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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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

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

Doing business as

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

503 N MAPLE STREET

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

Effingham, IL 624012099

F Name and address of principal officer

THERESA RUTHERFORD
503 N MAPLE STREET
Effingham, IL 624012099

D Employer identification number

37-0661233

E Telephone number

(217) 347-2121

G Gross receipts \$ 159,702,049

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶ 0928

I Tax-exempt status

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

J Website: ▶ STANTHONYSHOSPITAL.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1955

M State of legal domicile IL

Part I Summary

Activities & Governance

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

TO PARTICIPATE IN THE HEALTHCARE MINISTRY OF THE CHURCH BY COMMITTING OUR RESOURCES TO PROVIDE A FAMILY-CENTERED APPROACH IN MEETING THE HEALTHCARE NEEDS OF ALL PEOPLE IN THE COMMUNITY

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

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

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

5 Total number of individuals employed in calendar year 2018 (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

Prior Year

Current Year

Beginning of Current Year

End of Year

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

David Nosacka Division CFO

Type or print name and title

2020-05-19

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01321579

Firm's name ▶ CROWE LLP

Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 West Wacker Drive Suite 2600

Chicago, IL 606061224

Phone no (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 108,416,505	including grants of \$	(Revenue \$ 146,926,048)
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 \$)
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4e	Total program service expenses ▶	108,416,505
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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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	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	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	862
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	958	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.	Yes	
b	Other officers or key employees of the organization.	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?	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?	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
 ► Bill Hawley 503 N MAPLE STREET EFFINGHAM, IL 624012099 (217) 347-6738

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THERESA J RUTHERFORD PRESIDENT & CEO	60 0 0	X		X				0	407,755	121,033
(2) DOROTHY BEHRNS 2018 & 2019 Chair	1 0 0	X		X				0	0	0
(3) Eric Zeller 2019 Vice Chair	1 0 0	X		X				0	0	0
(4) JOHN KINGERY 2018 Vice Chair	1 0 0	X		X				0	0	0
(5) SR RITAMARY BROWN 2018 & 2019 Secretary	1 0 1 0	X		X				0	0	0
(6) Carrie Crippen BOARD MEMBER	1 0 0	X						0	0	0
(7) Kelly Haller MD BOARD MEMBER	1 0 0	X						0	0	0
(8) KENNETH JOHNSON MD BOARD MEMBER	1 0 49 0	X						0	590,095	94,020
(9) FR Michael ROSA BOARD MEMBER	1 0 0	X						0	0	0
(10) Lana Schmidt MD BOARD MEMBER	1 0 0	X						0	0	0
(11) Bob Schultz Board Member	1 0 0	X						0	0	0
(12) MARC SHELTON MD Board Member	1 0 53 0	X						0	843,857	75,098
(13) Allie Weber BOARD MEMBER	1 0 0	X						0	0	0
(14) ANN M CARR TREASURER	0 3 59 7			X				0	329,829	110,463
(15) JAMES DOVER CEO SOUTHERN IL DIV - Thru June 2019	18 0 42 0			X				0	627,463	125,470
(16) DAVID NOSACKA CFO Southern IL Division	16 0 44 0			X				0	358,453	52,011
(17) RYAN L JENNINGS CHIEF MEDICAL OFFICER	40 0 0				X			361,245	0	60,098

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			
(18) KELLY M SAGER Chief Nursing Officer	40 02 0				X			230,534	0	91,479
(19) Marshall Ashby CRNA	40 02 ...					X		215,459	0	9,005
(20) ALICE K BEARY CRNA	40 02 ...					X		208,905	0	9,005
(21) MARY BRYANT CRNA	40 02 ...					X		207,169	0	39,293
(22) ROBERT S BRYANT CRNA	40 02 ...					X		198,851	0	37,500
(23) Mary Spencer CRNA	40 02 ...					X		208,334	0	21,284

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	1,630,497	3,157,452	845,759

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 31

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
McCarthy Building Companies Inc 1341 North Rock Hill Road St Louis, MO 63124	Construction Services	8,787,243
PRAIRIE CARDIOVASCULAR PO BOX 19420 SPRINGFIELD, IL 62794	PHYSICIAN SERVICES	3,702,882
CENTRAL ILLINOIS ASSOCIATES LTD 1800 E LAKE SHORE DR STE 2 DECATUR, IL 625213810	ANESTHESIA SERVICES	2,346,886
Interstate Imaging PO Box 144 Evansville, IN 477010144	Radiology services	1,076,495
CEP America 2100 Powell St Suite 900 Attn Account Receivable Emeryville, CA 94608	emergency services	1,035,922

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 ▶ 23

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	212,017				
	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 ▶		212,017				
Program Service Revenue			Business Code				
	2a PATIENT SERVICE REVENUE		621990	146,926,048	146,926,048		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue			0	0	0	
	g Total. Add lines 2a-2f ▶		146,926,048				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			1,492,354		1,492,354	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		685,389					
		b Less rental expenses	462,405				
		c Rental income or (loss)	222,984	0			
	d Net rental income or (loss) ▶			222,984		222,984	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		6,932,922					
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	6,932,922	0			
	d Net gain or (loss) ▶			6,932,922		6,932,922	
	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						
b Less cost of goods sold . . . b							
c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
11a Anesthesia Lease Income	900099	2,350,260			2,350,260		
b Medical Records	900099	57,969			57,969		
c AUXILIARY GIFT SHOP	453220	35,664			35,664		
d All other revenue		1,009,426	0	0	1,009,426		
e Total. Add lines 11a-11d ▶		3,453,319					
12 Total revenue. See Instructions ▶		159,239,644	146,926,048	0	12,101,579		

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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.	499,242	384,416	114,826	
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.	46,299,261	35,702,841	10,596,420	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	226,354	174,542	51,812	
9 Other employee benefits.	12,211,886	9,416,586	2,795,300	
10 Payroll taxes.	3,011,466	2,322,141	689,325	
11 Fees for services (non-employees):				
a Management.				
b Legal.	68,128		68,128	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	1,409,386		1,409,386	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	18,797,445	10,431,795	8,365,650	0
12 Advertising and promotion.	728,520	56,657	671,863	
13 Office expenses.	19,064,771	18,781,889	282,882	
14 Information technology.	5,638,655	4,228,991	1,409,664	
15 Royalties.				
16 Occupancy.	1,620,546	1,432,647	187,899	
17 Travel.	89,552	50,729	38,823	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	100,067	71,687	28,380	
20 Interest.	428,121		428,121	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,332,308	1,096,857	3,235,451	
23 Insurance.	1,279,162	1,146,220	132,942	
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 MEDICAID TAX ASSESSMENT	4,472,379	4,472,379		
b BAD DEBT EXPENSE	5,376,748	5,376,748		
c LEASE/RENTALS	2,455,141	2,096,136	359,005	
d Medical Physician Fees	6,445,705	6,445,705		
e All other expenses	4,753,785	4,727,539	26,246	0
25 Total functional expenses. Add lines 1 through 24e.	139,308,628	108,416,505	30,892,123	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		1	
	2 Savings and temporary cash investments	12,174,561	2	5,974,775
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	22,378,820	4	26,650,093
	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	4,681,871	8	4,311,481
	9 Prepaid expenses and deferred charges	265,090	9	334,861
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 196,312,502		
	b Less: accumulated depreciation	10b 119,231,747		
	11 Investments—publicly traded securities	64,756,239	10c	77,080,755
	12 Investments—other securities. See Part IV, line 11	352,764,174	11	342,738,439
	13 Investments—program-related. See Part IV, line 11	0	12	
	14 Intangible assets	0	13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,224,791	15	1,440,478	
	458,245,546	16	458,530,882	
Liabilities	17 Accounts payable and accrued expenses	9,338,998	17	10,182,588
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	21,154,798	20	20,103,634
	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	2,212,632	23	2,584,126
	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	16,964,754	25	16,811,335
	26 Total liabilities. Add lines 17 through 25	49,671,182	26	49,681,683
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	406,807,890	27	407,075,896
	28 Temporarily restricted net assets	1,588,340	28	1,595,169
	29 Permanently restricted net assets	178,134	29	178,134
	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	408,574,364	33	408,849,199
34 Total liabilities and net assets/fund balances	458,245,546	34	458,530,882	

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	159,239,644
2	Total expenses (must equal Part IX, column (A), line 25)	2	139,308,628
3	Revenue less expenses Subtract line 2 from line 1	3	19,931,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	408,574,364
5	Net unrealized gains (losses) on investments	5	-1,291,263
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	-18,364,918
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	408,849,199

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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0661233
Name: St Anthony's Memorial Hospital of the Hospital Sisters of
The Third Order of
St Francis

Form 990 (2018)

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

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

Employer identification number

37-0661233

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

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

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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>		

Section B. Type I Supporting Organizations

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

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>		

Section D. All Type III Supporting Organizations

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

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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0661233
Name: St Anthony's Memorial Hospital of the Hospital Sisters of
The Third Order o
f St Francis

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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

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

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

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

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

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

Name of the organization St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order o f St Francis	Employer identification number 37-0661233
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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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		415
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		26,246
j	Total. Add lines 1c through 1i			26,661
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST ANTHONY'S HOSPITAL (THE HOSPITAL) IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE ILLINOIS HOSPITAL ASSOCIATION ("IHA"), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, AND THE AMERICAN HOSPITAL ASSOCIATION ("AHA") AS A MEMBER OF THESE ORGANIZATIONS, THE HOSPITAL PAYS DUES, WITH PART OF THESE DUES BEING ATTRIBUTABLE TO LOBBYING FEES PAID BY THE ORGANIZATIONS. THE AMOUNT LISTED IS THE AMOUNT ATTRIBUTABLE TO THE HOSPITAL FROM ITS DUES PAID. THE ASSOCIATIONS THE HOSPITAL PAYS ARE AS FOLLOWS - AMERICAN HOSPITAL ASSOCIATION ("AHA") AT 22.73% LOBBYING EXPENSE - CATHOLIC HEALTH ASSOCIATION ("CHA") AT 3.52% LOBBYING EXPENSE - ILLINOIS HOSPITAL ASSOCIATION ("IHA") AT 35.00% LOBBYING EXPENSE - NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE AT 15.00% LOBBYING EXPENSE. THE TOTAL AMOUNT OF ANNUAL DUES PAID TO EACH ASSOCIATION IS MULTIPLIED BY THE PERCENTAGE OF DUES ALLOCATED TO LOBBYING EXPENSE TO CALCULATE THE TOTAL LOBBYING EXPENDITURES PAID. As part of the Hospitals ongoing advocacy efforts, community building activities included attending the Illinois Hospital Association Advocacy Day where staff and other local health care Organizations met with our legislators to discuss health care legislation.

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
37-0661233

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,931,097	768,477		2,699,574
b Buildings	212,144	83,748,479	34,267,602	49,693,021
c Leasehold improvements		576,265	91,075	485,190
d Equipment		83,770,217	68,155,973	15,614,244
e Other		25,305,823	16,717,097	8,588,726
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				77,080,755

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	
PENSION BENEFIT LIABILITY	16,811,335
RETIRE OBLIGATION-ASBESTOS	
BLUE CROSS SETTLEMENT	
SETTLEMENT-HSHS BC (EMP)	
Medicare Settlement	
Settlement value of interest rate SWAP	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	16,811,335

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 ☒

Schedule D (Form 990) 2018

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: 18007697
Software Version: 2018v3.1
EIN: 37-0661233
Name: St Anthony's Memorial Hospital of the Hospital Sisters of
The Third Order o
f St Francis

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	HSHS and the Foundation are Illinois not-for-profit organizations as described in Section 501 (c) (3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501 (a) of the Code. Kiara, Inc. is an Illinois for-profit corporation that recognizes income taxes under the asset-and-liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the consolidated financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not Kiara, Inc. will not realize the majority of the benefits of these deductible differences. Full valuation allowances have been applied against the deferred tax assets attributable to the net operating loss carryforwards not realized as of June 30, 2019 and 2018 in the accompanying consolidated financial statements due to the uncertainty of realization. HSHS recognizes the tax benefit from an uncertain tax position only if it is more likely than not the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of June 30, 2019 and 2018, HSHS does not have any liabilities for unrecognized tax benefits.

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.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

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

Employer identification number

37-0661233

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
☒ Applied uniformly to all hospital facilities		
☐ Applied uniformly to most hospital facilities		
☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other _____ 60000 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 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 Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,054,382		2,054,382	1 53 %
b Medicaid (from Worksheet 3, column a)			4,104,648	306,887	3,797,761	2 84 %
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	6,159,030	306,887	5,852,143	4 37 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			444,902	4,399	440,503	0 33 %
f Health professions education (from Worksheet 5)			286,104		286,104	0 21 %
g Subsidized health services (from Worksheet 6)			148,939		148,939	0 11 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			471,192		471,192	0 35 %
j Total. Other Benefits	0	0	1,351,137	4,399	1,346,738	1 01 %
k Total. Add lines 7d and 7j	0	0	7,510,167	311,286	7,198,881	5 38 %

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			725		725	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			1,524		1,524	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			70,397		70,397	0 05 %
9 Other					0	0 %
10 Total	0	0	72,646	0	72,646	0 05 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	5,376,748	
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	39,204,804
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	57,305,377
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-18,100,573
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

1

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

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

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

1

Community Health Needs Assessment

	Yes	No
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>17</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 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	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>https://www.stanthonyshospital.org/www-sae/media/PDF-Documents/2018-Community-Health-Needs-Assessmen</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? <u>https://www.stanthonyshospital.org/www-sae/media/PDF-Documents/2018-Implementation-Plan.pdf</u>	10 Yes	
a If "Yes" (list url) <u>Implementation-Plan.pdf</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

ST ANTHONY'S MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
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>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>600.0</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>http://www.hshs.org/FAP</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>http://www.hshs.org/FAP</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>http://www.hshs.org/FAP</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**

ST ANTHONY'S MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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)**

ST ANTHONY'S MEMORIAL HOSPITAL

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 Effingham ObGyn Associates 912 N Henrietta Street Effingham, IL 62401	Mammography services
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health	St Anthony's provides a range of Community Benefit initiatives and programs that further our mission and long-standing commitment to our community. In many cases, these Community Benefits would not exist without the leadership role played by St Anthony's and they often relieve a burden that would otherwise be carried by government.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Other Eligibility Criteria for Financial Assistance	PRESUMPTIVE ELIGIBILITY PROVIDES INDIVIDUALS PARTICIPATING IN ONE OF THE FOLLOWING CATEGORIES WITH A 100% WRITE OFF THESE PROGRAMS ARE GRANTED BY OUTSIDE ORGANIZATIONS BASED ON SCREENING CRITERIA OF LESS THAN 200% OF THE FPG 1 HOMELESSNESS 2 DECEASED WITH NO ESTATE 3 MENTAL INCAPACITATION WITH NO ONE TO ACT ON PATIENT'S BEHALF 4 MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICES 5 INCARCERATION IN A PENAL INSTITUTION 6 ENROLLMENT IN THE FOLLOWING ASSISTANCE PROGRAMS FOR LOW-INCOME INDIVIDUALS 6A TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) 6B ILLINOIS HOUSING DEVELOPMENT AUTHORITY'S RENTAL HOUSING SUPPORT PROGRAM 7 WISCONSIN DEPARTMENT OF HEALTH SERVICES HOUSING ASSISTANCE PROGRAM 8 PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC), 9 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ELIGIBILITY, 10 ILLINOIS FREE LUNCH AND BREAKFAST PROGRAM, 11 WISCONSIN FREE LUNCH PROGRAM, 12 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP), 13 WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP), 14 ENROLLMENT IN AN ORGANIZED COMMUNITY-BASED PROGRAM PROVIDING ACCESS TO MEDICAL CARE THAT ASSESSES AND DOCUMENTS LIMITED LOW-INCOME FINANCIAL STATUS AS CRITERIA, 15 RECEIPT OF GRANT ASSISTANCE FOR MEDICAL SERVICES

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC ARE INCLUDED ON LINE 7G

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	5376748

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	CHARITY CARE IS CALCULATED BY DETERMINING THE TOTAL AMOUNT FROM PATIENT BILLING THAT IS WRITTEN OFF TO CHARITY CARE CHARGE CODES OR ALLOWANCES THIS AMOUNT MATCHES THE NUMBER THAT IS REPORTED ON OUR FY2019 AUDITED FINANCIAL STATEMENTS THE TOTAL CHARITY CARE DOLLAR AMOUNT IS THEN REDUCED TO COST BY APPLYING THE HOSPITAL'S COST TO CHARGE RATIO AS CALCULATED ON IRS SCHEDULE H - WORKSHEET 2

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The text of the footnote to the organization's financial statements that describes bad debt expense can be found on page 19 in the HSHS Consolidated Audit Report. Please also reference Footnote 2Q on page 14 for an explanation of how the financials account for bad debt.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The hospital continually strives to provide excellent patient care in the most cost effective fashion. Nonetheless, the Medicare program, in many cases, does not provide payment that covers the full cost of the care provided. Since it is the mission of the hospital to respond to community need, hospital leadership continually advocates for improved Medicare payment so that the cost of quality care to those patients who are not able to afford it is not compromised and is fairly subsidized by all payers. The IRS does not classify this shortfall in Medicare payments as Community Benefit. However, we believe it is an important contribution made by the hospital to the health and well-being of the community. If the Medicare program did not exist, many Medicare patients would be eligible for financial assistance or other means-tested government programs. Further, by absorbing this shortfall and providing care below cost to these individuals, the hospital is relieving the burden of government. Accordingly, this shortfall restricts the hospital's ability to make funds available to provide for financial assistance and other Community Benefit. The hospital's Medicare shortfall at cost for fiscal year 2019 was \$18,100,573.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- ST ANTHONY'S MEMORIAL HOSPITAL Line 16a URL http //www hshs org/FAP ,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ST ANTHONY'S MEMORIAL HOSPITAL Line 16b URL http //www hshs org/FAP ,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ST ANTHONY'S MEMORIAL HOSPITAL Line 16c URL http //www hshs org/FAP , FAP plain language summary website

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	HSHS St. Anthony's Memorial Hospital conducted a Community Health Needs Assessment in FY20 18 (July 1, 2017 through June 30, 2018). Since 2005, HSHS St. Anthony's Memorial Hospital has been involved in needs assessments conducted by the hospital and several other organizations. Health care needs identified by community members involved in a grassroots effort, Vision 2020, to improve quality of life for Effingham County identified health care needs that paralleled those identified by "Checkup 2005" Community Needs Assessment. Members of Vision 2020 eventually joined the "Checkup 2005" Committee to form the Alliance for a Healthier Effingham County that continues today. The Alliance also serves as the Safe/Healthy People team for the Effingham County Impact 2030 community initiative. St. Anthony's has several representatives on the Alliance, including the hospital's current Chairperson of its Board of Directors, Manager of Case Management & Outpatient Behavioral Health Services, and the Manager of Community Benefit. In addition to HSHS St. Anthony's involvement, the Alliance membership is comprised of representatives from the County Health Department, a physicians' office, dental office, Heartland Human Services, Catholic Charities and other social service agencies, community businesses, and area media. Members of the Alliance continue to monitor needs assessments to determine priorities that should continue to be addressed and to include new health priorities. In 2011, a steering committee similar to the Alliance was formed in Jasper County to address health care needs identified in that county. In addition to representatives from St. Anthony's, the Jasper County Steering Committee includes representatives from other health care organizations, area schools, government, community organizations, business and local community members. This committee meets on a regular basis to continue to monitor progress on the needs assessment and provide input on the health care needs in their community. St. Anthony's CEO serves on the board of SAFE (Sexual Assault and Family Emergencies). This organization provides support services for sexual assault victims and family members. SAFE also provides free educational programs for schools and civic groups, as well as professional training. A Patient Family Advisory Council gathers insight from community members and hospital colleagues on how to improve patient and family health, while information from surveys gathered from several community programs provides input on how to enhance program offerings. HSHS St. Anthony's Hospital has a systematic and comprehensive strategic planning process that starts with a reaffirmation of the mission, vision and values. The first step of the process is the compilation of the Environmental Strategic Assessment. The Environmental Strategic Assessment helps to identify the potential need for transformational change as it encompasses major market challenges, community health needs assessment, growth strategies/keys to success, physician alignment strategy, and future state (one to three years out). Key participants in the strategic planning process include leadership team, Administrative Team, physicians, Board of Directors, and Southern Illinois Division colleagues. Patients participate in the strategic planning process through comments on surveys, letters, phone calls, real-time and social media feedback. In addition, former patients and community members sit on key committees including the Quality & Patient Safety Council, the Quality Care Committee, and the Board of Directors itself. IN ADDITION TO CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TRIENNIALLY PER THE PROVISIONS IN THE AFFORDABLE CARE ACT, THE HOSPITAL ROUTINELY ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES IN A VARIETY OF WAYS, INCLUDING REVIEWING THE HEALTH NEEDS ASSESSMENTS OF OTHER HEALTH CARE ORGANIZATIONS IN OUR SERVICE AREA AS WELL OUR LOCAL AND STATE HEALTH DEPARTMENTS AND THE UNITED WAY. WE CONTINUALLY REVIEW PRIMARY DATA SUCH AS HOSPITAL AND EMERGENCY DEPARTMENT UTILIZATION AND PATIENT SURVEYS AS WELL AS SECONDARY DATA FROM OUR COUNTY AND STATE PUBLIC HEALTH DEPARTMENTS, THE CENTERS FOR DISEASE CONTROL, COUNTY HEALTH RANKINGS, AND THE BEHAVIORAL RISK FACTORS SURVEY TO NAME A FEW. ON OCCASION, WE WILL ALSO COLLECT PRIMARY DATA THROUGH TELEPHONE AND ELECTRONIC SURVEY INSTRUMENTS. IN ADDITION TO ONGOING PRIMARY AND SECONDARY DATA COLLECTION AND ANALYSIS, THE HOSPITAL REGULARLY ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES THROUGH FEEDBACK RECEIVED FROM ITS INTERNAL ASSESSMENT TEAM, ASSESSMENT ADVISORY TEAM, HOSPITAL LEADERSHIP, STRATEGIC DEPARTMENT AND HOSPITAL BOARD MEMBERS. AS PART OF THE THREE-YEAR IMPLEMENTATION PLAN, THE HOSPITAL SHARES ITS PROGRESS TOWARD ACHIEVING ITS SHORT AND LONG TERM INDICATORS IN VARIOUS COMMUNITY VENUES SUCH AS TOWN HALL MEETINGS, COMMUNITY FORUMS, AND CHAMBER OF COMMERCE. ALSO THROUGH VOLUNTEER AND BOARD SERVICE WITH

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	Located in rural central Illinois, the hospital defines its primary service area and populations as Effingham and Jasper counties with a combined population of approximately 43,967. HSHS St. Anthony's Memorial Hospital is the only hospital located in its primary service area. The hospital's total service area is Effingham and Jasper counties along with portions of the counties of Clark, Clay, Coles, Crawford, Cumberland, Fayette, Marion, Richland, Shelby and Wayne. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility of assistance. The hospital does not exclude Medically Underserved Areas (MUAs), low income or minority populations from its service area. There are two MUAs in St. Anthony's primary service area of Effingham and Jasper Counties, and six MUAs in its secondary service area. Per the 2015 estimates of the US Census Bureau QuickFacts, the demographic make-up of Effingham County is 97.8 percent white (non-Hispanic), 1.9 percent of Hispanic or Latino origin, and 1.5 percent other. The demographic make-up of Jasper County is 98.5 percent white (non-Hispanic), 1.5 percent of Hispanic or Latino origin, and 0.7 percent other. The Community Health Needs Assessment (CHNA), using data from the US Census Bureau's American Community Survey 2011 to 2015, indicated that 20.55 percent of Effingham County and 16.6 percent of Jasper County of those insured have health insurance coverage through Medicaid (or other means-tested public health insurance). Medicaid accounted for 12 percent of St. Anthony's total revenue in FY2019 while the uninsured accounted for 2 percent. US Census Bureau data showed 6.99 percent of Effingham County and 7.97 percent of Jasper County residents have no insurance coverage for health care expenses. Within the primary service area, 9.8 percent of Effingham County residents and 12 percent of Jasper County residents are living in households with income below the Federal Poverty Level (FPL) according to the US Census Bureau, Small Area Income and Poverty Estimates. According to the US Census Bureau, American Community Survey (2010-2015) the median household income for Effingham County is \$53,077 and Jasper County is \$52,608.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	As a healing ministry of the Catholic Church and an affiliate of Hospital Sisters Health System (HSHS), HSHS St. Anthony's Memorial Hospital is committed to delivering high quality, compassionate, and cost-effective health care services to all. Founded in 1875, the hospital brings a healing presence and improves the health of our community, especially those persons who are sick, poor, and disadvantaged. Because of the hospital's mission and heritage, the hospital is dedicated to promoting the health of Effingham and Jasper Counties and surrounding areas. The hospital is governed by a Board of Directors, most of whom reside in the hospital's primary service area and are neither employees nor independent contractors of the hospital (nor family members thereof). The Board ensures that St. Anthony's is responding to community need. In FY2019, the Schedule H (Form 990) community benefit narrative was shared with the Board members and community benefit programs offered by the hospital are discussed as needed with the group. Community leaders serve on the Foundation Leadership Council, which ensure the continuing growth, stability and future of health care in the region, by accepting and acknowledging charitable contributions to the hospital. St. Anthony's Auxiliary Executive Committee is a board of volunteers who direct the Auxiliary volunteer program which promotes and advances the welfare of the hospital through services for patients and their families and fundraising for hospital needs. St. Anthony's also connects with the community through the Patient Family Advisory Council. This council gathers input from patients and their family members on how to improve patient care. Consistent with its exempt purpose, St. Anthony's has an open medical staff with privileges available to all qualified physicians in the area. The hospital also operates an emergency department that is open 24 hours to all persons regardless of their ability to pay. As a not-for-profit hospital, St. Anthony's reinvests surplus funds to support the mission of the organization and promote the health of the community rather than distributing surplus funds as profits to shareholders or individuals. Funds not committed to ongoing operations are generally used to upgrade facilities, secure new technologies, improve patient care, and support initiatives designed to promote health and ensure access for all. St. Anthony's partners with the Liberty University College of Osteopathic Medicine (LUCOM) provides clinical education for their osteopathic medical students. These third-year medical students learn alongside hospital colleagues and Medical Staff during their clinical rotations. St. Anthony's partners with the Eastern Illinois Education for Employment System (EIEFES) to provide classroom space for their Health Occupations program. During this year-long course, students also participate in the direct care of patients, work alongside medical and administrative staff in the hospital as well as in several local nursing homes. The Health Occupations program is a Health Science Technology program designed primarily for high school seniors who are interested in pursuing a career in a health care field. Students who successfully complete this course are eligible to take the Basic Nurse Assistant Competency Exam. In addition, the hospital offers a job shadowing program to high school and college students. This program gives students the opportunity to shadow hospital colleagues in their various roles. Students obtain firsthand knowledge about their future career path. Through these programs, St. Anthony's gives young adults in the community access to educational and job opportunities. The second phase of a three-phase renovation of the hospital's Emergency department was completed in FY2019. This renovation provides additional safety, security and privacy for patients in a more efficient design. The Security office is now located at the entrance of the Emergency department to help provide safety oversight for patients, colleagues and physicians. When completed, this project will expand the Emergency department square footage from approximately 8,000 square feet to 13,000 square feet and will include 17 private rooms. In December 2018, the hospital opened a new outpatient health center in Effingham to bring convenient, high-quality, patient-focused care to the community. HSHS St. Anthony's Health Center offers several outpatient services in one centralized location to provide area residents with easy access to St. Anthony's Convenient Care clinic, diagnostic imaging, lab services, Women's Wellness Center, and Nutrition Services. The Health Center also has space for physician offices. St. Anthony's opened a second location for mammography services, making it convenient for area women to access this important screening tool. In January 2019, a new location at the Effingham Obstetrics & Gynecology Associates office opened to complement the service already

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	offered at the hospital's Women's Wellness Center St. Anthony's Newton Diagnostic Center moved into a new facility at the Newton Medical Complex in February of 2019. The diagnostic center offers comprehensive lab and imaging services to area residents including lab tests, x-rays, EKGs and ultrasounds. To expand services for area residents, the center is open seven days a week. St. Anthony's continually looks for ways to improve safety for its patients. In June 2019, the hospital implemented a new electronic health record system, Epic, that streamlines health information sharing with other providers, enhances patient safety and allows caregivers to spend more time at the bedside. Epic puts important medical information, essential for diagnosis and treatment of patients, immediately at the fingertips of doctors and caregivers, including built-in alerts that help improve patient safety. Patients also have access to a free online personal health record, MyChart, to view their medical records, manage appointments and communicate with providers. In February 2019, the ICU video monitoring equipment was upgraded allowing staff to monitor ten patients at a time on one larger single monitor. This equipment allows nurses to keep an eye on critical care patients from the bedside as they round, as well as from the nurse station to prevent adverse events. Prairie Heart Institute at St. Anthony's implemented the LIFENET System, which allows emergency responders to transmit a 12-lead electrocardiogram (EKG) and other emergency information from an ambulance directly to the emergency room at the hospital. Receiving this critical information in advance enables the hospital to be better prepared to take care of the exact heart issues patients are experiencing as soon as they arrive. The hospital also invested in new electronic hand hygiene monitoring technology, SwipeSense, to reduce the potential for hospital acquired infections by standardizing hand hygiene performance. To offer advanced specialty care to area residents close to home, St. Anthony's acquired a second telemedicine "robot" to provide direct access to intensivists, board certified physicians who specialize in the care of critically ill patients, most often in the intensive care unit. The remote intensivist can examine a patient using sophisticated videoconferencing and other medical equipment, speak with clinicians and family members, review any imaging scans and other tests and support treatment decisions with documentation in the medical record. Telemedicine solutions allow improved access to health care, especially in rural areas. In fiscal year 2019, the hospital began offering Athletes Advantage Sports Medicine to area athletes. Through a partnership with local schools, certified athletic trainers attend games and practices at the schools to provide on-site injury evaluation, management of concussion injuries and sport-specific rehabilitation. Athletes also have access to licensed physical therapists and assistants. Athletes Advantage also offers the IMPACT Concussion Program, a computer-based program that aids in the evaluation of management of concussion injuries. St. Anthony's also devotes significant resources to access for patients who cannot afford care, along with other Community Benefits. In FY2019, St. Anthony's provided more than \$7.1 million in Community Benefit, including financial assistance at cost, unpaid costs of Medicaid and other public programs, and a range of diverse programs designed to enhance access and improve community health. Additionally, in FY2019, St. Anthony's provided \$5.3 million (at cost) in uncompensated care to patients who did not qualify for charity care or public assistance and more than \$18 million (at cost) in excess of Medicare payment for health care services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Headquartered in Springfield, Illinois, Hospital Sisters Health System (HSHS) is a highly integrated, multi-institutional health care system comprised of 15 hospitals and more than 200 physician practice sites in Illinois and Wisconsin. HSHS is sponsored by Hospital Sisters Ministries (HSM), which is a public juridic person of the Roman Catholic Church. HSHS continues the health care ministries begun by its founders, the Hospital Sisters of St. Francis, more than 140 years ago, in rural and mid-sized communities throughout Illinois and Wisconsin. HSHS provides compassionate, holistic, high quality, and cost-effective health care through its acute care hospitals, physician practices, home health programs, palliative and hospice programs, and community outreach services. In addition, HSHS affiliated hospitals include critical access facilities that offer essential health services that otherwise would not be available in many communities. Our mission calls us to reveal and embody Christ's healing love for all people, and we extend our high quality Franciscan health care ministry beyond the walls of our hospitals by providing community health improvement services with special emphasis on the poor and vulnerable. In addition to providing community health improvement services to the broader community, HSHS cares for everyone who comes to its facilities, regardless of their ability to pay. In tandem with a variety of cross sector community partners, HSHS's Community Benefit initiatives are strategically planned and professionally implemented to improve access to health care services, enhance the health of the community, advance medical or general health care knowledge, and relieve or reduce the burden of government to improve health. In FY2019, HSHS collectively provided \$211.7 million in Community Benefit (9.2% of total hospital expenses). This amount included \$27.7 million provided for Financial Assistance (a.k.a. Charity Care) and \$142.3 million for unreimbursed care provided as part of the Medicaid program. In addition, HSHS hospitals committed significant resources to treat Medicare patients. The cost of providing services to primarily elderly beneficiaries of the Medicare program - in excess of governmental and managed care contract payments - was \$279.9 million. HSHS hospitals also recorded \$41.1 million in uncollectible accounts. While HSHS does not count the latter two amounts as Community Benefit, they nonetheless reflect our commitment to serving all persons in need of care. In addition to the dollars invested in our Community Benefit programs, HSHS continues to reinvest any surplus revenue from operations and investments into new medical technology, facility infrastructure and health care services in our communities. By doing so, we ensure our ability to meet the ongoing demand for high quality, efficient and easily accessible health care.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 37-0661233

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

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

Section A. Hospital Facilities

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

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

1

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

		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	ST ANTHONY'S MEMORIAL HOSPITAL 503 N MAPLE STREET EFFINGHAM, IL 62401 http //stanthonyshospital.org/ HF107112	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	Yes, the significant health needs are a prioritized description of the significant health needs of the community and were identified through the CHNA process

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - HSHS St Anthony's Memorial Hospital Input from Persons Who Represent the Broad Interests of the Community HSHS St Anthony's Memorial Hospital (SAE) is committed t o addressing community health needs in collaboration with local organizations and other ar ea health care institutions In response to the FY2015 CHNA, the hospital planned, impleme nted and evaluated implementation strategies to address the top identified community healt h needs Access to Primary Care, Chronic Disease Diabetes, Cerebrovascular Disease Strok e, Nutrition, and Smoking The hospital's FY2018 assessment built on that collaboration, a ctively seeking input from a broad cross section of community stakeholders with the goal o f reaching consensus on priorities to mutually focus human, material and financial resourc es Input from Community Stakeholders The Effingham County Health Department developed and circulated a paper and electronic survey instrument on behalf of the hospital In total, 783 surveys were received from individuals in the hospital's primary service area The Eff ingham County Health Department analyzed and provided a summary report of the results of t he electronic survey Data collected throughout the assessment process was supplemented wi th qualitative data gathered through the Alliance for a Greater Effingham County, Jasper C ounty Steering Committee, Effingham County Board of Health, Community Area Service Provide rs (CASP), HSHS St Anthony's Administrative Team, HSHS St Anthony's Physician Strategy C ommittee, and HSHS St Anthony's Medical Executive Committee Community stakeholders were asked to actively participate in the CHNA process Preliminary community health data was p resented to 19 participants at the July 13 and August 17, 2018 in-person key stakeholder m eetings of the Alliance for a Healthier Effingham County and the Jasper County Steering Co mmittee The Effingham County Health Department representatives provided an overview of co unty demographics, and detailed data on the seven health focus areas identified by the Ill inois Administrative Code for IPLAN from existing data sources Topics included General H ealth and Access to Health Care, Maternal and Child Health Indicators, Chronic Disease Ind icators, Health Behaviors, Infectious Disease Indicators, Environmental, Occupational and Injury Control and Sentinel Events The groups then participated in a discussion facilitat ed by the Effingham County Health Department about the data, progress on previous priority areas, identifying current initiatives and any emerging needs The members of the partner ship committee were then asked to participate in sub-committee focus group meetings A tot al of 34 individuals attended the sub-committee focus group meetings held on November 13 a nd 15 and December 4 and 12, 2018 All meetings were moderated and recorded by the Effingh am County Health Department Community assets and resources were identified and, based on those assets and resources and

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	additional criteria, the top three community health priorities were ranked, and strategie s identified to address the health priorities Community Stakeholders who participated in the CHNA process represented the following area organizations and institutions Effingham County Health Department* Jasper County Health Department* HSHS St Anthony's Memorial Hos pital* Effingham Catholic Charities * Family Care Associates of Effingham, SC* Effingham C ity Police Department University of Illinois Extension Center* Effingham Unit 40 Schools* Horin Dentistry* Effingham County Committee on Aging* Kingery Printing Company Greater Eff ingham County Chamber of Commerce Heartland Human Services * Premier Broadcasting Bloomber g Chiropractic* City of Newton* Jasper Unit 1 Schools* Rides Mass Transit District* *Denot es groups representing medically underserved, low-income and minority populations Input f rom Members of Medically Underserved, Low Income and Minority Populations Hospital Sisters Health System and HSHS St Anthony's are committed to promoting and defending human digni ty, caring for persons living in poverty and other vulnerable persons, promoting the commo n good, and stewarding resources We believe that the CHNA process must be informed by inp ut from the poor and vulnerable populations we seek to serve To ensure that the needs of these groups were adequately represented, we included representatives from Effingham Count y Health Department, Jasper County Health Department, HSHS St Anthony's Memorial Hospital , Effingham Catholic Charities, Family Care Associates of Effingham, SC, University of Ill inois Extension Center, Effingham Unit 40 Schools, Horin Dentistry, Effingham County Commi ttee on Aging, Heartland Human Services, Bloomberg Chiropractic, City of Newton, Jasper Un it 1 Schools and Rides Mass Transit District These organizations serve the under-resource d in our community, including low-income seniors, children living in poverty, and families who struggle with shelter and food insecurity, the medically underserved and low-income c ommunity members Representatives of these organizations, who work directly with their con stituents, have extensive knowledge and quantifiable data regarding the needs of their ser vice populations Actively including these organizations in the CHNA process was critical to ensure that the needs of the most vulnerable persons in our communities were being shar ed and addressed in the CHNA process and development of related implementation strategies

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

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

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

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

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - HSHS St Anthony's Memorial Hospital Based on the CHNA planning and develop ment process described, the following community health needs were identified * Behaviora l Health * Access to Care * Chronic Disease Management & Prevention HSHS St Anthony's Imp lementation Plan is part of a broad community effort to address three priority health need s in the community The hospital works collaboratively with a broad range of direct servic e organizations, coalitions and government agencies to address these needs The Implementa tion Plan 2018 outlines the actions that the hospital will take to address the health need s of Effingham and Jasper Counties However, as noted below, many implementation strategie s will be implemented collaboratively Recognizing that no one organization effects substa ntial community change alone, the long-term outcomes identified in this Implementation Pla n will be achieved as many community organizations work together for collective impact Be havioral Health Goal In partnership with Heartland Human Services, Crisis Nursery of Effi ngham County and other organizations, the hospital will increase access to mental health s services The hospital will collaborate with area school districts to address students' unh ealthy behaviors In addition, the hospital will provide training to area service provider s to respond to trauma survivors needs, and support an ordinance to discourage criminal ac tivities related to substance abuse to create safer neighborhoods for residents Strategy 1 Crisis Nursery of Effingham County The hospital will provide financial assistance to th e Crisis Nursery of Effingham County to reduce the burden of government or other community organizations and support area children, particularly those in possible crisis situations , to improve the health of families in the community The Crisis Nursery of Effingham Coun ty addresses the social determinants of health of economic stability and community and soc ial context The program assists families in need of a support system, offers economic sta bility by providing child care when it is most needed and engages community volunteers FY 2019 Outcomes The Crisis Nursery had 2020 admissions and served 716 children and 471 famil ies in FY2019 Data is collected through the Crisis Nursery ARCH-1 surveys administered to families annually From the 110 parents surveyed before and after crisis services, 83 per cent indicated a decrease in stress level, 98 percent indicated a reduced risk of maltreat ment and 95 percent indicated an improvement in their parenting skills The Nursery provid ed 21,527 basic need items and made 3090 referrals to community agencies in FY2019 Home c risis, medical reasons and parental stress were the top three reasons for admission As on e mother wrote, "I am very thankful for the Crisis Nursery If it wasn't for their help, I 'd have to chase my son around at my therapy appointments and such I am a single mother o f two and it gets hard at time

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	s They helped me to set goals for myself and my family as well Everyone there is super n ice and is super sweet to my kids When I had trouble getting things for my kids, they hav e also helped me " Strategy 2 Increase Community Access to Behavioral Health Services The hospital will partner with Heartland Human Services (HHS) to provide tele-psychiatry serv ices HHS is a behavioral health and counseling agency accredited by The Joint Commission and the State of Illinois With the financial support of the hospital, psychiatry services that were previously unavailable in the community will be made accessible to address pati ents' mental and behavioral health needs In addition, the hospital will partner with the Jasper County Health Department to provide community resource cards to local law enforceme nt and community partners for distribution to community members who may need behavioral he alth services During the FY2018 Community Health Needs Assessment conducted by HSHS St A nthony's Memorial Hospital in Effingham and Jasper counties, the community was asked what they thought were the three most important health problems in the community More than 32 percent of respondents indicated mental health issues, and more than 14 percent indicated suicide In addition to the expressed needs in the community, the State of Illinois budget cuts reduced funding which affected Heartland Human Services, a behavioral health and cou nseling agency in Effingham The cuts reduced funds they had to help pay for a psychiatris t to serve their clients FY2019 Outcomes To help alleviate gaps in behavioral health care , HSHS St Anthony's Memorial Hospital partnered with Heartland Human Services in early 20 18 to provide funding for a telemedicine psychiatrist and nursing support for the program The partnership with Heartland Human Services provided 500 appointments for tele-psychiat ry services to the community in FY2019 The patient satisfaction survey results from Genoa Telepsychiatry showed that patients rated their overall experience an average of 4 86 on a scale of 1 to 5 (with 5 being the highest) Patients also rated their satisfaction with the provider an average of 4 91 on a scale of 1 to 5 The hospital recently expanded their partnership to include a full-time psychiatric mental health nurse practitioner to provid e on-site, outpatient behavioral health care at St Anthony's outpatient clinic located at Heartland Human Services The hospital also worked with the Jasper County Health Departme nt to provide behavioral health resource cards to first responders for distribution to the community In FY2019, 545 resource cards were distributed Of the cards distributed, 86 (15 8 percent) resulted in referrals to behavioral health services (Source Jasper County H ealth Department Behavioral Health Services referral data) Strategy 3 School-based Subst ance Abuse Awareness Program The hospital will actively work with area school districts to create awareness of the ramif

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ications of substance abuse to students in area schools FY2019 Outcomes In FY2019, the ho spital partnered with the Central East Alcohol and Drug Council (CEAD), to organize a meet ing with the Altamont Junior High School principal to discuss implementing the "Too Good f or Drugs" program After a successful meeting, the principal approved offering the program to their incoming 7th grade classes in the fall of 2019 St Anthony's also provided supp ort for the Effingham County's Sheriff's annual Child Safety, Bullying and Drug Education Program The program's goal is to keep area children safe and drug free Strategy 4 Trauma Informed Care Training The hospital will offer trauma-informed care training to local se rvic e providers and their organizations to educate them on the triggers and vulnerabilitie s of trauma survivors, and effective interventions FY2019 Outcomes A trauma informed care training was held in April 2019 for 87 people representing a variety of professions inclu ding counselors, social workers, nurses, educators and court advocates Of those surveyed, 68 75 percent of clinicians in attendance indicated they will make changes in their pract ice/job that will positively impact patient/client clinical outcomes or patient/client sat isfaction Eighty-five percent of the educators surveyed strongly agreed that the training will impact their professional growth or student growth regarding content knowledge or sk ills, or both This training explored the causes and effects of emotional trauma on the he alth and wellbeing of the individuals and communities they serve Strategy 5 Support of C ity of Effingham Landlord Ordinance The hospital will support a proposed city ordinance ai med at rental property owners to properly maintain their rental properties The intent of this ordinance is to discourage criminal activities related to substance abuse to create s afer neighborhoods for residents FY2019 Outcomes The City of Effingham Police Department was contacted on a regular basis about the status of this ordinance With recent personnel changes at the police department, the writing of the proposed ordinance was not finalized in FY2019 In addition to the strategies listed above, hospital representatives serve on the newly form Recovery Oriented Systems of Care (ROSC) Council of Effingham County A ROS C Council's goal is to build collaborations in their communities that connect everyone who can support recovery The central focus of a ROSC is to create an infrastructure, or "sys tem of care", with the resources to effectively address the full range of substance use pr oblems within communities The hospital assisted with and participated in the ROSC Substan ce Use Treatment and Recovery Resource Fair held in May 2019 Thirty-two community members attended the resource fair that provided information about substance use recovery resourc es available to community members and their families

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - HSHS St Anthony's Memorial Hospital A problem-solving Court G O A L (Go Out And Learn) is a partnership program between Effingham County Probation and Effingham C ounty FISH Human Services St Anthony's financially supports the G O A L program to enco urage participants to make positive behavior changes in their lives A total of 276 incent ives have been awarded over the past nine months The program consists of various phases t o complete for graduation Sixty-three awards were given for phase completion in FY2019 A dditionally, incentives were awarded 88 times for participants remaining clean and sober Sixteen of these have been given to those who have remained clean and sober for over 21 mo nths One person in the program has been sober for 15 months and completed a college appli cation for welding classes Several have obtained new jobs and one person is now moving on to a new job in a field she wants to pursue St Anthony's Memorial Hospital assists Effi ngham City Police Department with preventing drug overdoses by providing Narcan nasal spra y to use in cases of heroin overdoses This provides emergency responders with the tools t hey need to help save lives before they can get to the Emergency Department St Anthony's is committed to raising awareness and providing information to help victims of both human trafficking and domestic violence Posters with tear-off hotline information are displaye d in St Anthony's Emergency Department and St Anthony's Health Center bathrooms for both the National Human Trafficking hotline and S A F E (Sexual Assault and Family Emergencie s) S A F E is a sexual assault center which serves Bond, Clay, Clinton, Effingham, Fayette, Marion and Washington counties Access to Care Goal The hospital will provide assista nce programs and health screenings to the community, especially the underserved, to improv e the health of the community In addition, the hospital will partner with local county he alth departments and transportation agencies to provide educational information on the ava ilability of public transportation services in the area for accessing medical services, wo rk and community activities Strategy 1 Dental Voucher Program The hospital will collabor ate with Effingham Catholic Charities to offer a Dental Voucher Program that provides emer gency tooth extractions to the underserved in the hospital's service area In addition, th e hospital will collaborate with the Jasper County Health Department to promote the availa bility of the program to its county's residents The Dental Voucher Program addresses the social determinants of health through economic stability and health care coverage The pro gram assists with dental bills that clients are unable to afford by partnering with area d ental providers to meet their emergency dental needs FY2019 Outcomes The hospital partner ed with Effingham Catholic Charities to provide a dental voucher program for adults 18 yea rs and older who are underinsu

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	red or uninsured The program facilitates access to the appropriate care for those individuals needing emergency tooth extraction Those qualifying for the program will also find relief from the burden of paying for emergency, dental and oral surgery services when they cannot afford to do so The program served 403 patients and provided \$94,287 in Community Benefit in FY2019 Dental Voucher Program client survey data show that 92.8 percent of survey respondents indicated a significant or moderate improvement to their quality of life In FY2019, there were 16 Jasper County residents who utilized the program with the greatest usage increase in the fourth quarter of the fiscal year Strategy 2 Colorectal Cancer Screenings The hospital will conduct annual colorectal cancer screening events during Colorectal Cancer Awareness month, providing free take-home colorectal cancer screenings kits to community members HSHS St Anthony's has made the pledge to help increase colorectal cancer screening rates by supporting the National Colorectal Cancer Roundtable (an organization co-founded by ACS and CDC) "80% in Every Community" nationwide effort, a shared goal to have 80 percent of adults aged 45 and older regularly screened for colorectal cancer According to the 2018 community health needs assessment, the colorectal cancer incidence rate for Effingham and Jasper counties combined is 57 people per 100,000 population compared to the state rate of 45.3 and the national rate of 40.59 The Healthy People 2020 target is 38.7 people per 100,000 population FY2019 Outcomes Community screening events were held in February and March 2019 with 145 colorectal cancer screening kits distributed and 117 returned This was a 66.7 percent distribution increase from the 2018 events Of the kits returned, 76.1 percent were negative, and 23.9 percent were positive Of the 28 positive results, follow-up testing revealed nine patients with either polyps and/or adenomas Five patients' results were negative and for 14 patients there was no information as the procedures were conducted elsewhere Strategy 3 Transportation Services/Community Education The hospital will collaborate with the Effingham and Jasper public transportation services to create community awareness and education about the availability of area public transportation services to access medical services, work and community activities This initiative reduces barriers to the underserved by addressing the social determinants of health related to neighborhood and physical environment and economic stability FY2019 Outcomes The hospital partnered with Rides Mass Transit on a lunch and learn transportation presentation at the Jasper County Senior Center in March 2019 An educational booth was also provided at the 2018 Women's Wellness Event Promotion of the transportation service was shared with area churches, newspaper and radio, and on social media through the city, local health department and the hospital From a b

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	aseline of 5,229 units in FY2017, there was a 15 6 percent increase in units to 6,043 in F Y2018 In FY2019, there was a 7 9 percent increase from the baseline in FY2017 to 5,643 un its The hospital also teamed up with Effingham County Public Transportation on a joint vi deo project to create community awareness and education about the availability of area pub lic transportation services The transportation service video was promoted through a news release to area media, on social media through the hospital, and the transportation servic e's YouTube channel and social media pages An educational booth was also provided at the 2018 Women's Wellness Event From a baseline of 35,080 units in FY2017, there were 30,232 units in FY2018 or a 14 8 percent decrease from FY2017 However, there were 32,515 units i n FY2019, a 7 3 percent increase from FY2018 Strategy 4 MedAssist Emergency Prescription Program The hospital will partner with Effingham Catholic Charities to offer emergency me dication and short-term prescription assistance to their clients This program increases a ccess to healthcare for the underserved in the community FY2019 Outcomes St Anthony's ha s co-sponsored Effingham Catholic Charities emergency prescription assistance program sinc e 2000, based on identified community health need priorities Rather than establishing the ir own prescription assistance and duplicating efforts, the hospital partners with Catholi c Charities who already has an excellent program in place to assist those in need of emerg ency prescription medication In FY2019, Catholic Charities helped 228 people to receive t he prescription medications they need, thanks to the support of the hospital Strategy 5 School Hearing/Vision Program To improve access to health care services and reduce the bur den to area schools, HSHS St Anthony's will offer hearing and vision screenings free of c harge to Effingham County schools to assist them in meeting a State of Illinois requiremen t The hospital supplies a staff member to provide hearing and vision screenings free of c harge to thirteen Effingham County schools and three licensed childcare facilities to meet a State of Illinois requirement Under the Illinois Child Vision and Hearing Test Act, he aring and vision screenings are required annually for all public, private, and parochial s chools and licensed childcare facilities at certain grade levels FY2019 Outcomes In previ ous years, hearing and vision screenings in Effingham County were provided by the Effingha m County Health Department, but due to State budget cuts, the health department no longer had the staff to provide the screenings The hospital provides all the equipment and staff ing and handles all of the reporting requirements to the State A certified hearing and vi sion technician for HSHS St Anthony's provides the screenings at each location During FY 2019, the technician provided 2,794 hearing screenings and 2,268 vision screenings

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	Facility , 3 - HSHS St Anthony's Memorial Hospital These screenings identified 17 childr en who were referred for hearing follow-up and 93 children who were referred for vision fo llow-up In addition to the strategies listed above, the hospital promoted the availabilit y of the Health Insurance Exchange (HIE) to the community by making available a hospital-b ased enrollment counselor to community members Throughout FY2019, an enrollment counselor assisted 2,406 individuals with insurance In total, 2265 financial applications were pro cessed by financial services staff Other Community Benefit Programs and Initiatives to in crease Access to Health Care and Enhance the Health of the Community The hospital hosted a Poverty Simulation event conducted by the University of Illinois Extension in partnership with the 4th Judicial Circuit Juvenile Justice Council in August 2018 Poverty creates ba rriers to access including health services, healthy food, and other necessities that contr ibute to poor health status This simulation experience helped the 100 people in attendanc e to become more aware of the barriers and challenges faced by those in need with the goal to increase empathy and understanding in our community In June 2014, the State of Illinois passed House Bill 3724, the Lauren Laman CPR & AED Training Law This law requires all high school students to be trained on how to properly administer cardiopulmonary resuscita tion and how to use an automated external defibrillator (AED) The hospital offered free C PR training to assist these schools in meeting this state requirement In the FY2019 schoo l year, the hospital taught the Heart Saver CPR/AED at ten area schools In total, 278 hig h school students and 124 faculty members were taught CPR and AED use The hospital partne red with the Effingham County Health Department to offer monthly low-cost health screening s to the community "Working Together for Health" is available to anyone in the community, especially those with high-deductible insurance plans In FY2019, 88 individuals were ser ved by the program A monthly blood pressure program is provided to increase access to car e to low-income populations The screening locations were determined based on access to un derserved populations In FY2019, 477 individuals were served by this program The hospita l's Clare's Closet continues to provide clothing and hygiene basics to meet the immediate needs of patients or visitors All colleagues have access to Clare's Closet and are encour aged to use this resource when a patient or visitor needs basic provisions In FY2019, Cla re's Closet served 200 individuals The hospital also provides emergency assistance for tr ansportation, lodging, medication and meals to patients and their families In FY2019, the program served 195 individuals The hospital made an in-kind donation of personal hygiene items to the Jasper County schools These items were part of a puberty/hygiene presentati on by the school nurse to stud

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Schedule H, Part V, Section B, Line 11 Facility , 3	ents in the junior high school School counselors received addition hygiene kits to provid e to disadvantaged students In addition to the programs referenced above, the hospital of fers numerous programs free of charge to residents in area communities to increase access to health care services including but not limited to Breastfeeding Support Group, Bridges for Healing Hearts Monthly Support Group, Community Presentations on Antibiotic Use, Diab etes, Hand Hygiene and Oral Hygiene, Community CPR Classes, Effingham County Fair, Effingh am Senior Center Health Fair, Go' Healthy - Children's Summer Wellness Education Program, Healing the Grieving Heart Support Group, High School Free Heart Screenings, Illinois Sena tors' Senior Health Fair, Jasper County Health Department Health Fair, Effingham Fire Depa rtment Health Fair, Kluthe Pool Sun Safety Station, Newton Dynegy Power Station Employee H ealth Fair, Prenatal Classes (Having A Baby Class 1-3, Breastfeeding and New Brother/New S ister), Breast Cancer Support Group, Look Good/Feel Better Program, and the Women's Wellne ss Wig Bank Chronic Disease Management & Prevention Goal In partnership with community o rganizations, the hospital will provide access to resources (medical and nutritional) to t he underserved and broader community In addition, the hospital will collaborate with othe r organizations to promote health and address factors that lead to chronic diseases Strat egy 1 Community Diabetes Program The hospital will provide diabetes management services t o the underserved in its service area to improve clients' health outcomes related to the c hronic disease of diabetes This program will address the social determinants of health re lated to economic stability and health care systems The program helps clients with medica l expenses related to controlling their diabetes, and access to a registered dietitian to assist them in managing their disease According to the 2018 Community Health Needs Assess ment (CHNA), in Effingham and Jasper counties, 8 99 percent or 3,455 residents aged 20 and older have been told by a doctor they have diabetes This rate is slightly higher than th e Illinois rate of 8 47 percent and slightly lower than the national rate of 9 19 percent (Centers for Disease Control & Prevention, 2013) FY2019 Outcomes The hospital partnered w ith four area locations to offer a free community program for people with diabetes Client s meet with a Registered Dietitian who assisted them in obtaining the necessary resources to manage their disease Through this free program, people can get help with healthy food options, medication costs, free blood sugar testing supplies, nutrition education, behavio ral goal setting and laboratory exams Clients partner with a registered dietitian to work toward goals to improve their health The program evaluates clients' blood pressure, HgbA 1c, total cholesterol, LDL, HDL, and triglyceride levels pre- and post-participation in th e Diabetes Community Education

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 , 3	Program At the Effingham Catholic Charities location, the hospital also evaluated the av ailability of diabetic-friendly foods provided by their food pantry and filled any gaps as needed to support the overall program In FY2019, 1072 consultations were provided to 117 clients in the program Because of this partnership, these people now have access to bloo d glucose testing materials, including meters, test strips and lancets, and assistance wit h their diabetes medications Participants were surveyed in April 2019 to obtain input on the program Eighty-five percent indicated access to proper equipment and medication has i mproved their quality of life When asked if their diabetes was better controlled since pa rticipating in the program, 44 8 percent indicated it was a lot better, while 29 7 percent indicated it was somewhat better Participants had an average change in A1c of -0 36, and an average decrease in weight of 3 11 pounds Additionally, a free monthly diabetes suppo rt group is offered to help people cope with their disease Each session includes an educa tional presentation as well as discussion By sharing ideas and struggles with others who deal with the same disease, each person finds encouragement and comfort, as well as advice on avoiding future problems Seventy-five individuals participated in FY2019 Strategy 2 School Wellness Program The hospital will provide an educational program designed to educ ate and instill good habits in children to increase their physical activity levels and tea ch them valuable nutritional lessons The program is aimed at influencing healthy choices at an early age to reduce their chances of developing chronic diseases later in life FY20 19 Outcomes The program was provided to 551 unduplicated children in 27 classrooms at 12 s schools Beecher City Grade School was added to the program in FY2019 To measure the effec tiveness of the program, students are given a physical activity/nutrition survey at the on set of program The survey is comprised of questions regarding their current knowledge abo ut nutrition and exercise At the end of the program, students are given the same survey t o determine if they have gained knowledge about nutrition and exercise Scores from the st udent's pre and post surveys showed an average increase of 32 percent for FY2019 When tea chers were surveyed as to whether they felt students benefited from the program, one teach er noted, "The best part is hearing how the students are teaching family members at home w hat they learned " Strategy 3 Nutrition Education The hospital will develop at least four nutrition awareness educational programs/activities/media campaigns annually to educate t he community on the importance of good nutrition to address chronic diseases such as diabe tes, cancer and heart disease FY2019 Outcomes During FY2019, four community presentations were given about Smart Summer Snacking, Diabetes & Nutrition, and Key Food Groups to Incr ease Good Health

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 , 4	Facility , 4 - HSHS St Anthony's Memorial Hospital There were fifty-five attendees with 41 survey responses Of those responding to their increase in knowledge of the subject mat ter, responses were 53 7 percent Excellent, 39 percent Very Good and 7 3 percent Good Pre sentations were also given to three children's groups on healthy snacking and fruits & veg gies reaching a total of 138 children In addition, information on the Go! Healthy web pag e was shared as a parent handout to participants in the School Wellness program Strategy 4 Food Pantry Donations The hospital will work with Effingham Catholic Charities food pan try to fill any nutrition gaps by subsidizing the cost of healthy foods and make healthy f ood bags available to clients to support the overall program In addition, dietitians will participate in area food pantries to educate clients on the preparation of healthy foods The program addresses food insecurity while ensuring that clients have healthy choices av ailable FY2019 Outcomes To increase awareness of the healthy food bag availability to all pantry clients, Community Diabetes Program dietitians created a new display at the food p antry and encouraged program participants to utilize the healthy food bags These efforts resulted in 50 bags being distributed in FY2019, a 43 percent increase from FY2018 Pantry clients also received 8498 gallons of milk in FY2019 Nutrition education on the preparat ion of healthy foods was provided by hospital dietitians at area food pantries including t he Enduring Freedom Ministries, Newton Master's Hand and Catholic Charities food pantries reaching a total of 51 clients Strategy 5 Support of Tobacco 21 State Legislation The ho spital will continue to support proposed state legislation to increase the minimum age of tobacco sales to 21 years old The intent of this legislation is to discourage teens and y oung adults from smoking Support of this bill will assist efforts to prevent the chronic diseases linked to the use of tobacco products FY2019 Outcomes St Anthony's identified a local lung cancer patient who started smoking as a teenager who agreed to tell his story He took part in a video project to encourage the Illinois legislature to change the legal purchasing age of tobacco from 18 to 21 The video included the patient's story, a Medica l Group physician along with representatives from the American Lung Association and ACS CA N speaking in support of this legislation The hospital ran a social media campaign to sup port this legislation Statistics from the hospital's Facebook page show that the video re ached 4,443 people and was viewed 989 times To discourage tobacco use, the hospital's Sch ool Wellness Program also includes a lesson on the hazards of smoking Children learn the dangers of cigarettes, smokeless tobacco, e-cigarettes and secondhand smoke Smoking cessa tion and secondhand smoke information is also included in prenatal packets for expectant m others given at the hospital's

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 , 4	free prenatal classes Mothers who deliver at HSHS St Anthony's also receive an informational book that contains information about the hazards of smoking Other Community Benefit Programs and Initiatives Nutrition/Physical Activity In addition to the strategies listed above, the hospital supported the local Meals on Wheels and Crisis Nursery by preparing food for their clients to ensure that those who are most vulnerable receive the most basic of needs, a nutritious meal In FY2019, HSHS St Anthony's provided the food and staff time to prepare 4782 meals for those in need To encourage physical fitness and wellness, the hospital is part of the "Walk with a Doc" program This monthly event begins with a brief presentation by a physician followed by a walk on a community trail In FY2019, 97 community members took part in the program As an outcome of the prioritization process, the following community health needs were also identified and will not be addressed directly by the hospital for the reasons indicated * Affordable Housing - The hospital is not directly involved in initiatives dealing with local housing The local government takes the lead on this focus area * Education - The hospital is not directly involved in initiatives dealing with college graduation rates or student reading proficiency The local school districts have the expertise to address these issues The hospital supports education through its School Wellness Program * Crime Rates - Local law enforcement have the expertise to address this focus area * Infant Mortality - The hospital did not take the lead on this issue However, the hospital supports local families, particularly those in possible crisis situations, through support of the Crisis Nursery * Motor Vehicle Deaths/ATV Injuries - This focus area is addressed by local law enforcement * Teen Pregnancy - The local school districts take the lead for this focus area * Unemployment/Economy - Being a provider of health care services through inpatient and outpatient services, the hospital does not have the expertise or resources to address unemployment or the economy in the region However, as the largest employer in Effingham the hospital is a major contributor to the local economy * Unsafe Sex/Sexually Transmitted Infections - The local school districts take the lead for this focus area

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 - St Anthony's Memorial Hospital Presumptive eligibility provides individuals participating in one of the following categories with a 100% write off These programs are granted by outside organizations based on screening criteria of less than 200% of the FPG 1 Homelessness 2 Deceased with no estate 3 Mental incapacitation with no one to act on patient's behalf 4 Medicaid eligibility, but not on date of service or for non-covered services 5 Incarceration in a penal institution 6 Enrollment in the following assistance programs for low-income individuals 6a Temporary Assistance for Needy Families (TANF) 6b Illinois Housing Development Authority's Rental Housing Support Program 7 Wisconsin Department of Health Services Housing Assistance Program 8 Participation in Women, Infants and Children programs (WIC), 9 Supplemental Nutrition Assistance Program (SNAP) eligibility, 10 Illinois Free Lunch and Breakfast Program, 11 Wisconsin Free Lunch Program, 12 Low Income Home Energy Assistance Program (LIHEAP), 13 Wisconsin Home Energy Assistance Program (WHEAP), 14 Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria, 15 Receipt of grant assistance for medical services

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis	Employer identification number 37-0661233
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Part I	Questions Regarding Compensation	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ 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	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 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.	4a 4b 4c	No Yes 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? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5a 5b	No 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? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6a 6b	No 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.

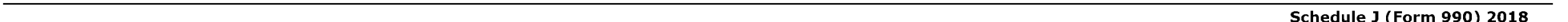
See Additional Data Table**Schedule J (Form 990) 2018**

Part III **Supplemental Information**

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

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

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	HSHS EXECUTIVES ELIGIBLE TO PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) ARE DEFINED IN THE SERP PLAN DOCUMENTS THE SERP WAS ESTABLISHED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS TO ENSURE REASONABLE MARKET COMPETITIVE BENEFITS IN ACCORDANCE WITH THE HSHS EXECUTIVE COMPENSATION PHILOSOPHY ESTABLISHED BY THE HSHS COMPENSATION COMMITTEE THE PLAN PROVIDES A DEFINED RETIREMENT CONTRIBUTION TO PARTICIPANTS COMMENCING ON JANUARY 1, 2008, EQUAL TO A PERCENTAGE OF COMPENSATION AS DEFINED IN THE SERP PLAN DOCUMENTS FOR THE PLAN YEAR PARTICIPANTS CONSTRUCTIVELY RECEIVE A DISTRIBUTION FROM THE PLAN NO LATER THAN MARCH 15TH OF THE CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH AN AMOUNT IS VESTED AND TAXABLE PURSUANT TO A VESTING SCHEDULE AS SPECIFIED IN THE PLAN DOCUMENT THE ACTUAL DISTRIBUTION OF THE VESTED BENEFIT UNDER THE PLAN IS PAID IN A SINGLE LUMP SUM TO THE PARTICIPANT OR THE PARTICIPANT'S BENEFICIARY UPON THE EARLIER OF THE PARTICIPANT'S TERMINATION OF EMPLOYMENT, DEATH, OR TOTAL AND PERMANENT DISABILITY THE FOLLOWING INTERESTED PERSONS CONSTRUCTIVELY RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2018 THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) ANN CARR -- \$29,653 JAMES DOVER -- \$80,581 THERESA RUTHERFORD -- \$36,866 KENNETH JOHNSON -- \$65,765 THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2018 THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE ANN CARR -- \$28,431 THERESA RUTHERFORD -- \$33,159 Kenneth Johnson -- \$28,309 Marc Shelton -- \$75,315



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0661233
Name: St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THERESA J RUTHERFORD PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	352,617	10,241	44,897	99,983	21,050	528,788	33,159
KENNETH JOHNSON MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	530,956	12,005	47,134	65,765	28,255	684,115	28,309
MARC SHELTON MD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	704,802	48,176	90,879	58,410	16,688	918,955	75,315
ANN M CARR TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	268,272	4,360	57,197	89,873	20,590	440,292	28,431
JAMES DOVER CEO SOUTHERN IL DIV - Thru June 2019	(i)	0	0	0	0	0	0	0
	(ii)	590,693	19,406	17,364	87,150	38,320	752,933	0
DAVID NOSACKA CFO Southern IL Division	(i)	0	0	0	0	0	0	0
	(ii)	347,932	0	10,521	28,146	23,865	410,464	0
RYAN L JENNINGS CHIEF MEDICAL OFFICER	(i)	356,752	4,103	390	38,732	21,366	421,343	0
	(ii)	0	0	0	0	0	0	0
KELLY M SAGER Chief Nursing Officer	(i)	207,809	22,335	390	70,222	21,257	322,013	0
	(ii)	0	0	0	0	0	0	0
Marshall Ashby CRNA	(i)	215,069	0	390	0	9,005	224,464	0
	(ii)	0	0	0	0	0	0	0
ALICE K BEARY CRNA	(i)	208,325	0	580	0	9,005	217,910	0
	(ii)	0	0	0	0	0	0	0
MARY BRYANT CRNA	(i)	207,169	0	0	30,288	9,005	246,462	0
	(ii)	0	0	0	0	0	0	0
ROBERT S BRYANT CRNA	(i)	198,461	0	390	28,495	9,005	236,351	0
	(ii)	0	0	0	0	0	0	0
Mary Spencer CRNA	(i)	207,944	0	390	0	21,284	229,618	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No 1545-0047
		2018 Open to Public Inspection
Department of the Treasury Name of the organization St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis	Employer identification number 37-0661233	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ST ANTHONY'S MEMORIAL HOSPITAL, EFFINGHAM OF THE HOSPITAL SISTERS HEALTH SYSTEM PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED,SEX, NATIONAL ORIGIN, HANDICAP, AGE, RELIGION, OR ABILITY TO PAY ALTHOUGH REIMBURSEMENT FOR SERVICES IS CRITICAL TO THE CONTINUED OPERATION AND STABILITY OF THE HOSPITAL, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE NECESSARY MEDICAL SERVICES OUR MISSION IS TO SERVE THE COMMUNITY WITH THE BEST QUALITY HEALTHCARE SERVICES AND HEALTHCARE EDUCATION INHERENT TO OUR MISSION, WE PROVIDE CARE TO THE POOR, THE ELDERLY, AND THE NEEDY OF THE COMMUNITY THROUGH VARIOUS PROGRAMS AND SERVICES THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, AND SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF COMMUNITY SUPPORT ACTIVITIES DURING FISCAL YEAR 2019, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 4,561 INPATIENTS UTILIZING 14,445 ADULT AND PEDIATRIC DAYS OF CARE IN ADDITION, ST ANTHONY'S MEMORIAL HOSPITAL PROVIDED SERVICES TO 159,644 OUTPATIENTS ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO THE POOR AT FREE OR REDUCED COST THROUGH OUR CHRISTIAN CARE PROGRAM CHARITY CARE PROVIDED AT COST WAS \$2,054,382 IN ADDITION, THE HOSPITAL PARTICIPATES IN THE ILLINOIS MEDICAID PROGRAM, WHICH REIMBURSES THE HOSPITAL AT RATES SUBSTANTIALLY BELOW THE COST OF PROVIDING THE SERVICES FULFILLING OUR MISSION TO THE COMMUNITY, SERVICES WERE PROVIDED TO MEDICAID INPATIENTS UTILIZING 2,093 DAYS OF CARE THE UNPAID COST OF MEDICAID WAS \$3,797,761 OTHER BENEFITS INCLUDED IN-KIND DONATIONS IN THE AMOUNT OF \$471,192 ST ANTHONY'S MEMORIAL HOSPITAL PROVIDES QUALITY MEDICAL CARE TO MEMBERS OF THE BROADER COMMUNITY THROUGH OUR PARTICIPATION IN THE MEDICARE PROGRAM, PROVIDING MANY PROGRAMS AND SERVICES FREE OR AT A REDUCED PRICE, PROVIDING SERVICES THAT BENEFIT THE COMMUNITY BUT HAVE A NEGATIVE MARGIN, AND THROUGH EDUCATIONAL PROGRAMS AT NO COST THE UNPAID AND UNREIMBURSED COST OF PARTICIPATING IN THE MEDICARE PROGRAM WAS \$18,100,573 DURING FISCAL YEAR 2019

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 10 Endowment Funds	THE ORGANIZATION MAINTAINS TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS ON ITS BALANCE SHEET SUCH FUNDS ARE HELD BY HOSPITAL SISTERS OF ST FRANCIS FOUNDATION, INC , A RELATED TAX-EXEMPT ORGANIZATION WHILE THESE FUNDS ARE HELD TO FURTHER ONE OR MORE EXEMPT PURPOSES OF THE FILING ORGANIZATION, THEY ARE NOT MAINTAINED EXCLUSIVELY FOR THE FILING ORGANIZATION THE BOARD OF DIRECTORS OF HOSPITAL SISTERS OF ST FRANCIS FOUNDATION, INC MAINTAINS OWNERSHIP AND ULTIMATELY AUTHORITY AND DISCRETION OVER THE USE OF THESE FUNDS BASED ON THE ABOVE, THE RELATED AMOUNTS HAVE NOT BEEN REPORTED AS ENDOWMENT FUNDS ON PART V OF SCHEDULE D

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a Number Reported in Box 3 of Form 1096	THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURN IS FILED BY THE ORGANIZATION'S PARENT, HOSPITAL SISTERS HEALTH SYSTEM (HSHS) ON THE ORGANIZATION'S BEHALF TO TRANSMIT TO THE IRS FORMS 1099, 1098, 5498, AND W-2G THE ORGANIZATION IS UNABLE TO DETERMINE THE NUMBER OF FORMS 1099, 1098, 5498 AND W-2G FILED BY HSHS, ON THEIR BEHALF HOWEVER, AS THE PARENT ORGANIZATION, HSHS ENSURES THAT THE FILING ORGANIZATION COMPLIES WITH ALL INFORMATION RETURN REPORTING REQUIREMENTS AND BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS AND REPORTABLE GAMING WINNINGS TO PRIZE WINNERS, AS APPLICABLE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Authority to an Executive Committee	PER ARTICLE 5 5 OF THE ORGANIZATION'S BY-LAWS, THE GOVERNING BODY DELEGATES BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL BE VESTED WITH AND MAY IN ITS DISCRETION EXERCISE THE FULL POWERS, DUTIES, RESPONSIBILITIES, AND AUTHORITY OF THE BOARD EXCEPT WHERE PROHIBITED BY LAW AND SUBJECT TO ANY LIMITATIONS IMPOSED BY THE BYLAWS OR THE BOARD OF DIRECTORS AS PROVIDED IN THE BYLAWS, THE EXECUTIVE COMMITTEE SHALL CONSIST OF THREE TO SIX MEMBERS, INCLUDING THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON, THE PRESIDENT AND OTHER MEMBERS SELECTED FROM AMONG THE DIRECTORS BY THE BOARD

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other - Total Revenue 1009426, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1009426,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Prof Fees - Total Expense 2637241, Program Service Expense 1450483, Management and General Expenses 1186758, Fundraising Expenses , Purchased Service Other - Total Expense 9682219, Program Service Expense 5326108, Management and General Expenses 4356111, Fundraising Expenses , HSHS Medical Group Fee - Total Expense 6477985, Program Service Expense 3655204, Management and General Expenses 2822781, Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in fair value of interest rate swap - -3604627, Swap payments - -705148, CHANGE IN TEMPORARILY RESTRICTED NET ASSETS - 6829, TRANSFERS TO/FROM AFFILIATES - -3275680, Change in Pension - -10786292,

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
37-0661233

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KIARA CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1417684	HEALTHCARE	IL	-1,945,270	3,230,896	HSSI
(2) PHYSICIAN CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1668647	HEALTHCARE	IL	563,783	11,970,191	KCIN
(3) HSHS ACO LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 32-0465666	HEALTHCARE & SOCIAL ASSISTANCE	IL	-381,285	458,242	KCIN

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PAIN CENTER OF WISCONSIN 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	Related	742,948	556,009		No			No	50 %
(2) PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 36-4717036	HEALTHCARE	WI	ST CLARE	Related	26,375	142,266		No			No	50 %
(3) CARPENTER STREET HOTEL LLC 525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A								0 %
(4) SPRINGFIELD URGENT CARE REAL ESTATE LLC PO BOX 19456 SPRINGFIELD, IL 627949456 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A								0 %
(5) PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1479945	MEDICAL	IL	HSHS	Related	-6,697	9,753		No		Yes		100 %
(6) SOUTHWEST ILLINOIS HEALTH SERVICES REAL ESTATE LLP 4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 82-3633320	REAL ESTATE	IL	ST ELIZABETH'S	Related	337,078	1,174,120		No			No	50 %
(7) PRAIRIE HEART INSTITUTE ST JOHN'S 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	Related	0	0		No			No	100 %

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

See Additional Data Table

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

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

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

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

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

1a

No

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

1b

No

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

1c

Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

No

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

1l

No

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

1m

Yes

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

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

Yes

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

1s

No

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

(a) 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)

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

Return Reference	Explanation
Schedule R, Part VII Related Organizations	Due to the increasingly complex organization structure of Hospital Sisters Health System and Affiliates, the filing organization has elected to report all organizations within Hospital Sisters Health System as related, regardless of ownership interest or "control" as defined by the instructions to Schedule R. The intent of this reporting is to promote transparency and increase consistency across the numerous Form 990 submissions by Hospital Sisters Health System and Affiliates.



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0661233
Name: St Anthony's Memorial Hospital of the Hospital Sisters of The Third Order of St Francis

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

(a) 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
4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1058692	HEALTHCARE	IL	501(c)(3)	Type III-FI	NA		No
4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1186514	HEALTHCARE	IL	501(c)(3)	7	HSBS	Yes	
2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 51-0157933	HEALTHCARE	WI	501(c)(3)	Type I	HSSI	Yes	
990 WEST CLAIREMONT AVENUE EAU CLAIRE, WI 54701 39-0807060	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
ONE ST ELIZABETHS BLVD OFALLON, IL 62269 37-0663567	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
3100 SUPERIOR AVENUE SHEBOYGAN, WI 53081 39-0808480	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-0661238	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
9515 HOLY CROSS LANE BREESE, IL 62230 37-1208459	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
2661 COUNTY HIGHWAY 1 CHIPPEWA FALLS, WI 54729 39-0810545	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
1800 E LAKE SHORE DRIVE DECATUR, IL 62521 37-0661244	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
111 SPRING STREET STREATOR, IL 61364 36-2169181	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
1762 SHAWANO AVENUE GREEN BAY, WI 54303 39-0818682	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
835 S VAN BUREN GREEN BAY, WI 51301 39-0817529	HEALTHCARE	WI	501(c)(3)	3	HSSI	Yes	
12866 TROXLER AVENUE HIGHLAND, IL 62249 37-0663568	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
1215 FRANCISCAN DRIVE LITCHFIELD, IL 62056 37-0661236	HEALTHCARE	IL	501(c)(3)	3	HSSI	Yes	
4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163402	HEALTHCARE	IL	501(c)(3)	Type III-FI	HSBS	Yes	
3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-3956318	HEALTHCARE	IL	501(c)(3)	Type III-FI	HSSI	Yes	
3215 EXECUTIVE PARK DRIVE SPRINGFIELD, IL 62703 26-4515959	HEALTHCARE	WI	501(c)(3)	Type III-FI	HSSI	Yes	
919 ASHLAND AVENUE SHEBOYGAN, WI 53081 39-1860942	HEALTHCARE	WI	501(c)(3)	10	ST NICHOLAS	Yes	
2366 OAK RIDGE CIRCLE DE PERE, WI 54115 39-1750729	HEALTHCARE	WI	501(c)(3)	10	HSSI	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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) PAIN CENTER OF WISCONSIN 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 26-3155343	HEALTHCARE	WI	ST VINCENT	Related	742,948	556,009		No			No	50 %
(1) PAIN CENTER OF WISCONSIN - OCONTO FALLS LLC 4131 W LOOMIS ROAD SUITE 300 GREENFIELD, WI 53221 36-4717036	HEALTHCARE	WI	ST CLARE	Related	26,375	142,266		No			No	50 %
(2) CARPENTER STREET HOTEL LLC 525 NORTH SIXTH STREET SPRINGFIELD, IL 62702 36-4128127	HOTEL	IL	LASANTE INC	N/A								0 %
(3) SPRINGFIELD URGENT CARE REAL ESTATE LLC PO BOX 19456 SPRINGFIELD, IL 627949456 03-0413258	RENTAL REAL ESTATE	IL	LASANTE INC	N/A								0 %
(4) PRAIRIE HEART INSTITUTE MANAGEMENT COMPANY LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 26-1479945	MEDICAL	IL	HSHS	Related	-6,697	9,753		No		Yes		100 %
(5) SOUTHWEST ILLINOIS HEALTH SERVICES REAL ESTATE LLP 4000 NORTH ILLINOIS STREET SWANSEA, IL 62226 82-3633320	REAL ESTATE	IL	ST ELIZABETH'S	Related	337,078	1,174,120		No			No	50 %
(6) PRAIRIE HEART INSTITUTE ST JOHN'S 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 37-1321197	HEALTHCARE	IL	HSHS	Related	0	0		No			No	100 %

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

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