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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
800 East Carpenter Street

City or town, state or province, country, and ZIP or foreign postal code
Springfield, IL 62769

F Name and address of principal officer:
Evert J Kuiper
800 East Carpenter Street
Springfield, IL 62769

D Employer identification number

37-0661238

E Telephone number

(217) 544-6464

G Gross receipts \$ 577,666,999

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: hshs.org/stjohns

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

L Year of formation: 1875

M State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
HSHS ST. JOHN'S HOSPITAL PROVIDES A MINISTRY OF EXCEPTIONAL HEALTH CARE SERVICES TO THE PEOPLE OF CENTRAL ILLINOIS IN THE CATHOLIC TRADITION OF COMPASSION, JUSTICE AND REVERENCE FOR LIFE.

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

3	Number of voting members of the governing body (Part VI, line 1a)	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	10
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	4,085
6	Total number of volunteers (estimate if necessary)	262
7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,245,837
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,694,701	32,153,785
9 Program service revenue (Part VIII, line 2g)	532,221,775	525,441,765
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-358,760	381,099
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,297,527	16,299,538
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	553,855,243	574,276,187

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	19,859	153,626
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	200,504,793	205,260,770
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	355,249,517	380,299,573
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	555,774,169	585,713,969
19 Revenue less expenses. Subtract line 18 from line 12	-1,918,926	-11,437,782

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	563,691,531	665,609,523
21 Total liabilities (Part X, line 26)	375,326,482	562,238,001
22 Net assets or fund balances. Subtract line 21 from line 20	188,365,049	103,371,522

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

2021-05-13
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ CROWE LLP
Firm's address ▶ 225 West Wacker Drive Suite 2600
Chicago, IL 606061224

Preparer's signature

Date

Check ☐ if self-employed
Firm's EIN ▶ 35-0921680
Phone no. (312) 899-7000

PTIN P01321579

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 (2019)

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:

TO REVEAL AND EMBODY CHRIST'S HEALING LOVE FOR ALL PEOPLE THROUGH OUR HIGH QUALITY FRANCISCAN HEALTH CARE MINISTRY.

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 \$ 128,298,303 including grants of \$ 0) (Revenue \$ 134,377,374)
See Additional Data	

4b	(Code:) (Expenses \$ 71,692,985 including grants of \$ 0) (Revenue \$ 60,619,341)
See Additional Data	

4c	(Code:) (Expenses \$ 55,813,835 including grants of \$ 0) (Revenue \$ 55,846,974)
See Additional Data	









(Code:) (Expenses \$ 210,465,508 including grants of \$ 153,626) (Revenue \$ 274,598,076)
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ST. JOHN'S OTHER SPECIALIZED SERVICES INCLUDE CANCER CARE, WOMEN'S SERVICES, A NEUROSCIENCES INSTITUTE, HOME HEALTH, HOSPICE, AN EMERGENCY DEPARTMENT THAT NEARLY 54,000 PEOPLE PER YEAR SEEK CARE IN AND THE ST. JOHN'S CHILDREN'S HOSPITAL. OUR CHILDREN'S HOSPITAL IS THE ONLY COMPREHENSIVE CHILD HEALTH CARE FACILITY IN SOUTH-CENTRAL ILLINOIS AND PROVIDES VITAL HEALTH CARE FOR THE REGION'S CHILDREN, FROM INFANCY THROUGH AGE 18. RECOGNIZED BY THE CHILDREN'S HOSPITAL ASSOCIATION AND A MEMBER OF THE ASSOCIATION OF ILLINOIS CHILDREN'S HOSPITALS, ST. JOHN'S CHILDREN'S HOSPITAL OFFERS A WIDE RANGE OF SERVICES FOR CHILDREN AND THEIR FAMILIES BOTH HERE AT OUR FACILITIES AND EXTENDING INTO THE HOME. SERVICES INCLUDE: - GENERAL PEDIATRIC BEDS, WITH PRIVATE BATH, SHOWER AND PARENTAL SLEEPING AREA - PEDIATRIC ICU - PEDIATRIC HEMATOLOGY/ONCOLOGY - LEVEL III NEONATAL ICU - PEDIATRIC EMERGENCY ROOM SERVICES - NEONATAL AND PEDIATRIC TRANSPORTATION - THE ONLY REGIONAL LEVEL III PERINATAL CARE CENTER IN THE AREA - CHILD AND FAMILY SUPPORT AND SERVICES THROUGH OUR CHILD LIFE SPECIALISTS AND SOCIAL AND SPIRITUAL SERVICES DEPARTMENTS. - COMPREHENSIVE OUTPATIENT SERVICES SUCH AS HOME HEALTH, CHILDREN'S REHABILITATION CENTER AND EARLY INTERVENTION PROGRAM - A RONALD MCDONALD HOUSE ON SITE

4d	Other program services (Describe in Schedule O.)	(Expenses \$ 210,465,508 including grants of \$ 153,626) (Revenue \$ 274,598,076)
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4e	Total program service expenses ▶	466,270,631
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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 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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 1,081	
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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.	13	
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

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:
David Nosacka 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 (217) 544-6464

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,658,962	3,097,736	1,690,965

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 ▶ 146

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Southern IL University School of Medicine PO Box 19607 SPRINGFIELD, IL 627949607	Physicians	22,738,081
Harold O'Shea Builders 3401 Constitution Dr Springfield, IL 627117013	Construction	8,438,738
Jones Blythe Construction Co 1030 West Reynolds Springfield, IL 62702	Construction	8,396,453
Springfield Clinic LLP PO Box 19248 Springfield, IL 627949248	Physicians	5,324,466
Compass One Healthcare PO Box 102289 Atlanta, GA 30368	Food Service	4,120,993

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 ▶ 111

Form 990 (2019)		Page 9						
Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>								
			(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	2,661,316				
	e	Government grants (contributions)	1e	29,492,469				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h	Total. Add lines 1a-1f ▶		32,153,785				
Program Service Revenue	2a		NET PATIENT SERVICE REVENUE	Business Code				
				621990	522,482,511	522,482,511		
	b		TUITION REVENUE	541900	2,959,254	2,959,254		
	c							
	d							
	e							
	f		All other program service revenue.		0	0		
	g		Total. Add lines 2a-2f. ▶		525,441,765			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶		916,009			
	4		Income from investment of tax-exempt bond proceeds ▶					
	5		Royalties ▶					
	6a	Gross rents	(i) Real		(ii) Personal			
			6a		3,838,566			
			b		Less: rental expenses	6b	2,855,902	
			c		Rental income or (loss)	6c	982,664	0
	d		Net rental income or (loss) ▶		982,664			
	7a	Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other			
			7a					
			b		Less: cost or other basis and sales expenses	7b	534,910	
			c		Gain or (loss)	7c	-534,910	0
	d		Net gain or (loss) ▶		-534,910			
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b		Less: direct expenses	8b				
	c		Net income or (loss) from fundraising events . . . ▶					
	9a		Gross income from gaming activities. See Part IV, line 19	9a				
	b		Less: direct expenses	9b				
	c		Net income or (loss) from gaming activities . . . ▶					
	10a		Gross sales of inventory, less returns and allowances . . .	10a				
b		Less: cost of goods sold . . .	10b					
c		Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code						
11a		SHARED SERVICES	561000	10,249,899		10,249,899		
b		Interest on Late Payments	900099	1,123,108		1,123,108		
c		MEDICAL AND DIAGNOSTIC LAB	621500	968,100	968,100			
d		All other revenue		2,975,767	0	1,277,737		
e		Total. Add lines 11a-11d ▶		15,316,874				
12		Total revenue. See instructions ▶		574,276,187	525,441,765	2,245,837		
						14,434,800		
Form 990 (2019)								

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	125,000	125,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,626	28,626		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,491,998		1,491,998	
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	154,973,504	125,211,709	29,761,795	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,539,633	7,633,614	1,906,019	
9 Other employee benefits	27,310,534	21,853,889	5,456,645	
10 Payroll taxes	11,945,101	9,558,470	2,386,631	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	932,581		932,581	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	151,243,545	100,116,607	51,126,938	0
12 Advertising and promotion	1,176,868	57,810	1,119,058	
13 Office expenses	266,229	221,228	45,001	
14 Information technology	32,310,540	30,781,271	1,529,269	
15 Royalties				
16 Occupancy	12,602,193	12,413,791	188,402	
17 Travel	1,962,676	1,763,936	198,740	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	174,961	94,335	80,626	
20 Interest	4,349,495	1,021,862	3,327,633	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,505,338	15,764,214	6,741,124	
23 Insurance	7,142,155	104,176	7,037,979	
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 SUPPLIES	109,581,712	107,620,360	1,961,352	
b MEDICAID TAXES	19,426,692	19,426,692		
c RESTRUCTURING COSTS	9,567,144	7,764,078	1,803,066	
d Medical Equipment Rental	1,342,788	1,326,788	16,000	
e All other expenses	5,714,656	3,382,175	2,332,481	0
25 Total functional expenses. Add lines 1 through 24e	585,713,969	466,270,631	119,443,338	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 <input type="checkbox"/> 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	678,611	1	685,378
	2 Savings and temporary cash investments	6,358,404	2	28,231,462
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	128,477,041	4	96,424,602
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	15,299,122	8	14,752,265
	9 Prepaid expenses and deferred charges	3,922,416	9	4,342,811
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 841,663,019		
	b Less: accumulated depreciation	10b 415,299,868	373,552,500	10c 426,363,151
	11 Investments—publicly traded securities	33,564,483	11	93,055,288
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,838,954	15	1,754,566
16 Total assets. Add lines 1 through 15 (must equal line 34)	563,691,531	16	665,609,523	
Liabilities	17 Accounts payable and accrued expenses	47,477,851	17	124,499,069
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	241,207,904	20	229,723,336
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	86,640,727	25	208,015,596
	26 Total liabilities. Add lines 17 through 25	375,326,482	26	562,238,001
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	160,904,806	27	76,193,725
	28 Net assets with donor restrictions	27,460,243	28	27,177,797
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	188,365,049	32	103,371,522
33 Total liabilities and net assets/fund balances	563,691,531	33	665,609,523	

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	574,276,187
2	Total expenses (must equal Part IX, column (A), line 25)	2	585,713,969
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,437,782
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	188,365,049
5	Net unrealized gains (losses) on investments	5	20,687
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-1
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-73,576,431
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	103,371,522

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

- 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
- 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
- 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.
- 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?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 37-0661238
Name: St John's Hospital of the Hospital Sisters of the Third Order
of St Francis

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O - PROGRAM SERVICE REVENUE - CARDIOVASCULAR

Form 990, Part III, Line 4b:

SEE SCHEDULE O - PROGRAM SERVICE REVENUE - INTERNAL MEDICINE

Form 990, Part III, Line 4c:

SEE SCHEDULE O - PROGRAM SERVICE REVENUE - GENERAL SURGERY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EVERT J KUIPER President & Division CEO - Illinois	30.0 30.0	X		X				0	1,058,881	202,146
JON ROZENFELD INTERIM PRESIDENT (effective 1/27/20)	60.0 0	X		X				0	0	0
LYNN SCOTT 2019 & 2020 Chair	5.0 0	X		X				0	0	0
Sr Marybeth Culnan OSF 2019 & 2020 Secretary/ HSHS Sister	1.0 3.0	X		X				0	0	0
TIM NICOUD JR 2019 & 2020 Vice Chair	1.0 2.0	X		X				0	0	0
Brenda Jeffers BOARD MEMBER	1.0 0	X						0	0	0
DJ LONG JR BOARD MEMBER	1.0 0	X						0	0	0
JAMES THIELE BOARD MEMBER	1.0 0	X						0	0	0
Jason Knoedler BOARD MEMBER	1.0 0	X						0	0	0
JUAN HUERTA BOARD MEMBER	1.0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESA BRANHAM BOARD MEMBER	1.0 0	X						0	0	0
MARC SHELTON MD Board Member - HSHS Chief Physician Executive	2.5 57.5	X						0	934,658	223,738
Megan Defraine BOARD MEMBER	1.0 0	X						0	0	0
ALLISON PAUL CHIEF NURSING OFFICER	50.0 0			X				279,958	0	40,124
ANN M CARR TREASURER	0.0 59.5			X				0	336,583	297,864
DAVID NOSACKA DIVISION CFO - ILLINOIS	6.0 54.0			X				0	379,369	108,460
GURPREET MANDER CHIEF MEDICAL OFFICER	75.0 0			X				393,798	0	54,317
KATHLEEN HEALY-COLLIER CHIEF OPERATING OFFICER-effective 5/20/19 (termed 1/24/20)	50.0 0			X				233,374	0	18,946
Ricky Tolson Division Chief HR Officer	50.0 0			X				294,626	0	44,862
STEVEN UMLAND CHIEF FINANCIAL OFFICER - CENTRAL IL DIVISION (UNTIL 1/26/20)	16.0 34.0			X				437,663	0	100,552

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY JONES	40.0									
EXECUTIVE DIRECTOR - NURSING ADMINISTRATION	..... 0					X		209,718	0	265,657
BRANDI STRADER	40.0									
DIRECTOR OF PHARMACY	..... 0					X		191,176	0	85,689
JULIE GOEBEL	40.0									
VICE PRES OF STRATEGY - CENTRAL IL DIVISION	..... 0					X		200,020	0	51,951
Michelle Clatfelter	40.0									
Director of Legal Services	..... 0					X		207,320	0	61,982
SEAN FISCHER	50.0									
VICE PRES. FINANCE/CONTROLLER - CENTRAL IL DIVISION (termed 6/19/20)	..... 0					X		211,309	0	41,595
PATRICIA FISCHER	0.0									
Former Chief Operating Officer	..... 40.0						X	0	388,245	93,082

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number
37-0661238

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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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 <input type="checkbox"/> 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 37-0661238
Name: St John's Hospital of the Hospital Sisters of the Third Order
of 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

2019

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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 John's Hospital of the Hospital Sisters of the Third Order of St Francis	Employer identification number 37-0661238
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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?			
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		68,927
j	Total. Add lines 1c through 1i			68,927
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. JOHN'S HOSPITAL (THE HOSPITAL) IS A MEMBER OF THE CATHOLIC HEALTH ASSOCIATION ("CHA"), THE ILLINOIS HEALTH ASSOCIATION ("IHA"), THE NATIONAL ASSOCIATION FOR HOME CARE AND HOSPICE, THE AMERICAN HEALTH ASSOCIATION ("AHA"), THE NATIONAL HOME INFUSION ASSOCIATION, DOWNTOWN SPRINGFIELD, THE ILLINOIS HOMECARE AND HOSPICE COUNCIL, AND THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS ("N A C H"). 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 23.32% LOBBYING EXPENSE - CATHOLIC HEALTH ASSOCIATION ("CHA") AT 3.55% LOBBYING EXPENSE - ILLINOIS HOSPITAL ASSOCIATION ("IHA") AT 37.00% LOBBYING EXPENSE - NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE AT 16.00% LOBBYING EXPENSE - NATIONAL HOME INFUSION ASSOCIATION AT 25.00% LOBBYING EXPENSE - DOWNTOWN SPRINGFIELD AT 20.00% LOBBYING EXPENSE - ILLINOIS HOMECARE AND HOSPICE COUNCIL AT 17.00% LOBBYING EXPENSE - NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS ("N A C H") AT 23.27% 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.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number
37-0661238

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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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		23,936,963		23,936,963
b Buildings		301,926,890	127,079,305	174,847,585
c Leasehold improvements		4,286,305	3,200,735	1,085,570
d Equipment		209,999,480	158,396,956	51,602,524
e Other		301,513,381	126,622,872	174,890,509
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				426,363,151

Schedule D (Form 990) 2019

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	
(2) ACCRUED BENEFIT LIABILITY	66,554,517
(3) SETTLEMENT VALUE OF INT RATE SWAP PROGRAM	37,943
(4) THIRD PARTY REIMBURSEMENT PROGRAM	20,491,910
(5) ASSET RETIREMENT OBLIGATION	7,875,593
(6) Capital Lease Liability	113,055,633
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	208,015,596

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 37-0661238
Name: St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>HSHS and the Foundation are Illinois not-for-profit organizations as described in Section 501(c) (3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Kiara, Inc. is an Illinois for-profit corporation that recognizes income taxes under the asset-and-liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the consolidated financial statement carrying amounts of existing assets and liabilities and their respective tax basis and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. The net operating loss carryforwards result in a deferred tax asset of \$83,066 and \$70,000 at June 30, 2020 and 2019, respectively. In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not that Kiara, Inc. will not realize the majority of the benefits of these deductible differences. Full valuation allowances have been applied against the deferred tax assets attributable to the net operating loss carryforwards not realized as of June 30, 2020 and 2019 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 that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of June 30, 2020 and 2019, HSHS does not have any liabilities for unrecognized tax benefits.</p>

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► 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.

Department of the Treasury

Name of the organization

Employer identification number

St John's Hospital of the Hospital Sisters of the Third Order of St Francis

37-0661238

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 % 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.	3a	Yes
		3b	Yes
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)			7,318,540	0	7,318,540	1.25 %
b Medicaid (from Worksheet 3, column a)			141,031,185	112,488,260	28,542,925	4.87 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	148,349,725	112,488,260	35,861,465	6.12 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,897,130	406,550	2,490,580	0.43 %
f Health professions education (from Worksheet 5)			20,458,263	8,365,541	12,092,722	2.06 %
g Subsidized health services (from Worksheet 6)			36,880	0	36,880	0.01 %
h Research (from Worksheet 7)			408,697	0	408,697	0.07 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			469,861	0	469,861	0.08 %
j Total. Other Benefits	0	0	24,270,831	8,772,091	15,498,740	2.65 %
k Total. Add lines 7d and 7j	0	0	172,620,556	121,260,351	51,360,205	8.77 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with 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		0
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		371,647
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	127,583,452
6 Enter Medicare allowable costs of care relating to payments on line 5	6	167,146,710
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-39,563,258
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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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

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

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

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

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

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

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

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

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

ST JOHN'S 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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> 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 of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	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): https://www.hshs.org/StJohns/About-Us/Community-Health-Needs-Assessment/Files/2018-CHNA.pdf	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Assessment/Files/2018-CHNA.pdf</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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? https://www.hshs.org/StJohns/About-Us/Community-Health-Needs-Assessment/Files/Implementation-Plan_SJ	10	Yes
a If "Yes" (list url): <u>Assessment/Files/Implementation-Plan_SJ</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 JOHN'S 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>http://www.hshs.org/FAP</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>http://www.hshs.org/FAP</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>http://www.hshs.org/FAP</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

ST JOHN'S 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

ST JOHN'S 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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

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

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

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

Name and address	Type of Facility (describe)
1	
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 I, Line 7g Subsidized Health Services	No costs attributable to a physician clinic are included on Line 7g
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	To determine the actual cost of these services, the hospital uses a Cost-to-Charge ratio, derived from worksheet 2, based on our audited financial statements to calculate the amounts reported on lines 7A through 7I. Total Community Benefit expense for FY2020 is \$51,360,205.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	FOR FINANCIAL STATEMENT PURPOSES, HOSPITAL SISTERS HEALTH SYSTEM HAS ADOPTED ACCOUNTING STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	HSHS St. John's 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.

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 of the HSHS Consolidated Audit Report.
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	<p>HSBS St. John's 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, St. John's Hospital is relieving the burden of the government. Accordingly, this shortfall restricts St. John's Hospital's ability to make funds available to provide for financial assistance and other Community Benefit. The hospital Medicare shortfall at cost for fiscal year 2020 was \$39,563,259.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	<p>Every effort is made prior to, during and after provision of medical services to determine whether a patient is eligible for charity/community care and to assist the patient in completing the application and provide adequate documentation. If the patient qualified for charity/community care for the full balance of their account, the entire amount is written off to charity/community care and hence no debt collection is pursued. If the patient qualified for charity/community care for a portion of their account balance, that portion is written off to charity/community care, with the patient being responsible for the remainder of the balance. Additionally, reasonable effort will be made to obtain third-party or government payer reimbursement on behalf of the patient. If those efforts are not fruitful, an offer will be extended to the patient to make installment payments on their balance. Only at such point that the patient defaults on installment payments or refuses to cooperate with the hospital's efforts to be reimbursed will the account be sent to collections. The hospital will make reasonable efforts to determine whether a patient is eligible under the financial assistance policy before it engages in an ECA. To the extent a patient is determined to be eligible for financial assistance under the FAP, the hospital will take all reasonably available measures to reverse any ECA taken against the patient to obtain payment for the care.</p>
Schedule H, Part V, Section B, Line 16a FAP website	- ST. JOHN'S HOSPITAL: Line 16a URL: http://www.hshs.org/FAP ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ST. JOHN'S HOSPITAL: Line 16b URL: http://www.hshs.org/FAP ;
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ST. JOHN'S HOSPITAL: Line 16c URL: http://www.hshs.org/FAP ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	As indicated in Part V, Section C, HSHS St. John's Hospital conducted a Community Health Needs Assessment in FY2018 (July 1, 2017 through June 30, 2018). Throughout the three-year CHNA cycle, the hospital continuously reviews updated local and state data, Illinois Comp Data, patient surveys and feedback, and local needs assessments conducted by community groups. Additionally, the hospital receives input from public health officials, community groups and community boards on an ongoing basis. The information received and reviewed is used to inform ongoing strategic initiatives developed to meet CHNA health priorities; as well as new areas of need that are going unmet.
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	The Registration Department provides brochures to patients upon registration regarding the Financial Assistance Program available to them at the Hospital. The brochures are also supplied in waiting and ancillary areas for easy access by the patient. To better serve our patient population, the Hospital offers information on our financial assistance program in Spanish. This includes the Financial Assistance Policy, Brochure and Application, which allows the hospital to serve populations in its county and the surrounding area for whom Spanish is their primary language. Patients are also provided a Fair Billing Act notification at the point of registration regarding separate physician billing they can expect to receive, plus information about the patient's financial responsibility if their insurance plan is out of network. One-on-one conversations to educate patients about financial assistance often stem from patients receiving a statement or a pre-collection letter. At that point, the customer service representative or cashier, or other qualified staff, will inform/educate the caller about financial assistance options. The first pre-collection letter reminds the patient their account is in delinquent status. It also informs them they may be eligible for financial assistance through the organization's charity care program. The letter provides direct contact information to begin the application process for charity care and lists the Internet address where the policy can be obtained. A third-party vendor also assists individuals in determining their eligibility for state health plans or insurance on the open health insurance marketplace. They can also assist with the application process.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>HSHS St. John's Hospital is in the center of Springfield, Illinois and serves not only Sangamon County but also the surrounding counties (Cass, Christian, Greene, Logan, Macoupin, Menard, Montgomery, Morgan and Scott). The total primary and secondary service area of the hospital has a population of 425,189 people, 196,452 people from Sangamon County and 228,373 people from the surrounding counties. Additionally, St. John's provides tertiary care to residents of Bond, Brown, Clay, Coles, De Witt, Effingham, Fayette, Greene, Marion, Mason, Moultrie, Piatt, Pike, Schuyler and Shelby counties. Aside from the city of Springfield, the economy of St. John's service area is primarily rural and is supported by small businesses, industries, mining and agriculture. Springfield, on the other hand, is an urban area supported by large businesses, such as the Illinois State Government and other industries. Based on 2017 population estimates derived from the 2010 census, Sangamon County's population of 196,452 people is comprised of 82.4 percent Caucasians, 12.9 percent African Americans, 0.5 percent American Indians/Alaska Natives, 2.0 percent Asians and 2.3 percent Hispanic or Latino. Ninety two percent of Sangamon County's residents over 25 have a high school diploma or higher. The current (as of July 20181) unemployment rate of Sangamon County is 4.1 percent, according to the US Bureau of Labor Statistics, and the median household income is \$56,742. St. John's secondary service area is comprised of 228,373 people, of whom 88.72 percent are Caucasian, 7.38 percent are African-American, 0.22 percent are American Indian/Alaska Native, 1.08 percent are Asian, 0.02 percent are Native Hawaiian/Other Pacific Islander, 0.85 percent state another race and 1.75 percent state two or more races. Educational levels of this population reflect that 35.44 percent graduated high school, 8.17 percent graduated with an associate's degree, 14.84 percent graduated with a bachelor's degree, 5.76 percent graduated with a master's degree and 2.42 percent graduated with either a professional school degree or a doctorate degree. The average unemployment rate of the combined counties is 6.74 percent and the median household income is \$47,525. Within St. John's Hospital's service area 17.12 percent of the population is living below the Federal Poverty Level (FPL). This is higher than the statewide poverty level of 15 percent. This indicator is relevant because poverty creates barriers to access including health services, nutritional food and other necessities that contribute to poor health status. St. John's Hospital, employs more than 2,300 people, is a regional medical center and the flagship hospital of Hospital Sisters Health System. Dedicated to providing exceptional care to the whole patient, St. John's offers services spanning from primary care to complex tertiary care, including a Level I Trauma Center, a Birth Center, a Cancer Institute, a Children's Hospital, a Neurosciences Institute, a Pain Management Center, Prairie Heart Institute, a Regional Wound Care Center, a Sleep Center and many others. St. John's Hospital service area is comprised of approximately 868.90 (2010) square miles with a population of approximately 200,258 (2014) and a population density of 227.40 (2010) per square mile. The service area consists of 4-cities, 26-townships, 23-villages and 22-unincorporated communities. The hospital does not exclude Medically Underserved Areas (MUAs), low income or minority populations from its service area.</p>
Schedule H, Part VI, Line 5 Promotion of community health	<p>As a healing ministry of the Catholic Church and an affiliate of Hospital Sisters Health System (HSHS), St. John's 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 Springfield 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. John's Hospital is responding to community need. The hospital also has a Patient and Family Advisory Council, Foundation Board, Caregiver Interfaith Volunteer Services Committee, and Samaritan Volunteers that help the hospital connect with the community. Consistent with its exempt purpose, St. John's Hospital 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. John's Hospital 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, provide medical education and conduct medical research. For example, St. John's Hospital provided \$510,310 for financial counselors to assist patients and community members in accessing charity care, signing up for Medicare / Medicaid, and enrolling through the Marketplace. Additionally, St. John's provided \$142,796 to support community health worker programs to meet high risk, underserved patients and community members in their home. St. John's provided \$408,697 for medical research and \$12,092,722 for medical education. St. John's Hospital also devotes significant resources to access for patients who cannot afford care, along with other Community Benefits. In FY2020, St. Johns' Hospital provided \$51,360,205 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 FY2020, St. John's provided \$105,580 in in-kind staff time to support the public health command center in response to the COVID-19 Pandemic. St. John's Hospital 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. Johns' Hospital and they often relieve a burden that would otherwise be carried by government.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>Headquartered in Springfield, Illinois, Hospital Sisters Health System (HSHS) is a highly integrated, multi-institutional health care system comprised of 15 hospitals and more than 200 physician practice sites in Illinois and Wisconsin. HSHS is sponsored by Hospital Sisters Ministries (HSM), which is a public juridic person of the Roman Catholic Church. HSHS continues the health care ministries begun by its founders, the Hospital Sisters of St. Francis, more than 140 years ago, in rural and mid-sized communities throughout Illinois and Wisconsin. HSHS provides compassionate, holistic, high quality, and cost-effective health care through its acute care hospitals, physician practices, home health programs, palliative and hospice programs, and community outreach services. In addition, HSHS affiliated hospitals include critical access facilities that offer essential health services that otherwise would not be available in many communities. Our mission calls us to reveal and embody Christ's healing love for all people, and we extend our high quality Franciscan health care ministry beyond the walls of our hospitals by providing community health improvement services with special emphasis on the poor and vulnerable. In addition to providing community health improvement services to the broader community, HSHS cares for everyone who comes to its facilities, regardless of their ability to pay. In tandem with a variety of cross sector community partners, HSHS's Community Benefit initiatives are strategically planned and professionally implemented to improve access to health care services; enhance the health of the community; advance medical or general health care knowledge; and relieve or reduce the burden of government to improve health. The COVID-19 pandemic caused an unprecedented disruption in healthcare services across the United States. HSHS responded with services that benefited our communities, including free telehealth screenings, free testing, and coordination with other healthcare providers in the communities we serve to best ensure access to needed care. In FY2020, HSHS collectively provided \$244.0 million in Community Benefit (10.0% of total hospital expenses) including more than \$1 million in response to the pandemic. Of the total Community Benefit provided, HSHS spent \$26.9 million provided for Financial Assistance (aka Charity Care) and \$173.3 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 \$183.9 million. HSHS hospitals also recorded \$26.4 million in uncollectible accounts. While HSHS does not count the latter two amounts as Community Benefit, they nonetheless reflect our commitment to serving all persons in need of care. In addition to the dollars invested in our Community Benefit programs, HSHS continues to reinvest any surplus revenue from operations and investments into new medical technology, facility infrastructure and health care services in our communities. By doing so, we ensure our ability to meet the ongoing demand for high quality, efficient and easily accessible health care.</p>
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 37-0661238
Name: St John's Hospital of the Hospital Sisters of the Third Order of St Francis

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		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 JOHN'S HOSPITAL 800 EAST CARPENTER STREET SPRINGFIELD, IL 62769 https://www.st-johns.org/ 1927332	X	X	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 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. John's Hospital. St. John's Hospital is committed to addressing co mmunity health needs in collaboration with local organizations and other area health care institutions. In response to the FY2015 CHNA, the hospital planned, implemented and evalua ted strategies to address the top four identified community health needs: pediatric asthma , mental health, childhood obesity and access to care. The FY2018 assessment built on that collaboration, actively seeking input from a cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus human, material and financ ial resources. The external advisory committee was used as the primary stakeholder group t o review and force rank data. During three meetings, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. The ex ternal advisory committee also helped develop the community survey tool and outcomes and r ecommendations on the final priorities. The external advisory committee also helped identi fy community assets and gaps which were weighed when considering the magnitude and feasibi lity of the priority areas. Lastly, their feedback was instrumental in developing the impl ementation plan. The University of Illinois Office of Survey Research (UIS SRO) circulated an electronic survey on behalf of the core group in January 2018. In total 1,079 individu als completed the survey. UIS SRO analyzed and provided the results to the external and in ternal advisory teams. The results were used to guide further discussion around final prio rity selection. Focus groups were conducted around the final priority areas selected and h elped determine the implementation plan adopted by the board of directors. More informatio n about the focus groups can be found in the implementation plan document HSHS and St. Joh n's Hospital are committed to promoting and defending human dignity, caring for persons li ving in poverty and other vulnerable persons, promoting the common good and stewarding res ources. We believe the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve. To ensure the needs of these groups were adequately represe nted, we included representatives from the following organizations representing persons li ving in poverty, persons with disabilities, children, elderly, persons living in food dese rts, and minority populations (a complete list is noted in Part V, Line 6b): Sangamon Coun ty Department of Public Health, United Way of Central Illinois, Springfield Urban League, Springfield School District 186, two federally qualified health centers, Catholic Charitie s, Memorial Behavioral Health, and Sangamon County Department of Community Resources. Thes e organizations serve the under-resourced in our community, including low-income seniors, children living in poverty and families who struggle with shelter and food. Representative s of these organizations have

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	extensive knowledge and quantifiable data regarding the needs of their service populations . Actively including these organizations in the CHNA process was critical to ensure that n eeds of the most vulnerable persons in our communities were addressed in the CHNA process.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - HSHS St. John's Hospital. Yes. Memorial Medical Center (MMC) is an acute care hospital in Springfield, Illinois, that offers comprehensive inpatient and outpatient services. As a not-for-profit hospital, MMC falls under the provisions in the ACA requiring charitable hospitals to conduct a CHNA.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - HSHS St. John's Hospital. Yes. Members of the CHNA external advisory council were chosen based on their unique expertise and experience, informed perspectives and community involvement. The CHNA external Advisory Council members were responsible for: offering insight into issues affecting existing data; identifying local community assets and gaps and offering advice on which issues are the highest priority. - Sangamon County Department of Public Health* (core group) - HSHS St. John's Hospital (core group) - Memorial Medical Center (core group) - United Way of Central Illinois* - Springfield Urban League* - Springfield School District 186* - Springfield Police Department - Southern Illinois University School of Medicine - Southern Illinois University Center for Family Medicine, Federally Qualified Health Center (FQHC)* - Catholic Charities* - Central Counties Health Centers, FQHC* - Greater Springfield Chamber of Commerce - Lincoln Land Community College Open Doors Mentorship Program* - Memorial Behavioral Health* - Sangamon County Department of Community Resources* * Denotes groups representing medically underserved, low-income and minority populations.

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. John's Hospital. The hospital presented the FY2018 CHNA findings at a press event, three neighborhood association meetings, and one community meeting.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - HSHS St. John's Hospital. Based on the Community Health Needs Assessment (C HNA) planning and development process described, the following community health needs were identified: 1. Access to care 2. Child maltreatment 3. Maternal and infant health 4. Subs tance Abuse - Drugs Access to care: Access to Care is broad and has many dimensions. In Sa ngamon County, there is a direct correlation between access barriers and ZIP codes ranked worst on the socio needs index. Existing data shows social determinants of health and heal th disparities lead to a higher incidence of emergency department visits and hospitalizati on of individuals in low-income neighborhoods. Actions to address Access to Care in respon se to the FY2018 CHNA have led to measurable improvement in health for residents in the En os Park Neighborhood. Using the effective model in place, strategies will be adapted to me et the unique needs of additional neighborhoods in Springfield. By addressing access barri ers in socio-economically disadvantaged neighborhoods, health outcomes will continue to im prove. Goal: Build on the success of the Enos Park Access to Care Collaborative to enhance services in Enos Park and expand the Access to Care Collaborative to the Pillsbury Mills Neighborhood. Explore collaborative expansion to additional neighborhoods in Springfield, Illinois. Strategy 1: Continue Enos Park Access to Care Collaborative Since FY2019, the co llaborative has continued in partnership with Memorial Medical Center (MMC) and SIU Center for Family Medicine to support ongoing efforts in Enos Park to improve access to health a nd health care. Cross collaboration between Enos Park and Pillsbury Mills has increased pa tient capacity. The addition of a part-time community health worker in FY2020 allowed us t o expand engagement work with the Latinx population in these neighborhoods and beyond. Add itionally, our CHW were trained as PHW (pandemic health workers) in order to address the u nique needs of our community during COVID-19. Strategy 2: Expand the Access to Care Collab orative to Pillsbury Mills Neighborhood In FY2020, the Access to Care Collaborative added a 1.0 FTE CHW in order to address the rising needs in Pillsbury Mills. In addition to the 42 clients added in FY2019, we currently have 53 being served in FY2020. A new group calle d 'Moving Pillsbury Forward' has developed in order to work with the City around the redev elopment of the Pillsbury property which is seen as a main health issue and barrier to hea lth improvement in the neighborhood. Strategy 3: Expand Provider Council to include provid ers serving Pillsbury Mills The Provider Council has proven successful in providing educat ion and training opportunities for social service and health providers serving the Enos Pa rk Neighborhood. The Provider Council has been expanded to include all neighborhoods in Sp ringfield that have a CHW component, which includes the United Way funded CHW program on S pringfield's eastside. By unit

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>ing all teams, we can also discuss complex cases and work together to identify resources a nd problem solve based on past experiences. Child maltreatment: In Sangamon County, we con tinue to see an increase in reported cases of child abuse and neglect. Currently one in fi ve children is abused or neglected. The likelihood of poor health outcomes and risky behav iors for children who have experienced abuse and neglect increases significantly. Child ma ltreatment includes physical, sexual and emotional abuse; neglect; and the exploitation of children. Goal: Integrate screening tools for early identification and intervention of ch ild abuse in the health care setting. Strategy 1: Trauma Informed Care The hospital will c ollaborate with existing partners to provide Trauma Informed Care educational sessions for key stakeholders across sectors. A trauma informed approach helps the stakeholder realize the widespread impact of trauma and understand potential paths for recovery through: Reco gnizing the signs and symptoms of trauma in individuals; Understanding the appropriate ste ps to engage providers in intervention; Fully integrating knowledge about trauma into poli cies, procedures and practices; and Actively resisting re-traumatization. In FY2020, TIC T rainings were conducted with 200 healthcare students including: EMT, Pharmacy, RN, Physica l Therapy, MD, Social Work. Strategy 2: Human Trafficking training for emergency providers . In the United States of America, Human Trafficking (HT) rose 35.7% from 2016 to 2017. Ad ditionally, the Human Trafficking in Illinois Fact Sheet reports an estimated 25,000 women and children are being trafficked as prostitutes and 1,818 victims have been rescued sinc e 2012. Calls to the national HT Hotline estimate Illinois ranks 10th for the number of re ported cases of HT in the United States. The State Attorney's Human Trafficking Taskforce has identified three points in Central Illinois as 'hotspots' of human trafficking activit y due to their proximity to Interstate 55, federally recognized as providing easier access to transporting of victims due to its proximity to the railway and intersection through n umerous cities and international airports: Peoria, Illinois; Springfield, Illinois; and Li tchfield, Illinois. The Human Trafficking of Person's report estimates that one third of a ll trafficked victims are children. The National Institutes of Health estimates that 33% o f trafficking victims will seek care in a health care setting. The strategy is to train Em ergency Department providers to identify and respond to suspected human trafficking victim s; and adopt a plan to expand training across HSHS ministries in the Central Illinois Divi sion. In FY2020, emergency department trainings began. Additionally, HT protocol has been developed to accompany the policy adopted in FY2019. Maternal and infant health: This prio rity will address maternal and infant health through a three-pronged approach. 1. Focus on first time mothers. 2. Focus</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>on pre-term babies born 32 weeks in the NICU. 3. Focus on accidental infant asphyxiation. Strategy 1: Explore the issue of infant mortality, particularly accidental asphyxiation In Sangamon County, there were 27 total infant deaths reported in the first year of life. Th ese deaths occurred in the home. Eighteen deaths were attributed to accidental asphyxiatio n. While the number of infants impacted does not represent a large percentage of total bab ies born, we feel there is education that can occur to better equip parents and guardians on infant safety post discharge. In FY2020, we conducted three focus groups comprised of 1 8-community members and 9-healthcare providers to identify safe sleep barriers and opportu nities for awareness. From these community focus groups, messaging was developed and two a wareness billboards were placed. Strategy 2: Beyond the NICU Beyond the NICU will use trai ned NICU nurses to give vulnerable parents of premature children the support they need to provide their at-risk babies with the best possible start in life. Since infant outcomes a re closely tied to maternal health and well-being, this program will focus on assessing an d improving maternal mental health and family preparedness. In FY2020, 28 babies graduated from the program; 20 new babies entered the program; and 16-babies carried over from FY20 19. There are currently a total of 36 babies in the program with 132 to date. Strategy 3: Continue to Support Nurse-Family Partnership This program, supported by St. John's, Memori al Medical Center, and the Springfield Community Foundation, will discontinue the end of f all 2020. All families of the NFP are being transitioned to a community health worker and clients will continue to be assisted. Transition discussions are occurring and will be fin alized in FY2021. Substance Abuse - Drugs: Since 2014 fatal and non-fatal drug overdose ha s increased significantly in Sangamon County. While the recent trend has shown an increase in opioid and heroin use, officials report the use of methamphetamine is on the rise. Emp hasis is needed on both prevention and treatment moving forward. Strategy 1: Sangamon Coun ty Opioid Task Force St. John's Hospital will identify a hospital liaison to serve on the Sangamon County Opioid Task Force (SCOT) led by the Sangamon County Department of Public H ealth. St. John's had two hospital liaisons serving on the Opioid Task Force. One colleagu e also serves on the education subcommittee of the task force. With the onset of COVID-19, the health department was forced to shift focus and these meetings have not started again .</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - HSHS St. John's Hospital. Strategy 2: Opioid Education Event St. John's Hospital will participate in the planning and implementation of an interprofessional opioid education event led by the St. John's College of Nursing. The event will provide education on care, treatment and management of patients with opioid use disorder. This event was successfully held in FY2020 by the college of nursing. A member of the community benefit team sat on the planning team and provided education on Adverse Childhood Experiences and Trauma Informed Care: what are they, what is a trauma brain, how ACES increase risk for substance use, and how to approach patients through a trauma informed lens. 200 students completed this event. Needs Not Being Addressed: 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: Asthma: The local county health department is the lead on asthma education and the treatment of affected community members. Additionally, a community roundtable has convened to address the need to identify and mitigate asthma triggers in inner-city and older homes. Education: The external and internal advisory committee members felt education could be wrapped into each of the final priority areas to raise awareness, educate and see positive change occur. Therefore, education was not selected as a standalone priority but will be included in strategies developed to meet identified needs. Food Access: Food Access is addressed by groups including the Central Illinois Food Bank, Illinois Coalition of Community Services, COMPASS for kids, local school districts and the county health department. The hospital supports these efforts by donating monetary and in-kind resources to their programs and organizations. Housing: In the past year, a group of community stakeholders have come together to address housing issues and disparities in Sangamon County. St. John's Hospital sits on that committee. This group is taking the lead on housing issues in the city and county. Mental Health: Memorial Behavioral Health takes the lead on Mental and Behavioral Health issues in the community. United Way of Central Illinois has also adopted a Mental Health strategy to its Health Vision Council priorities and funding process. The hospital will support these efforts by donating resources to various community strategies as appropriate. Violent Crime: The Access to Care collaborative developed in response to the 2015 CHNA has led to a decrease in crime in the Enos Park Neighborhood. By expanding the collaborative, we will continue to impact crime across the city and county. We will continue to support these initiatives and others through monetary and in-kind resources.

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. John's Hospital. Presumptive eligibility is presumed under certain circumstances for uninsured patients based on their enrollment in other means-tested programs or other sources of information, not provided directly by the patient. Once determined, 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 6c. Wisconsin Department of Health Services Housing Assistance Program 7. Participation in Women, Infants and Children programs (WIC); 8. Supplemental Nutrition Assistance Program (SNAP) eligibility; 9. Illinois Free Lunch and Breakfast Program; 10. Wisconsin Free Lunch Program; 11. Low Income Home Energy Assistance Program (LIHEAP); 12. Wisconsin Home Energy Assistance Program (WHEAP); 13. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria; 14. Receipt of grant assistance for medical services

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number
37-0661238

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PRAIRIE EDUCATION & RESEARCH COOPERATIVE 800 E CARPENTER STREET 62 SPRINGFIELD, IL 62769	37-1157915	501(C)(3)	125,000	0	N/A	N/A	MEDICAL RESEARCH FOR CARDIOVASCULAR DISEASE, DIABETES AND NEUROLOGICAL DISORDERS

2

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

1

3

Enter total number of other organizations listed in the line 1 table

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FEDERAL WORK STUDY GRANT	9	9,631	0	n/a	n/a
(2) FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT	28	18,995	0	n/a	n/a
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	ST. JOHN'S HOSPITAL PARTICIPATES IN VARIOUS FEDERAL LOAN AND GRANT PROGRAMS. THESE PROGRAMS ARE ADMINISTERED IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE U.S. DEPARTMENT OF EDUCATION, AND THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. THESE PROGRAMS ARE AUDITED ANNUALLY IN ACCORDANCE WITH OMB CIRCULAR A-133 "AUDITS OF INSTITUTIONS OF HIGHER EDUCATION AND OTHER NONPROFIT INSTITUTIONS".

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number
37-0661238

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

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	TAX GROSS-UPS WERE PAID TO KATHERINE HEALY-COLLIER FOR \$10,363, TO GUPREET S MANDER FOR \$26, AND TO SEAN P. FISCHER \$18 DURING THE YEAR. THE FAIR VALUE OF THESE WERE INCLUDED IN THEIR ANNUAL REPORTED INCOME.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	KATHERINE HEALY-COLLIER RECEIVED \$9,515 IN HOUSING ALLOWANCE DURING THE YEAR AS PART OF HER EMPLOYMENT UNTIL SHE WAS ABLE TO FIND A PERMANENT PLACE TO LIVE. THIS WAS INCLUDED AS TAXABLE COMPENSATION.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	PLEASE SEE RESPONSE TO FORM 990, PART VI, LINE 15A IN SCHEDULE O.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	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 2019; THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). Ann Carr -- \$30,435 Evert Kuiper -- \$89,431 Marc Shelton -- \$72,602 Patricia Fischer -- \$39,159 THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2019; THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE. Ann Carr -- \$29,653 Evert Kuiper -- \$221,504 Marc Shelton -- \$99,746

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 37-0661238

Name: St John's 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				
1EVERT J KUIPER	(i)	0	0	0	0	0	0	0
President & Division CEO - Illinois	(ii)	781,769	16,120	260,992	171,807	30,339	1,261,027	221,504
1MARC SHELTON MD	(i)	0	0	0	0	0	0	0
Board Member - HSHS Chief Physician Executive	(ii)	769,971	41,423	123,264	201,007	22,731	1,158,396	99,746
2PATRICIA FISCHER	(i)	0	0	0	0	0	0	0
Former Chief Operating Officer	(ii)	358,647	3,890	25,708	56,346	36,736	481,327	0
3ANN M CARR	(i)	0	0	0	0	0	0	0
TREASURER	(ii)	272,481	4,651	59,451	272,885	24,979	634,447	29,653
4KATHLEEN HEALY-COLLIER	(i)	208,684	0	24,690	0	18,946	252,320	0
CHIEF OPERATING OFFICER-effective 5/20/19 (termed 1/24/20)	(ii)	0	0	0	0	0	0	0
5GURPREET MANDER	(i)	371,762	2,981	19,055	21,328	32,989	448,115	0
CHIEF MEDICAL OFFICER	(ii)	0	0	0	0	0	0	0
6DAVID NOSACKA	(i)	0	0	0	0	0	0	0
DIVISION CFO - ILLINOIS	(ii)	371,352	3,681	4,336	78,171	30,289	487,829	0
7ALLISON PAUL	(i)	277,814	2,144	0	29,617	10,507	320,082	0
CHIEF NURSING OFFICER	(ii)	0	0	0	0	0	0	0
8Ricky Tolson	(i)	282,453	12,173	0	12,462	32,400	339,488	0
Division Cheif HR Officer	(ii)	0	0	0	0	0	0	0
9STEVEN UMLAND	(i)	419,818	4,980	12,865	68,147	32,405	538,215	0
CHIEF FINANCIAL OFFICER - CENTRAL IL DIVISION (UNTIL 1/26/20)	(ii)	0	0	0	0	0	0	0
10Michelle Clatfelter	(i)	205,746	1,574	0	53,228	8,754	269,302	0
Director of Legal Services	(ii)	0	0	0	0	0	0	0
11SEAN FISCHER	(i)	211,256	0	53	13,806	27,789	252,904	0
VICE PRES. FINANCE/CONTROLLER - CENTRAL IL DIVISION (termed 6/19/20)	(ii)	0	0	0	0	0	0	0
12JULIE GOEBEL	(i)	199,118	902	0	25,532	26,419	251,971	0
VICE PRES OF STRATEGY - CENTRAL IL DIVISION	(ii)	0	0	0	0	0	0	0
13AMY JONES	(i)	200,758	6,760	2,200	246,174	19,483	475,375	0
EXECUTIVE DIRECTOR - NURSING ADMINISTRATION	(ii)	0	0	0	0	0	0	0
14BRANDI STRADER	(i)	191,176	0	0	61,744	23,945	276,865	0
DIRECTOR OF PHARMACY	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493133026481
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
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization St John's Hospital of the Hospital Sisters of the Third Order of St Francis		Employer identification number 37-0661238	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE REVENUE - CARDIOVASCULAR	<p>HSHS St. John's Hospital has one of the largest heart programs in Illinois. We are dedicated to providing compassionate care to patients and their families that makes us unique. In 2020, HSHS St. John's has continued to build our structured heart program. 150 plus Trans catheter Aortic Valve Replacements (TAVRs) have been completed this year. In addition, St. John's cardiac programs have received the following Awards, Designations and Accomplishments: *HSHS St. John's earned the platinum award from the National Cardiovascular Data Registry for the MI Action Registry *HSHS St. John's was the first hospital in Illinois to receive the Accreditation for Cardiovascular Excellence for its cardiac catheterization lab. *HSHS St. John's earned Gold Plus Target-Heart Failure Honor Roll recognition from the American Heart Association's "Get With the Guidelines" program for its care of heart failure patients. *HSHS St. John's Cardiac Rehabilitation Department is an American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) certified program. Other innovations that continue to be utilized by HSHS St. John's Hospital's cardiovascular services include: *WATCHMEN Procedure - Used to replace blood thinners for patients with atrial fibrillation. *TAVR devices - Smaller, more easily delivered cardiac valves implanted without the need for open heart surgery or the need for general anesthesia. *WATCH_TAVR - Evaluate the safety and effectiveness of the left atrial appendage occlusion with WATCHMAN Device in prevention of stroke and bleeding in patients with atrial fibrillation undergoing TAVR. *Early TAVR - Establish the safety and effectiveness of the Edwards SAPIEN 3 (Edwards Lifesciences, Irvine, California) Transcatheter Heart Valve (THV) compared with clinical surveillance (CS) in asymptomatic patients with severe, calcific aortic stenosis. *ASAP-TOO - Assessment of the WATCHMAN Device in Patients Unsuitable for Oral Anticoagulation - A pre-market clinical study of WATCHMAN Left Atrial Appendage Closure Device and WATCHMAN Access System. *ACURATE IDE - Evaluate the safety and effectiveness of the ACURATE System for TAVR in symptomatic subjects who have severe aortic valve stenosis and who are at intermediate or greater risk for surgical valve replacement. *AltaValve Early Feasibility - Evaluate the safety and performance of the AltaValve for the treatment of moderate to severe or severe mitral valve regurgitation in patients who are considered high risk for mortality and morbidity from conventional open-heart surgery. *aMAZE - Evaluate the safety and effectiveness of the LARIAT Suture Delivery System to percutaneously isolate and ligate the Left Atrial Appendage (LAA) from the Left Atrium (LA) as an adjunct to planned Pulmonary Vein Isolation (PVI) catheter ablation in the treatment of subjects with symptomatic persistent or long standing persistent Atrial Fibrillation (AF). *REPRISE III - Fully repositionable TAVR Valve from Boston Scientific *Mit</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE REVENUE - CARDIOVASCULAR	<p>raClip - minimally invasive repair of the mitral valve, leading implant center in Illinois *Prairie Cardiovascular cardiologists at St. John's Hospital were the first to enroll patients into Lutonix's LEVANT 2. LEVANT 2 is a global, randomized trial to evaluate the safety and efficacy of the Moxy Drug Coated Balloon compared to a standard angioplasty balloon for the treatment of peripheral arterial disease. *CREST 2 - Randomized trial comparing carotid surgery to carotid stenting. CREST 2 Registry (C2R) - Designed to be a companion to accompany the CREST-2 trial; the registry will promote rapid initiation and completion of enrollment in the CREST-2 trial, ensure that Carotid Angioplasty and Stenting (CAS) is performed by adequately experienced operators within CREST-2 and C2R, closely monitor clinical outcomes of C2R patients, and prevent inappropriate use of CAS outside of C2R. *EVERA - Updated ICD technology allowing patients to safely undergo MRI scan. *SOLVE CRT - Stimulation Of the Left Ventricular Endocardium for Cardiac Resynchronization Therapy in Non-Responders and Previously Untreatable Patients (WiSE CRT System). *Micra - Smallest pacemaker available that requires no leads or generator external to the heart. *DETOUR II - Assessing the safety and effectiveness of the PQ Bypass System for Femoropopliteal Bypass without the need for surgery. *Amplatzer PFO Occluder -Post Approval - Confirm the safety and effectiveness of the AMPLATZER PFO Occluder, in a post approval setting, in patients with a PFO who have had a cryptogenic stroke confirmed by a study neurologist. *ATTAIN - Evaluate the safety and efficacy of the Attain Stability Quad MRI SureScan LV lead (Model 4798) in patients indicated for a de novo LV lead implant. This will be assessed through primary safety and primary efficacy endpoints. *EV ICD - Pre-market clinical study to demonstrate safety and efficacy of the EV ICD System. The Medtronic EV ICD System (defibrillator and lead) is indicated for the automated treatment of patients who have experienced, or are at significant risk of developing life-threatening ventricular tachyarrhythmias. *INTERRUPT AF - Post approval clinical study (PAS) to evaluate open irrigated ablation catheters with high resolution mapping to treat paroxysmal atrial fibrillation. *VISITAG SURPOINT - Evaluation of the VISITAG SURPOINT Module with External Processing Unit (EPU) when used with Smart Touch Surround Flow (STSF) catheter and ST catheter compared to an historical control performance goal. *OPTIMIZE PRO - A post-market clinical study to collect clinical evidence on valve performance and procedural outcomes associated with an "optimized" TAVR care pathway and using the EvolutTM PRO and EvolutTM PRO+ devices. *Protected TAVR - A post-market, randomized controlled trial (RCT) evaluating use of the Sentinel Cerebral Protection System in subjects with aortic valve stenosis who are treated with a commercially available TAVR device. *SUMMIT - A prospective</p>

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Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE REVENUE - CARDIOVASCULAR	<p>, controlled, multicenter clinical investigation of the Tendyne Mitral Valve System for the treatments of eligible subjects with symptomatic, severe mitral regurgitation. *OASIS 9/ Synergy Stent Registry - A 2x2 factorial randomized controlled trial of Colchicine and spirinolactone in patients with ST elevation myocardial infarction. *TARGET BP - A Pivotal, Multicenter, Blinded, Sham Procedure-Controlled Trial of Renal Denervation by the Peregrine System Kit, in Subjects with Hypertension. The purpose of this study is to obtain an assessment of the efficacy and safety of renal denervation by alcohol-mediated neurolysis using the Peregrine System Kit in uncontrolled hypertensive subjects when used in combination with antihypertensive medications. *OPTION - A randomized, multi-center, global investigation to determine if left atrial appendage closure with the WATCHMAN FLX Device is a reasonable alternative to oral anticoagulation in patients after a-fib ablation. *DELIVER - A prospective, single-arm, multi-center study of the Metavention Integrated Radio Frequency Denervation System to improve glycemic control in type 2 Diabetes - percutaneous denervation of the nerves surrounding the common hepatic artery to improve glycemic control. In addition to the list of Catheterization, Surgical and Non-invasive procedures below, HSHS St. John's offers a Cardiac Rehabilitation program, and other stress-reduction services through the HSHS St. John's Center for Living. Catheterization Laboratory Procedures Abdominal aortic aneurysm graphs Ablation of complex arrhythmias Angioplasty with stenting Atrial Fibrillation Ablations Balloon angioplasty Cardiomechs Carotid stents Defibrillator implantation Diagnostic cardiac catheterization Drug-eluting balloons Drug-eluting stents Electrophysiology evaluation of complex arrhythmias Evaluation of cardiac valves Evaluation of congenital heart disease Intravascular Ultrasound and Optical Coherence Tomography Laser pacemaker lead extraction Neurological Interventions for intra-cranial aneurysms and acute stroke Pacemaker implantation Peripheral vascular stents Renal stents Surgical Procedures Beating heart bypass surgery Coronary artery bypass graft surgery General thoracic surgery Heart valve replacement and repair Minimally invasive atrial ablation surgery Minimally invasive valve replacement repair surgery Pacemaker and defibrillator implantation Sutureless AVR Vascular surgery (aortic, cerebrovascular, renal, and peripheral) Noninvasive Cardiovascular Diagnostic Procedures A-V Optimization Cardiac CT angiography and functional testing as an alternative to stress testing Cardiac and vascular ultrasound Cardioversions Doppler exams Echocardiography including 3D Electrocardiograms Holter monitoring/Arrhythmia monitoring/Pacemaker checks Nuclear and echo stress testing Pediatric Cardiology Clinic Preadmission testing (chest X-rays and blood tests) Transesophageal echocardiography including 3D</p>

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Return Reference	Explanation
Form 990, Part III, Line 4b PROGRAM SERVICE REVENUE - INTERNAL MEDICINE	<p>In FY20, the majority of the Internal Medicine cases that were admitted to St. John's Hospital came through our Emergency Department (52%), while 20% came to our facility as direct admits from our Connect program. The Emergency Room is a Level 1 Trauma Center that services Central Illinois. The total visit volume is approximately 50,000 with a 19% admission rate. The Connect Program is a regional referral program that started in 2010. The program is a one-call system that focuses on physician alignment and clinical protocols. St. John's has a dedicated outreach representative that works with referring hospitals to address any issues and to improve the services. St. John's has three hospitalist groups servicing the patients: HSHS Medical Group (which has grown significantly over the past 5 - 6 years), Springfield Clinic, and Southern Illinois University (SIU). This program enables the hospitalist to manage the in-hospital care for patients and coordinates care with other consulting MD's, if needed. An effective hospitalist program can benefit hospitals by reducing length of stay, improving hospital efficiencies, and improving quality care. This program also enables primary care MD's to reduce time at the hospital and spend more time at their practice. HSHS Medical Group Hospitalists managed the highest percentage of Internal Medicine Inpatients in FY20 with 49% of Internal Medicine Cases. The next largest was Springfield Clinic physicians with Internal Medicine specialty at 8.23% and SIU Hospitalist at 7.75%.</p>

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Return Reference	Explanation
Form 990, Part III, Line 4c PROGRAM SERVICE REVENUE - GENERAL SURGERY	<p>At HSHS St. John's Hospital, our Main OR services Inpatients and Outpatients from throughout central Illinois and the surrounding communities. Surgeons from seven physician groups perform procedures at our facility, from several specialties, including: Plastics, General Surgery, General Pediatric Surgery, Urology, Pediatric Urology, Gynecological Surgery, Gynec-Onc Surgery, ENT, Neurosurgery, Ophthalmological Surgery (Including Retinal), and Robotic Surgery. Major Plastics Procedures: * Cleft Palate/Cleft Lip Repairs * Breast Reconstruction * Pediatric & Adult Burn Care Major General Surgery Procedures: * Laparoscopic Appendectomies * Laparoscopic & Robotic Cholecystectomies * Trauma Services * Laparoscopic & Robotic Hernia Repairs * Breast Lesion Excision & Mastectomies Major General Pediatric Procedures/Services: * The Main OR proudly services HSHS St. John's Children's Hospital & NICU - both are regional facilities * Appendectomies * Bowel Resections * Pyloremyotomies * Hernia Repairs Major Urology Procedures: * Kidney/Bladder Stone Procedures, including: Extracorporeal Shock Wave Lithotripsy (ESWL), Percutaneous Nephrolithotomy, and a comprehensive Laser program * Penile Prosthesis * TURP/TUR-BT * Robotic Nephrectomies, Nephroureterectomies, Adrenalectomies, Pyeloplasties & Prostatectomies Major Pediatric Urology Procedures: * Circumcision Revisions/Phimosis/Hidden Penis Repairs * Hernia Repairs * Orchipexies * Hypospadias Repairs Major Gynecological & Gynec-Onc Procedures: * Laparoscopic & Robotic Hysterectomies/BSO * Comprehensive gynec-onc program - primarily performed Robotically * Women's Uro/GYN program, including: Vaginal Slings, Bladder Stimulators, Robotic Colpopexy & Colporrhaphies Major ENT Procedures: * Endoscopic/Image Guided Sinus Surgeries * Pediatric Airway Procedures, including: Tracheostomy Care, Bronchoscopies, Laryngoscopies, Balloon Dilations * ENT Cancer Surgery Major Neurosurgery Procedures: * Comprehensive Deep Brain Stimulator Program * Spine Procedures * VP Shunt Placement & Maintenance * Vagal Nerve Stimulator Placement & Maintenance * Brain Biopsies and Craniotomy/Tumor Resections * Kyphoplasties * Trauma Services Major Ophthalmology Procedures: * Comprehensive Retinal Program * Cataract Procedures * Oculoplastics Program, including: Blepharoplasties, Brow Lifts & Muscle Repair Procedures Robotic Services: * Surgeons from General Surgery, Urology & Gynecology perform robotic procedures. St. John's owns two Intuitive Surgical DaVinci Robots. Robotics makes up 13% of the business for those specialties. St. John's performed 446 robotic cases in FY20 with an average cost per case of \$879 with total cost of \$1,309,403. Top 3 Service Lines for CC 7041 - by Volume: * General Surgery (Includes Pediatrics and Trauma) - 841 cases * Urology (includes Pediatrics) - 747 cases * Gynecology - 391 cases Top 3 Service Lines for CC7041 - by Total \$ Spent on supplies/implants & Average Cost per Case: * Neurosurgery - Total \$ spent on sup</p>

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Return Reference	Explanation
Form 990, Part III, Line 4c PROGRAM SERVICE REVENUE - GENERAL SURGERY	plies/implants = \$2,702,490 - Average Cost/Case = \$7,699 * General Surgery - Total \$ spent on supplies/implants = \$1,309,403.14 - Average Cost/Case = \$1,274 * Urology - Total \$ spent on supplies/implants = \$695,965 - Average Cost/Case = \$931

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Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE REVENUE - CARDIOVASCULAR	The Heart Failure Department At discharge, patients are offered enrollment in the Tele-scale program which monitors patients' daily weights & symptoms remotely to help avoid readmission. The Cardiac Rehabilitation Department at HSHS St. John's offers Phase 1 inpatient Cardiac Rehab Phase 2 outpatient Cardiac Rehab Phase 3 outpatient Cardiac Rehab Phase 3 outpatient Pulmonary Rehab Supervised Exercise Therapy for Peripheral Artery Disease (SET for PAD)

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Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 210,465,508 including grants of \$ 153,626)(Revenue \$ 274,598,076) ST. JOHN'S OTHER SPECIALIZED SERVICES INCLUDE CANCER CARE, WOMEN'S SERVICES, A NEUROSCIENCES INSTITUTE, HOME HEALTH, HOSPICE, AN EMERGENCY DEPARTMENT THAT NEARLY 54,000 PEOPLE PER YEAR SEEK CARE IN AND THE ST. JOHN'S CHILDREN'S HOSPITAL. OUR CHILDREN'S HOSPITAL IS THE ONLY COMPREHENSIVE CHILD HEALTH CARE FACILITY IN SOUTH-CENTRAL ILLINOIS AND PROVIDES VITAL HEALTH CARE FOR THE REGION'S CHILDREN, FROM INFANCY THROUGH AGE 18. RECOGNIZED BY THE CHILDREN'S HOSPITAL ASSOCIATION AND A MEMBER OF THE ASSOCIATION OF ILLINOIS CHILDREN'S HOSPITALS, ST. JOHN'S CHILDREN'S HOSPITAL OFFERS A WIDE RANGE OF SERVICES FOR CHILDREN AND THEIR FAMILIES BOTH HERE AT OUR FACILITIES AND EXTENDING INTO THE HOME. SERVICES INCLUDE: - GENERAL PEDIATRIC BEDS, WITH PRIVATE BATH, SHOWER AND PARENTAL SLEEPING AREA - PEDIATRIC ICU - PEDIATRIC HEMATOLOGY/ONCOLOGY - LEVEL III NEONATAL ICU - PEDIATRIC EMERGENCY ROOM SERVICES - NEONATAL AND PEDIATRIC TRANSPORTATION - THE ONLY REGIONAL LEVEL III PERINATAL CARE CENTER IN THE AREA - CHILD AND FAMILY SUPPORT AND SERVICES THROUGH OUR CHILD LIFE SPECIALISTS AND SOCIAL AND SPIRITUAL SERVICES DEPARTMENTS. - COMPREHENSIVE OUTPATIENT SERVICES SUCH AS HOME HEALTH, CHILDREN'S REHABILITATION CENTER AND EARLY INTERVENTION PROGRAM - A RONALD MCDONALD HOUSE ON SITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 24a TAX EXEMPT BONDS	ST. JOHN'S HOSPITAL HOLDS A LIABILITY ON ITS BOOKS FOR TAX-EXEMPT BONDS, WHICH IS AN ALLOCATION FROM ITS SOLE CORPORATE MEMBER, HOSPITAL SISTERS SERVICES, INC. AS A RESULT, THIS QUESTION WAS ANSWERED NO, AND SCHEDULE K WILL BE COMPLETED ON THE HOSPITAL SISTERS SERVICES, INC. FORM 990.

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Return Reference	Explanation
Form 990, Part IV, Line 10 Endowment Funds	<p>The organization maintains net assets with donor restrictions and without donor restrictions 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.</p>

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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.

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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.

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Return Reference	Explanation
Form 990, Part VI, Line 16b JOINT VENTURES	HOSPITAL SISTERS HEALTH SYSTEM ADOPTED A JOINT VENTURE COMPLIANCE PROGRAM POLICY EFFECTIVE ON JANUARY 1, 2012 FOR ALL SYSTEM HOSPITALS, INCLUDING ST. JOHN'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 SACRED HEART HOSPITAL, AND ALL HSHS HOSPITALS, TO EVALUATE THEIR PARTICIPATION IN JOINT VENTURE ARRANGEMENTS, INCLUDING UNDER APPLICABLE FEDERAL TAX LAWS, AND TO SAFEGUARD SACRED HEART HOSPITAL'S TAX EXEMPT STATUS WITH RESPECT TO ANY JOINT VENTURE ARRANGEMENTS.

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Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a 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 BY-LAWS, 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.

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Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SOLE CORPORATE MEMBER OF ST. JOHN'S 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.

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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.

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Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>RESPONSIBILITY FOR THE POLICY AND OPERATIONS OF ST. JOHN'S 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 ("H SHS"), AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 5 01(C)(3) OF THE INTERNAL REVENUE CODE. THE GOVERNANCE AND OPERATIONS OF THE CORPORATION AR E SUBJECT TO HSSI'S RIGHT TO EXERCISE THESE RESERVED POWERS WITH RESPECT TO THE CORPORATIO N AND ORGANIZATIONS OF WHICH THE CORPORATION IS EITHER, DIRECTLY OR INDIRECTLY, A CONTROLL ING MEMBER OR A CONTROLLING SHAREHOLDER ("AFFILIATES"). HSSI'S RIGHT TO EXERCISE CERTAIN O F THESE RESERVED POWERS IS, IN TURN, SUBJECT TO THE APPROVAL OF HSHS AND HSHS' MEMBERS. TH E RESERVED POWERS INCLUDE ALL RIGHTS GRANTED TO HSSI BY LAW AND THE RIGHT TO: (A) ADOPT, A PPROVE AMENDMENTS TO, OR AMEND ANY STATEMENT OF PHILOSOPHY, MISSION, MISSION INTEGRATION O R VALUES, OR ANY NAME, LOGO, OR MARK OF THE CORPORATION OR OF ANY AFFILIATE; (B) ADOPT, AP PROVE AMENDMENTS TO, OR AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION OR OF ANY A FFILIATE; (C) ADOPT, APPROVE AMENDMENTS TO, OR AMEND THE BYLAWS OF THE CORPORATION OR OF A NY AFFILIATE; (D) APPOINT AND REMOVE THE BOARD OF DIRECTORS, ANY ONE OR MORE OF THE DIRECT ORS 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, 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 THE MEMBER; (G) APPROVE DEBT INCURRED BY THE CO RPORATION OR ANY AFFILIATE IN AN AMOUNT IN EXCESS OF LIMITS SET FROM TIME TO TIME BY THE M EMBER; (H) APPROVE THE OPERATING AND CAPITAL BUDGETS OF THE CORPORATION OR OF ANY AFFILIAT E, AND ANY DEVIATIONS BY THE CORPORATION OR OF ANY AFFILIATE FROM SUCH BUDGETS IN AN AMOUN T OR PERCENTAGE SPECIFIED BY THE MEMBER FROM TIME TO TIME; (I) APPROVE THE STRATEGIC PLAN AND GOALS OF THE CORPORATION OR OF ANY AFFILIATE; (J) APPROVE THE SALE OF SUBSTANTIALLY AL L 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 EDUCA TION 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 POLIC IES AND PROCEDURES OF THE CORP</p>

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Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ORATION OR OF ANY AFFILIATE AND APPROVE ANY DEVIATIONS FROM SUCH POLICIES AND PROCEDURES B Y THE CORPORATION OR ANY AFFILIATE; AND (O) ADOPT POLICIES TO IMPLEMENT THE RESERVED POWER S OF THE MEMBER.

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.

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>THE ORGANIZATION IS SUBJECT TO THE CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY ("POLICY") OF HOSPITAL SISTERS HEALTH SYSTEM, AN ILLINOIS NOT FOR PROFIT CORPORATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. A REVISED CORPORATE COMPLIANCE PROGRAM AND CONFLICT OF INTEREST POLICY HAVE BEEN IMPLEMENTED SINCE JANUARY, 2009 TO MANAGE 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, AND 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, VICE PRESIDENT - RISK & COMPLIANCE, 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 IN THE BEST INTERESTS OF HSHS.</p>

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>ENT, OR ACTIVITY IS FAIR 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>THE COMPENSATION COMMITTEE (COMMITTEE) IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE DEVELOPS A COMPENSATION PHILOSOPHY FOR THE SYSTEM AND ALL AFFILIATES. THE COMMITTEE SELECTS AND HIRES THE INDEPENDENT COMPENSATION CONSULTANT TO DEVELOP COMPARABILITY DATA AND ADVISE THE COMMITTEE DURING ITS DELIBERATIONS REGARDING ALL ELEMENTS OF TOTAL COMPENSATION FOR ALL HSHS EXECUTIVES, (the top management official, other officers and key employees). INTEGRATED HEALTHCARE STRATEGIES ("IHS"), THE CONSULTANTS UTILIZED BY THE COMMITTEE, USE DATA FROM MULTIPLE TAX-EXEMPT PEER GROUP SOURCES 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.</p>

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	Retail Pharmacy - Total Revenue: 1136889, Related or Exempt Function Revenue: , Unrelated Business Revenue: 1136889, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Graduate Medical Education - Total Revenue: 684000, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 684000; ECG Billings - Total Revenue: 190573, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 190573; Gift Shop - Total Revenue: 283790, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 283790; Other Departmental Income - Total Revenue: 380397, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 380397; Parking and Security - Total Revenue: 98445, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 98445; Laundry - Total Revenue: 140848, Related or Exempt Function Revenue: , Unrelated Business Revenue: 140848, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Dietary - Total Revenue: 39140, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 39140; Legal Settlements - Total Revenue: 21685, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 21685;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Purchased Services - Total Expense: 80899328, Program Service Expense: 77742594, Management and General Expenses: 3156734, Fundraising Expenses: ; Professional Fees - Total Expense: 47597704, Program Service Expense: 20658523, Management and General Expenses: 26939181, Fundraising Expenses: ; Shared Services Fees - Total Expense: 22746513, Program Service Expense: 1715490, Management and General Expenses: 21031023, Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Line 11 POOLED INVESTMENT ACCOUNT	ST. JOHN'S HOSPITAL'S CASH RESERVES ARE INVESTED IN A POOLED INVESTMENT ACCOUNT. PARTICIPATION IN THE POOLED FUND IS LIMITED TO THE 501(C)(3) HOSPITALS AND RELATED HEALTH SERVICES ORGANIZATIONS SPONSORED BY HOSPITAL SISTERS HEALTH SYSTEM. THE POOLED ACCOUNT CONSISTS OF CASH, AND EQUITY AND DEBT SECURITIES THAT ARE PUBLICLY TRADED. IN ACCORDANCE WITH THE PROVISIONS OF SFAS NO. 124 "ACCOUNTING FOR CERTAIN INVESTMENTS HELD BY NOT-FOR-PROFIT ORGANIZATIONS", INVESTMENTS IN EQUITY SECURITIES WITH READILY DETERMINABLE VALUES, AND ALL INVESTMENTS IN DEBT SECURITIES, ARE REPORTED AT FAIR VALUE ON THE BALANCE SHEET. INCOME, REALIZED AND UNREALIZED GAINS AND LOSSES ARE POOLED AND ALLOCATED TO THE PARTICIPANTS. INDIVIDUAL COMPONENTS OF ASSETS AND REVENUE ARE NOT IDENTIFIED TO THE INDIVIDUAL HOSPITAL PARTICIPANTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS TO/FROM AFFILIATES - -56667866; Mark to Market Pension Adjustment - -16763358; CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - 141571; CHANGE IN PERMANENTLY RESTRICTED NET ASSETS - 78699; SWAP PAYMENTS - -4333; CHANGE IN TEMPORARILY RESTRICTED NET ASSETS - -361144;

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

2019

Open to Public Inspection

Name of the organization
St John's Hospital of the Hospital Sisters of the Third Order of St Francis

Employer identification number
37-0661238

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	-1,065,421	2,091,139	HSSI
(2) PHYSICIAN CLINICAL INTEGRATION NETWORK LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1668647	HEALTHCARE	IL	706,293	10,243,449	KCIN
(3) HSHS ACO LLC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 32-0465666	HEALTHCARE & SOCIAL ASSISTANCE	IL	-458,206	453,719	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	-12,402	266,872		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	-70,585	97,862		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	17,910		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	282,559	1,572,355		No			No	50 %

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h	Yes	
1i		No
1j	Yes	
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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 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.

Return Reference	Explanation
Schedule R, Part V, Line 2 TRANSACTIONS WITH RELATED ENTITIES	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.

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 37-0661238

Name: St John's 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 37-1186514	HEALTHCARE	IL	501(c)(3)	7	SHHS	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	
503 N MAPLE STREET EFFINGHAM, IL 62401 37-0661233	HEALTHCARE	IL	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	
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	
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	SHHS	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	
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	

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
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)		HSSI	Yes	
ONE ST ELIZABETHS BLVD OFALLON, IL 62269 37-1276333	HEALTHCARE	IL	501(c)(3)	3	ST ELIZABETH'S HOSPITAL		No
4849 LAVERNA ROAD SPRINGFIELD, IL 62707 35-2271729	RECYCLING MEDICAL SUPPLIES	IL	501(c)(3)		HSBS	Yes	
4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1058692	HEALTHCARE	IL	501(c)(3)	Type III-FI	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
KIARA INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163401	HEALTHCARE	IL	HSBS	C Corporation	-43,228,090	38,923,072	100 %	Yes	
LASANTE WISCONSIN INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 39-1572196	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
LASANTE INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 37-1163400	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
PRAIRIE CARDIOVASCULAR 619 EAST MASON SUITE 4P57 SPRINGFIELD, IL 62701 37-1071858	HEALTHCARE	IL	KIARA INC	C Corporation				Yes	
PREVEA HEALTH SERVICES INC 2710 EXECUTIVE DRIVE GREEN BAY, WI 54304 39-1839351	HEALTHCARE	WI	HSSI	C Corporation	-3,206	44,317,532	50 %	Yes	
PREVEA CLINIC INC 2710 EXECUTVE DRIVE GREEN BAY, WI 54304 39-1839349	HEALTHCARE	WI	PHSI	C Corporation				Yes	
RENAISSANCE QUALITY INSURANCE LTD PO BOX 1159 GRAND CAYMAN KY11102 CJ 98-0669953	INSURANCE	CJ	HSSI	C Corporation	0	148,104,719	100 %	Yes	
OJV INC 4936 LAVERNA ROAD SPRINGFIELD, IL 62707 46-0873384	HEALTHCARE	IL	LASANTE INC	C Corporation				Yes	