSTITUTIONS THAT FOSTER LOW INCOME HOUSING, PROVIDE AND IMPROVE HEALTH SERVICES, PROMOTE PHYSICIAN AND MENTAL WELL-BEING AND INDEPENDENCE AND MOBILIZE COMMUNITY SUPPORT AND RESOURCES TO SERVE SAID HEALTH AND HOUSING NEEDS. OSF HEALTHCARE SYSTEM BECAME THE SOLE MEMBER OF THIS CORPORATION ON NOVEMBER 1, 2014. NDC CORPORATE EQUITY FUND IV, L.P. WAS THE PARTY INVOLVED WITH SAINT ANTHONY'S, LLC IN THE SAINT CLARE'S VILLA, LIMITED PARTNERSHIP IN ALTON, ILLINOIS. ON JANUARY 1, 2017, SAINT ANTHONY'S, LLC BECAME THE SOLE MEMBER OF SAINT CLARE'S VILLA WHEN IT ACCEPTED THE ASSIGNMENT OF NDC'S SHARES ON DECEMBER 31, 2016 -SAINT CLARE'S VILLA, LIMITED PARTNERSHIP, AN ILLINOIS LIMITED PARTNERSHIP, CREATED ON APRIL 17, 2000, BETWEEN SAINT ANTHONY'S, LLC AND NDC CORPORATE EQUITY.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Y FUND IV, L P SAINT CLARE'S VILLA OPERATES A 64 BED LOW INCOME ASSISTED LIVING FACILITY FOR THE ELDERLY AT 915 EAST FIFTH STREET IN ALTON, ILLINOIS SAINT ANTHONY'S, LLC BECAME THE SOLE MEMBER OF SAINT CLARE'S VILLA ON JANUARY 1, 2017 -MENDOTA COMMUNITY HOSPITAL, AN ILLINOIS NOT-FOR-PROFIT CORPORATION, CREATED ON MARCH 24, 1944, WITH THE NAME MENDOTA HOSPITAL FOUNDATION THE NAME OF THE CORPORATION WAS CHANGED TO MENDOTA COMMUNITY HOSPITAL ON JUNE 16, 1967 OSF HEALTHCARE SYSTEM BECAME THE SOLE MEMBER OF THIS CORPORATION ON APRIL 1 , 2015, AND THE HOSPITAL WAS RENAMED AS D/B/A OSF SAINT PAUL MEDICAL CENTER -STATE AND ROXBURY, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, ESTABLISHED ON JANUARY 10, 2008, WAS ORGANIZED TO ACQUIRE AND OPERATE THE REAL ESTATE AT 5668 EAST STATE STREET, ROCKFORD, ILLINOIS STATE AND ROXBURY, LLC WAS INITIALLY OWNED BY SAINT ANTHONY MEDICAL CENTER (51%) AND BRENT B JOHNSON (49%) EFFECTIVE FEBRUARY 1, 2016, SAINT ANTHONY MEDICAL CENTER PURCHASED THE 49% OWNERSHIP OF BRENT B JOHNSON OSF SAINT FRANCIS, INC SUBSEQUENTLY PURCHASED 100% OWNERSHIP OF STATE AND ROXBURY, LLC FROM SAINT ANTHONY MEDICAL CENTER AND BECAME THE SOLE MEMBER STATE AND ROXBURY, LLC IS A MEMBER MANAGED COMPANY -OSF COLLEGE OF HEALTH SCIENCES, AN ILLINOIS NOT-FOR-PROFIT CORPORATION, CREATED ON NOVEMBER 7, 2016, HAS OVERSIGHT OVER ONE OR MORE EDUCATIONAL INSTITUTIONS FOR THE TRAINING OF INDIVIDUALS FOR THE PURPOSE OF IMPROVING OR DEVELOPING THEIR CAPABILITIES AND INSTRUCTION OF THE PUBLIC ON SUBJECTS USEFUL TO INDIVIDUALS AND BENEFICIAL TO THE COMMUNITY INCLUDING AND WITHOUT LIMITATION ONE OR MORE COLLEGES OF NURSING INITIAL DIVISIONS INCLUDE D/B/A SAINT ANTHONY COLLEGE OF NURSING, ROCKFORD, ILLINOIS, AND D/B/A SAINT FRANCIS MEDICAL CENTER COLLEGE OF NURSING, PEORIA, ILLINOIS -124 ADAMS PROPERTY MANAGEMENT, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, ORGANIZED ON DECEMBER 11, 2017, OPERATES TO MANAGE 124 ADAMS PROPERTY HOLDINGS, LLC OSF SAINT FRANCIS, INC IS THE SOLE MEMBER OF THIS CORPORATION

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: 36-2604009

Name: Ottawa Regional Hospital & Healthcare Center

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

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See CHNA for further information

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 6a Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER DBA OSF SAINT ELIZABETH MEDICAL CENTER - OTTAWA, IL THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR 2016 FOR LASALLE COUNTY WAS A COLLABORATIVE UNDERTAKING BY OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER DBA OSF SAINT ELIZABETH MEDICAL CENTER AND MENDOTA COMMUNITY HOSPITAL DBA OSF SAINT PAUL MEDICAL CENTER THE CHNA HIGHLIGHTS THE HEALTH NEEDS AND WELL-BEING OF RESIDENTS IN LASALLE COUNTY

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 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 11 Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER d/b/a OSF SAINT ELIZABETH MEDICAL CENTER COMPLETED A COMMUNITY HEALTH NE EDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2016 AS REQUIRED BY INTERNAL REVENUE CODE SECTI ON 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVED AND ADOPTED BY THE SYSTEM'S BOA RD OF DIRECTORS ON JULY 25, 2016 THIS CHNA IS EFFECTIVE FOR FISCAL YEARS 2017, 2018 AND 2 019 THE LASALLE COUNTY CHNA WAS DONE AS A COLLABORATIVE UNDERTAKING BY OSF SAINT ELIZABET H AND OSF SAINT PAUL MEDICAL CENTERS TO HIGHLIGHT THE HEALTH NEEDS AND WELL BEING OF RESID ENTS IN LASALLE COUNTY THE COLLABORATIVE TEAM IDENTIFIED THE FOLLOWING SIGNIFICANT COMMUN ITY HEALTH NEEDS AS A PRIORITY HEALTHY BEHAVIORS AND BEHAVIORAL HEALTH HEALTHY BEHAVIORS IS DEFINED AS ACTIVE LIVING AND HEALTHY EATING AND THEIR IMPACT ON OBESITY BEHAVIORAL HE ALTH INCLUDES MENTAL HEALTH AND SUBSTANCE ABUSE IN RESPONSE TO THESE PRIORITY HEALTH NEED S, THE HOSPITALS DEVELOPED AN IMPLEMENTATION STRATEGY DESCRIBING THE ACTIONS THE HOSPITALS INTEND TO TAKE TO ADDRESS BOTH PRIORITY HEALTH NEEDS, THE RESOURCES THE HOSPITALS PLAN TO COMMIT TO ADDRESS THE HEALTH NEEDS, AND ANY PLANNED COLLABORATIONS WITH OTHER ORGANIZATIO NS TO ADDRESS THE HEALTH NEEDS THE HOSPITALS REVIEW THEIR IMPLEMENTATION STRATEGY AT LEAS T ANNUALLY AND MAKE REVISIONS AS NEEDED TO MAXIMIZE THE IMPACT ON IDENTIFIED PRIORITY HEAL TH NEEDS A SUMMARY OF HOW THE HOSPITALS HAVE ADDRESSED THE PRIORITY HEALTH NEEDS IS PROVI DED BELOW FY2016 - 2018 Healthy Behaviors defined as - Active Living, Healthy Eating and Obesity Goals Goals -Bring together community organizations providing education, increasin g awareness, and engaging in health nutrition, including exercise decisions, in order to b enefit community members in their everyday life and overall health -Increase knowledge, a wareness and engagement in healthy behaviors in order to improve LaSalle County residents' overall health Healthy Behaviors Measurement and Key Accomplishments (1) Tracked number of immunizations provided and the impact on school absences Data for Ottawa/Streator/Mend ota *8/1/2016-5/31/2017 6,574 Immunizations given *8/1/2017-4/20/2018 7,477 Immunizations given *8/1/2018 to Present 22,536 Immunizations given Note This project has increased th e immunization compliance rates of 2 year olds in the Ottawa/Streator practices from 23 2% in 2/2016 to 39 02% as of 4/2018 to 52% as of 2/2019 (2) Tracked hours spent with studen t athletes and the number of injuries *2017 Streator High School - 451 hours/58 injuries *2017 Ottawa High School - 232 hours/32 injuries *2018 Streator High School - 699 hours/90 injuries *2018 Ottawa High School - 409 hours/20 injuries *2018 Earlville High School - 2 45 hours/20 injuries (3) Tracked number of educational events and attendance addressing he alth and wellness *2016 77 events 4018 attendees *2017 74 events 4115 attendees *2018 114 events 7500 attendees (

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 11 Facility , 1	4) Tracked number of sports physicals provided *2016 Streator High School - 57, Ottawa High School - 59 *2017 Streator High School - 51, Ottawa High School - 69 *2018 Streator High School - 41, Ottawa High School - 79, Earlville High School - 11 (5) Tracking of Social Media Posts *In 2017, Saint Elizabeth Medical Center had Facebook posts reaching 1,070,284 residents *Center for Health's Facebook posts reaching 441,387 residents *In 2018, Saint Paul Medical Center had Facebook posts reaching local residents 437,000 times *In 2018, Saint Elizabeth Medical Center Facebook posts reached local residents 752,000 times *Center for Health's Facebook posts reached local residents 305,000 times (6) Pounds of food donated to community agencies from our Community Garden *2017 - 1500 pounds *2018 - 1500 pounds (7) Tracked participation in OSF4Life - Increased participation *2017 - Health Risk Assessment at Saint Elizabeth Medical Center - 39% *2017 - Health Risk Assessment at Saint Paul Medical Center - 63% *Wellness challenge Virtue at Saint Paul Medical Center had 49 participants *Wellness challenge Virtue at Saint Elizabeth Medical Center had 35 participants *Take the first Step challenge at Saint Paul Medical Center had 83 participants *Take the first Step challenge at Saint Elizabeth Medical Center had 53 participants *2018 Health Risk Assessment at Saint Elizabeth Medical Center - 42% *2018 Health Risk Assessment at Saint Paul Medical Center - 66.5% (8) Tracked participation in pounds with the Healthy You program for Saint Paul Medical Center *2016 259 participants, 2300 pounds *2017 251 participants, 2339 pounds *2018 283 participants, 2441 pounds **Began collaborative/partnership initiative - Live Well Streator, Held monthly meetings on Healthy Eating, Activity and Opioid Use Disorder **Participates in Action Walk with Greenway Trail in Streator, 100 participants walked 2.8 miles **Collaborated and rolled out Pieces Iris, case management platform that extends health system and healthy plan networks to include community based organizations to address health related social needs Participating organizations include Servant's Heart, Safe Journey, BEST, Inc, Ottawa/Peru Pads, LaSalle Co Health Dept, Ottawa/Streator YMCA, Streator Elementary/High School, Salvation Army - Streator, Tri-County Opportunities Council **Partnerships within LaSalle County include *Penguin Plunge - Make A Wish Foundation, Labor of Love, Out of the Darkness - Suicide Prevention Walk, Walk to End Alzheimer's, Freezin For A Reezin, Meals on Wheels, Operation Snowball, Relay For Life - American Cancer Society, Illinois Brain Injury Support - meet 1x per month, Bereavement Group - meet 2x per month, Stroke Support - meet 1x per month, Blood Drive - quarterly, Breastfeeding Class - meet 6x per year, Childbirth Class - meet 1x per week, Sibling Class - meet 1x per month, Safe Sitter Class - meet 5x per year, BLS - offered 2x per month, Heartsaver CPR/AED - offered 1x 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
Schedule H, Part V, Section B, Line 11 Facility , 1	er month, First Aid - offered 6x per year, Child Passenger Car Seat Safety check - offered 1x per month, Marseilles Gobble Wobble 5K, Sport Physical clinics - Ottawa High School/Streator High School, Live Well Streator Steering Committee - meet 1x per month, Healthy Eating Action Team - meet 1x per month, Activity Action Team - meet 1x per month, Opioid Use Disorder Action Team - meet 1x per month FY2016 - 2018 Behavioral Health defined as - Mental Health and Substance Abuse Goal Goals -Increase access to and awareness of mental health services in LaSalle County -Increase awareness of mental health services in the community -Commit to teaching, empowering, and advocating for mental health issues -Develop and implement strategies to facilitate access and improve community agency alignment to meet the behavioral health needs of the community -Increase awareness and engagement to decrease instances of risky behavior and substance abuse in LaSalle County -Provide awareness of future potential risks related to substance abuse -Develop and implement strategies to facilitate services / access and improve community agency alignment in addressing alcohol and illicit substance abuse by youths within the community Behavioral Health Measurement and Key Accomplishments (1) Developed a strategic system of care plan for mental health (Streator initiative) *Implemented Behavioral Health Navigator, Referral Algorithm, and Embedded Behaviorist in Primary Care practice, Tele-psych, NCBH Colocation, Live Well Streator or Substance Abuse Focus **Drug Take Back event produced 56 pounds of pills, 20 pounds of liquid, inhalers and sharps collected (2) Monitored Counseling visits providing early intervention, depression screening and support *Embedded a Therapist in Center for Health-Streator (3) Tracked Patient Wisdom data A survey tool used to ask community members questions specific to Behavioral Health *149 respondents gave their view on how to address behavioral health in community 20% identified Substance Abuse as needing more community attention In 2018 the data usage continues to validate strategies (4) Tracked unique patients for Behavioral Health services through Tele-psych *236 Tele-psych unique Patients (5) Tracked Tele-psych Visits *367 Tele-psych outpatient visits *105 Eco Silt Psych visits *15% of Choices Outpatients from Streator-psychiatry and therapy services **In 2018, 939 Tele-psych outpatient visits *99 of the visits were in Center for Health Tele-psych for a total of 939 Tele-psych patients *Added additional hours for tele-psych (6) Tracked the Behavioral Health Navigator calls *Behavioral Health Navigators served over 300 community members (7) Tracked Silver Cloud (Behavioral Health App) *200 community members joined in the past two years **Physician monitoring for narcotics **Currently using Aegis Labs for in-depth medication monitoring as well as working towards Medication Agreements for all patients on opioids

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 13 Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENERAL ASSISTANCE

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

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 15 Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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 16 Facility , 1	Facility , 1 - OTTAWA REGIONAL HOSPITAL AND HEALTHCARE CENTER A PLAIN LANGUAGE SUMMARY OF THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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.**

Employer identification number

36-2604009

Name of the organization
Ottawa Regional Hospital & Healthcare Center

Part I Questions Regarding Compensation

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 SCH J, PART I, LINE 3	THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMMITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS WHO HAVE TAKEN A VOW OF POVERTY. HENCE, THEY DO NOT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE. THE CHIEF EXECUTIVE OFFICER (CEO) IS NOT A MEMBER OF THE COMMITTEE. THE PERFORMANCE OF THE CEO AND HIS ACHIEVEMENT OF ANNUAL GOALS IS EVALUATED EACH YEAR BY THE FULL BOARD OF DIRECTORS, AND THIS PERFORMANCE REVIEW IS PROVIDED TO THE COMMITTEE. THE COMMITTEE ALSO OBTAINS COMPENSATION SURVEY DATA AND RECOMMENDATIONS FROM A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT. BASED ON ALL OF THESE FACTORS, THE COMMITTEE SETS THE BASE SALARY AND BENEFITS OF THE CEO AND APPROVES THE EXECUTIVE COMPENSATION PLAN APPLICABLE TO THE CEO. PRIOR TO PAYMENT OF ANY BONUS OR INCENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR THE CEO, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO ENSURE THAT NO EXCESS BENEFIT AMOUNT IS PAID OR FURNISHED.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	THE CORPORATION REIMBURSES CERTAIN EXECUTIVES FOR SOCIAL CLUB DUES PAID BY SUCH EXECUTIVES. ELIGIBILITY FOR CLUB DUES REIMBURSEMENT IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS AND IS TAKEN INTO CONSIDERATION BY THE COMMITTEE IN DETERMINING FAIR MARKET COMPENSATION. SEE FORM 990 - SCHEDULE O - PART VI - LINES 15A AND 15B FOR AN EXPLANATION OF THE ROLE OF THE HUMAN RESOURCES COMMITTEE AND THE MANNER IN WHICH FAIR MARKET COMPENSATION IS DETERMINED. CLUB DUES ARE NOT ELIGIBLE FOR REIMBURSEMENT IF THE CLUB IN QUESTION DISCRIMINATES ON THE BASIS OF RACE, RELIGION, SEX, NATIONAL ORIGIN, OR OTHER PROHIBITED FACTORS. DUES REIMBURSEMENT IS TREATED AND REPORTED AS TAXABLE COMPENSATION.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DURING 2017, OSF HEALTHCARE SYSTEM MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: KEVIN D. SCHOEPLIN, DANIEL E. BAKER. DURING 2017, THE FOLLOWING CONTRIBUTIONS WERE MADE BY OSF HEALTHCARE SYSTEM TO THE PLAN: KEVIN D. SCHOEPLIN - \$194,415, BAKER - \$96,937. DURING 2017, DISTRIBUTIONS WERE MADE BY OSF HEALTHCARE SYSTEM FROM THE PLAN: KEVIN D. SCHOEPLIN - \$0, DANIEL E. BAKER - \$1,646,820.

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-2604009
Name: Ottawa Regional Hospital & Healthcare Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
1Robert C Sehring	(i)	0	0	0	0	0	0	0
Vice Chairperson CEO	(ii)	822,949	0	26,582	42,919	25,321	917,770	0
1Kevin D Schoeplein	(i)	0	0	0	0	0	0	0
Partial Year - Vice Chairperson CEO	(ii)	1,198,405	450,000	73,273	237,590	21,193	1,980,461	0
2Gerald J McShane MD	(i)	0	0	0	0	0	0	0
Board Member	(ii)	664,489	0	30,841	43,175	21,114	759,619	0
3Daniel E Baker	(i)	0	0	0	0	0	0	0
Former CFO	(ii)	498,211	0	1,655,921	140,112	20,418	2,314,662	43,175
4Kenneth J Natzke	(i)	0	0	0	0	0	0	0
Former CEO East Region	(ii)	512,459	0	16,074	30,947	16,396	575,876	0
5Michael M Allen	(i)	0	0	0	0	0	0	0
CFO	(ii)	558,835	0	1,589	28,482	25,172	614,079	0
6Anthony M Avellino MD	(i)	0	0	0	0	0	0	0
Partial Year - CEO NSSL/INI	(ii)	899,441	75,140	2,180	35,225	25,311	1,037,297	0
7Kenneth E Berkovitz MD	(i)	0	0	0	0	0	0	0
Partial Year - CEO CVSL	(ii)	718,287	0	3,768	23,363	18,649	764,067	0
8Chad E Boore	(i)	0	0	0	0	0	0	0
Chief Executive Officer Eastern Region	(ii)	309,513	0	7,757	13,033	26,354	356,657	0
9Robert L Brandfass	(i)	0	0	0	0	0	0	0
SVP Chief Legal Officer	(ii)	509,534	0	9,887	39,200	24,840	583,462	0
10Michelle D Conger	(i)	0	0	0	0	0	0	0
Chief Strategy Officer	(ii)	439,698	0	10,176	15,005	23,954	488,833	0
11Roxanna Crosser	(i)	0	0	0	0	0	0	0
Chief Executive Officer Western Region	(ii)	293,017	0	21,775	33,224	7,681	355,697	0
12Michael A Cruz MD	(i)	0	0	0	0	0	0	0
Chief Executive Officer Central Region	(ii)	594,265	0	3,137	43,175	24,055	664,633	0
13John R Evancho	(i)	0	0	0	0	0	0	0
SVP Chief Compliance Officer	(ii)	247,450	0	8,559	19,252	26,332	301,592	0
14Thomas G Hammerton	(i)	0	0	0	0	0	0	0
President OSF Healthcare Foundation Chief Development Officer	(ii)	323,860	0	38,708	28,211	18,270	409,049	0
15Stephen E Hippler MD	(i)	0	0	0	0	0	0	0
Chief Clinical Officer	(ii)	525,836	0	15,802	43,175	24,008	608,820	0
16John C Horne	(i)	0	0	0	0	0	0	0
SVP Chief Supply Chain Officer	(ii)	336,961	0	8,181	27,779	23,888	396,808	0
17Divya-Devi Joshi	(i)	0	0	0	0	0	0	0
CEO Children SL	(ii)	496,427	0	935	17,225	8,984	523,571	0
18James J Mormann	(i)	0	0	0	0	0	0	0
Chief Information Officer	(ii)	535,916	0	8,673	35,225	25,045	604,859	0
19David A Schertz	(i)	0	0	0	0	0	0	0
Partial Year - CEO Northern Region	(ii)	567,927	0	11,767	25,175	18,551	623,420	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
21Dwight D Stapleton Vice President Clinical Specialty Services	(i)	0	0	0	0	0	0	0
	(ii)	400,865	0	114	13,250	14,273	428,502	0
1Jeffry M Tillery SVP Chief Transformation Officer	(i)	0	0	0	0	0	0	0
	(ii)	500,220	0	13,182	42,797	18,509	574,708	0
2Lori L Wiegand Chief Nursing Officer	(i)	0	0	0	0	0	0	0
	(ii)	366,572	0	16,273	43,175	18,421	444,441	0
3Leon A Yeh MD VP CMO Emergency Serv	(i)	0	0	0	0	0	0	0
	(ii)	519,663	4,127	47	35,225	24,746	583,809	0
4Garner Arnold MD Medical Director	(i)	518,564	0	46	33,238	24,846	576,693	0
	(ii)	0	0	0	0	0	0	0
5Joseph W Chuprevich MD Physician	(i)	459,171	50,731	282	21,200	18,219	549,604	0
	(ii)	0	0	0	0	0	0	0
6Molly M Kelly MD Physician	(i)	384,470	0	46	13,259	39	397,814	0
	(ii)	0	0	0	0	0	0	0
7Daniel R Mueller MD Physician	(i)	516,552	0	45	33,238	24,846	574,681	0
	(ii)	0	0	0	0	0	0	0
8Matthew W Wols MD Physician	(i)	497,515	0	53	31,099	24,846	553,514	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

Ottawa Regional Hospital & Healthcare Center

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

36-2604009

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS	COMPENSATION FOR THE ORGANIZATION'S OTHER OFFICERS IS PAID BY OSF HEALTHCARE SYSTEM, A RELATED TAX EXEMPT ORGANIZATION. THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMMITTEE WHOSE MEMBERS ARE ALL PROFESSIONAL MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS WHO HAVE TAKEN A VOW OF POVERTY. HENCE, THEY DO NOT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE. THE COMMITTEE DETERMINES WHICH OFFICERS, KEY EMPLOYEES AND OTHER EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN THE EXECUTIVE COMPENSATION PLAN BASED ON PERFORMANCE REVIEWS BY THE SUPERVISORS OF SUCH PERSONS AND COMPENSATION SURVEY DATA AND RECOMMENDATIONS FROM A NATIONALLY KNOWN INDEPENDENT COMPENSATION CONSULTANT. THE COMMITTEE APPROVES ANY EXECUTIVE COMPENSATION PLAN APPLICABLE TO KEY EMPLOYEES AND ESTABLISHES THE BASE SALARY AND BENEFITS FOR PLAN PARTICIPANTS. PRIOR TO PAYMENT OF ANY BONUS OR INCENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR EACH KEY EMPLOYEE, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO ENSURE THAT NO "EXCESS BENEFIT" AMOUNT IS PAID OR FURNISHED. SOME KEY EMPLOYEES LISTED IN PART VI ARE PRACTICING PHYSICIANS WHO ARE LISTED AS KEY EMPLOYEES AS A RESULT OF THE COMPENSATION THEY RECEIVE AND NOT DUE TO ANY EXECUTIVE OR MANAGEMENT POSITION WHICH THEY HOLD. SUCH PHYSICIANS GENERALLY ARE NOT PARTICIPANTS IN THE EXECUTIVE COMPENSATION PLAN, AND THEIR COMPENSATION, INCLUDING BASE SALARY, BENEFITS, AND ANY APPLICABLE BONUS OR INCENTIVE COMPENSATION, IS ESTABLISHED IN ACCORDANCE WITH NATIONALLY RECOGNIZED PHYSICIAN COMPENSATION SURVEYS AND IS SET FORTH IN WRITTEN EMPLOYMENT AGREEMENTS WHICH ARE APPROVED BY THE BOARD OF DIRECTORS OR ITS EXECUTIVE COMMITTEE. BECAUSE THE ORGANIZATION'S OTHER OFFICERS ARE NOT PAID BY THE FILING ORGANIZATION, THE FORM 990 INSTRUCTIONS REQUIRE THIS TO BE ANSWERED "NO."

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 9 Interested person not at organization's address	BRIAN SILVERSTEIN, M D 711 APPLE TREE LANE GLENCOE, IL 60022

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMMITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE SISTERS OF THE THIRD ORDER OF ST FRANCIS WHO HAVE TAKEN A VOW OF POVERTY HENCE, THEY DO NOT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE THE COMMITTEE DETERMINES WHICH OFFICERS, KEY EMPLOYEES AND OTHER EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN THE EXECUTIVE COMPENSATION PLAN BASED ON THE PERFORMANCE REVIEWS BY THE SUPERVISORS OF SUCH PERSONS AND COMPENSATION SURVEY DATA AND RECOMMENDATIONS FROM A NATIONALLY KNOWN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE APPROVES ANY EXECUTIVE COMPENSATION PLAN APPLICABLE TO KEY EMPLOYEES AND ESTABLISHES THE BASE SALARY AND BENEFITS FOR PLAN PARTICIPANTS PRIOR TO PAYMENT OF ANY BONUS OR INCENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR EACH KEY EMPLOYEE, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO ENSURE THAT NO "EXCESS BENEFIT" AMOUNT IS PAID OR FURNISHED THE COMPENSATION REVIEW IS DONE ANNUALLY IN NOVEMBER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other - Total Revenue 249663, Related or Exempt Function Revenue 249663, Unrelated Busin ess Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	EQUITY TRANSFERS - -14914385, ASSETS RELEASED - 5404, NON CONTROLLING INTEREST SUBS - -218 715, OSFMG EQUITY TRANSFER - 829311, INCREASE IN TEMP RESTRICTED NET ASSETS - 422681,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Ottawa Regional Hospital & Healthcare Center

Employer identification number
36-2604009

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Radiation Oncology of Northern Illinois 1200 Starfire Drive Ottawa, IL 61350 75-3247165	Oncology	IL	0	0	ORHHC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CENTER FOR HEALTH AMBULATORY 8800 RTE 91 N PEORIA, IL 61615 20-5557171	SURGICAL CENTER	IL	OSF	Related	0	0		No			No	0 %
(2) EASTLAND MEDICAL PLAZA 1505 EASTLAND DRIVE Bloomington, IL 61701 37-1400643	SURGICAL CENTER	IL	OSF	Related	0	0		No			No	0 %
(3) FORT JESSE IMAGING CENTER LLC 2200 FT JESSE ROAD NORMAL, IL 61761 46-0515604	MEDICAL IMAGING	IL	OSF	Related	0	0		No			No	0 %
(4) SAINT CLARE'S VILLA 915 EAST 5TH STREET ALTON, IL 62002 37-1397289	LOW INC HOUSING	IL	OSF	Related	0	0		No		Yes		0 %
(5) FOX RIVER CANCER CENTER 1211 STARFISH DRIVE OTTAWA, IL 61350 87-0805865	ONCOLOGY	IL	ORHHC	Related	292,231	2,244,325		No		Yes		66 67 %

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) OSF SAINT FRANCIS INC 800 NE GLEN OAK AVE PEORIA, IL 61603 36-3484677	HLTHCARE SVCS	IL	OSF	C Corporation					No
(2) ILLINOIS PATHOLOGST SERVICES LLC 5666 EAST STATE STREET ROCKFORD, IL 61108 80-0439081	PATHOLOGY SVCS	IL	OSF	C Corporation					No
(3) LAKEVIEW MEDICAL OFFICE BUILDING 812 N LOGAN AVE DANVILLE, IL 61832 37-1100761	CONDOMINIUM ASSOCIATION	IL	OSF	C Corporation					No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the 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	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 36-2604009

Name: Ottawa Regional Hospital & Healthcare Center

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

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