

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 black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 04-01-2009 and ending 03-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SOUTHERN ILLINOIS HOSPITAL SERVICES	D Employer identification number 37-0618939
		Doing Business As SOUTHERN ILLINOIS HEALTHCARE	E Telephone number (618) 457-5200
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 3988	G Gross receipts \$ 539,238,441
		City or town, state or country, and ZIP + 4 CARBONDALE, IL 629023988	

F Name and address of principal officer REX BUDDE PO BOX 3988 CARBONDALE, IL 629023988	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
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I Tax-exempt status 501(c) (3) (Insert no) 4947(a)(1) or 527

J Website: WWW SIH NET

K Form of organization Corporation Trust Association Other **L** Year of formation 1946 **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 SOUTHERN ILLINOIS HOSPITAL SERVICES' (SIHS) MISSION STATEMENT IS "WE ARE DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL OF THE PEOPLE IN THE COMMUNITIES WE SERVE "

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of employees (Part V, line 2a)	5	2,908
6 Total number of volunteers (estimate if necessary)	6	525
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	503,212
b Net unrelated business taxable income from Form 990-T, line 34	7b	-453,687

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,199,072	695,222
	9 Program service revenue (Part VIII, line 2g)	325,790,270	354,220,997
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-16,184,318	8,002,780
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,627,704	2,732,513
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	313,432,728	365,651,512
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	120,214
	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)	133,729,724	143,001,610
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 163,723		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	171,874,945	180,940,927
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	305,604,669	324,062,751	
19 Revenue less expenses Subtract line 18 from line 12	7,828,059	41,588,761	

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	435,679,904	494,130,186
	21 Total liabilities (Part X, line 26)	196,497,185	187,854,441
	22 Net assets or fund balances Subtract line 21 from line 20	239,182,719	306,275,745

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	*****	2010-11-11
	Signature of officer	Date
	MIKE KASSER CFO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CROWE HORWATH LLP 9600 Brownsboro Road Suite 400 Louisville, KY 402411122		EIN Phone no (502) 326-3996

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SOUTHERN ILLINOIS HOSPITAL SERVICES (SIHS) IS AN INTEGRATED, VALUE-ORIENTED, COMMUNITY-CENTERED HEALTH CARE SYSTEM DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF THE RESIDENTS OF SOUTHERN ILLINOIS (CONTINUED IN SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 278,858,602 including grants of \$ 0) (Revenue \$ 355,154,198)

SOUTHERN ILLINOIS HOSPITAL SERVICES (SIHS) PROVIDES QUALITY HEALTH SERVICES TO PEOPLE THROUGHOUT SOUTHERN ILLINOIS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY THROUGH DAILY OPERATIONS, SOUTHERN ILLINOIS HOSPITAL SERVICES HOSPITALS PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED CHARITY CARE, UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE, SUBSIDIZED HEALTH SERVICES AND MEDICAL EDUCATION THE PRIMARY SERVICE AREA OF SOUTHERN ILLINOIS HOSPITAL SERVICES IS A VERY RURAL SEVEN-COUNTY REGION WITH A COMBINED POPULATION OF APPROXIMATELY 240,000 THE RESIDENTS OF THESE COUNTIES MEDIAN HOUSEHOLD INCOMES ARE BELOW THE STATE AVERAGE, PLUS THE POVERTY RATE IS HIGHER THAN THE STATE AVERAGE (CONTINUED IN SCHEDULE O)

4b (Code) (Expenses \$ 1,087,797 including grants of \$ 120,214) (Revenue \$ 0)

SOUTHERN ILLINOIS HOSPITAL SERVICES HAS EXTENDED ITS SERVICES BEYOND HOSPITAL WALLS AND INTO THE NEIGHBORHOODS WHERE PEOPLE LIVE AND WORK THE COMMUNITY BENEFITS DEPARTMENT OF SOUTHERN ILLINOIS HOSPITAL SERVICES WAS INSTITUTED IN 1994 WITH AN OPERATING BUDGET SPECIFICALLY ALLOCATED TO BRING HEALTH-RELATED PROGRAMS TO THE AREAS IN WHICH THEY WERE MOST NEEDED COMMUNITY BENEFITS HAS UNDERTAKEN A WIDE VARIETY OF SUCCESSFUL PROGRAMS SINCE ITS INCEPTION (CONTINUED IN SCHEDULE O)

4c (Code) (Expenses \$ 183,702 including grants of \$ 0) (Revenue \$ 0)

SOUTHERN ILLINOIS HOSPITAL SERVICES PROVIDES PROGRAMS TO IMPROVE THE HEALTH AND WELL-BEING OF THE CHILDREN AND ADOLESCENTS ATTENDING SOUTHERN ILLINOIS SCHOOLS (CONTINUED IN SCHEDULE O)

4d Other program services (Describe in Schedule O)







(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 280,130,101

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III.</i>		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? <i>If "Yes," complete Schedule G, Part I.</i>		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? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> <input checked="" type="checkbox"/>	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 323		
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?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 2,908		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization MIKE KASSER 1239 EAST MAIN STREET CARBONDALE, IL 62901 (618) 457-5200

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 add'l data										

1b Total	5,068,780	24,858	1,394,635
-----------------	-----------	--------	-----------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **62**

	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>	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>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL STAFFING NETWORK PO BOX 844774 DALLAS, TX 752844774	MEDICAL AND HEALTHCARE PAYMENTS	4,209,531
BRIGHAM ANESTHESIA SOUTH LLC 35 ALBANY ROAD SUITE C CARBONDALE, IL 629037605	MEDICAL AND HEALTHCARE PAYMENTS	1,950,952
LABORATORY CORP OF AMERICA PO BOX 12140 BURLINGTON, NC 272162140	MEDICAL AND HEALTHCARE PAYMENTS	1,145,422
ALLIANCE HEALTHCARE SERVICE INC 100 BAYVIEW CIRCLE SUITE 400 NEWPORT BEACH, CA 92660	MEDICAL AND HEALTHCARE PAYMENTS	973,376
MIDWEST REGIONAL NEONATOLOGY PO BOX 1823 INDIANAPOLIS, IN 462061823	MEDICAL AND HEALTHCARE PAYMENTS	944,165

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **35**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	0				
	b	Membership dues 1b	0				
	c	Fundraising events 1c	72,383				
	d	Related organizations 1d	0				
	e	Government grants (contributions) 1e	515,401				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	107,438				
	g	Noncash contributions included in lines 1a-1f \$ <u>15,612</u>					
	h	Total. Add lines 1a-1f	695,222				
Program Service Revenue	2a	PATIENT REVENUE	352,134,957	352,134,957	0	0	
	b	PARTNERSHIP INCOME	2,038,139	2,038,139	0	0	
	c	LEASEHOLD REVENUE FROM RELATED ORGANIZATIONS	47,901	47,901	0	0	
	d		0	0	0	0	
	e		0	0	0	0	
	f	All other program service revenue	0	0	0	0	
	g	Total. Add lines 2a-2f	354,220,997				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	6,775,946	0	0	6,775,946	
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0	
	5	Royalties	0	0	0	0	
	6a	Gross Rents	(i) Real	652,677	0		
			(ii) Personal		0		
			Less rental expenses	363,426	0		
			Rental income or (loss)	289,251	0		
	d	Net rental income or (loss)	289,251	0	0	289,251	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	174,323,155	72,975		
			(ii) Other		186,207		
			Less cost or other basis and sales expenses	172,983,089			
			Gain or (loss)	1,340,066	-113,232		
	d	Net gain or (loss)	1,226,834	0	0	1,226,834	
	8a	Gross income from fundraising events (not including \$ <u>72,383</u> of contributions reported on line 1c) See Part IV, line 18					
	a		26,655				
b	Less direct expenses b	54,207					
c	Net income or (loss) from fundraising events	-27,552	0	0	-27,552		
9a	Gross income from gaming activities See Part IV, line 19						
a		1,733					
b	Less direct expenses b	0					
c	Net income or (loss) from gaming activities	1,733	0	0	1,733		
10a	Gross sales of inventory, less returns and allowances a	0					
b	Less cost of goods sold b	0					
c	Net income or (loss) from sales of inventory	0	0	0	0		
Miscellaneous Revenue		Business Code					
11a	CAFETERIA/VENDING/HOSPITAL AUXILIARY		1,589,615	556,947	0	1,032,668	
b	MEDICAL RECORDS/X-RAY/INTERNET PHYSICIANS	621,300	386,661	165,218	221,443	0	
c	REFERENCE LAB	621,500	281,769	0	281,769	0	
d	All other revenue		211,036	211,036	0	0	
e	Total. Add lines 11a-11d		2,469,081				
12	Total revenue. See Instructions		365,651,512	355,154,198	503,212	9,298,880	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	120,214	120,214		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	5,283,180	0	5,283,180	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	23,073	0	23,073	0
7	Other salaries and wages	106,881,458	92,463,095	14,310,146	108,217
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,357,046	2,822,808	532,144	2,094
9	Other employee benefits	19,683,492	18,406,211	1,270,002	7,279
10	Payroll taxes	7,773,361	6,608,923	1,156,459	7,979
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	420,576	13,829	406,747	0
c	Accounting	258,632	0	258,632	0
d	Lobbying	66,902	0	66,902	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	293,087	0	293,087	0
g	Other	37,099,804	30,592,730	6,491,382	15,692
12	Advertising and promotion	974,133	24,430	949,703	0
13	Office expenses	59,982,488	58,923,634	1,045,563	13,291
14	Information technology	3,440,528	1,211	3,439,317	0
15	Royalties	0	0	0	0
16	Occupancy	5,399,996	4,631,492	768,504	0
17	Travel	500,573	300,774	197,205	2,594
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	822,290	465,317	354,427	2,546
20	Interest	5,751,118	5,730,947	20,171	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	21,168,017	15,580,123	5,586,507	1,387
23	Insurance	6,493,159	6,243,395	249,764	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	25,612,931	25,612,931	0	0
b	PROVIDER TAX	5,854,764	5,854,764	0	0
c	EQUIPMENT RENTAL	5,258,961	4,770,983	487,978	0
d	DUES AND SUBSCRIPTIONS	565,239	358,800	203,935	2,504
e	HOSPITAL AUXILIARY	422,861	422,861	0	0
f	All other expenses	554,868	180,629	374,099	140
25	Total functional expenses. Add lines 1 through 24f	324,062,751	280,130,101	43,768,927	163,723
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	112,268	1	6,117
	2 Savings and temporary cash investments	9,617,856	2	6,517,683
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	64,678,662	4	74,409,231
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	727,744	7	852,781
	8 Inventories for sale or use	4,759,479	8	5,936,730
	9 Prepaid expenses and deferred charges	2,346,709	9	2,637,547
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	307,097,283		
	b Less accumulated depreciation	150,898,163	152,723,107	10c 156,199,120
	11 Investments—publicly traded securities	188,041,188	11	214,509,601
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	12,672,891	15	33,061,376
16 Total assets. Add lines 1 through 15 (must equal line 34)	435,679,904	16	494,130,186	
Liabilities	17 Accounts payable and accrued expenses	33,902,498	17	30,754,382
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	143,510,000	20	140,990,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	215,994	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	18,868,693	25	16,110,059
	26 Total liabilities. Add lines 17 through 25	196,497,185	26	187,854,441
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	238,909,092	27	306,084,093
	28 Temporarily restricted net assets	273,627	28	191,652
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	239,182,719	33	306,275,745	
34 Total liabilities and net assets/fund balances	435,679,904	34	494,130,186	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number

37-0618939

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 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. 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—2008. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Table with 2 columns: Name of the organization (SOUTHERN ILLINOIS HOSPITAL SERVICES) and Employer identification number (37-0618939)

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

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
- 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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

	(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)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		6,079
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			6,079
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number 37-0618939

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

3 Using the organization's 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	7,276,667		7,276,667
b Buildings	0	93,066,006	40,718,225	52,347,781
c Leasehold improvements	0	11,037,227	7,083,583	3,953,644
d Equipment	0	181,768,264	103,096,355	78,671,909
e Other	0	13,949,119	0	13,949,119
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				156,199,120

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
See Additional Data Table	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	33,061,376

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	7,175,202
ACCRUED BOND INTEREST	632,282
MEDICAL PROFESSIONAL LIABILITY INSURANCE	3,091,877
ASBESTOS LIABILITY	427,667
LT EXECUTIVE RETIREMENT	214,004
EMPLOYEES HELPING EMPLOYEES FUNDS	51,994
DUE TO AFFILIATE - RIC	299,001
INTEREST RATE SWAP CONTRACT	4,218,032
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	16,110,059

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	365,651,512
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	324,062,751
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	41,588,761
4	Net unrealized gains (losses) on investments	4	32,819,503
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	3,208,209
9	Total adjustments (net) Add lines 4 - 8	9	36,027,712
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	77,616,473

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

1	Total revenue, gains, and other support per audited financial statements	1	396,577,466
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	32,819,503
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	417,633
e	Add lines 2a through 2d	2e	33,237,136
3	Subtract line 2e from line 1	3	363,340,330
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	265,087
b	Other (Describe in Part XIV)	4b	2,046,095
c	Add lines 4a and 4b	4c	2,311,182
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	365,651,512

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	318,960,992
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	417,633
e	Add lines 2a through 2d	2e	417,633
3	Subtract line 2e from line 1	3	318,543,359
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	265,087
b	Other (Describe in Part XIV)	4b	5,254,305
c	Add lines 4a and 4b	4c	5,519,392
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	324,062,751

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 footnote	Schedule D, Part X, Line 2	THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ON APRIL 1, 2007 WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. EXAMPLES OF TAX POSITIONS COMMON TO HEALTH SYSTEMS INCLUDE MATTERS SUCH AS THE TAX EXEMPT ENTITY TAKING A TAX POSITION THAT AN ORGANIZATION IS TAX EXEMPT WITHOUT OBSERVING CORRESPONDING PROOF OF TAX EXEMPTION FROM FEDERAL AND STATE TAXING AUTHORITIES AND THERE IS MATERIAL NET INCOME GENERATED BY THE ENTITY OR EGREGIOUS COMPENSATION PAID TO INSIDERS THAT COULD RESULT IN REVOCATION OF EXEMPT STATUS (OUTSIDE THE SCOPE OF INTERMEDIATE SANCTIONS EXCISE TAX PENALTIES) THE TAX POSITION IS TO CONSIDER THAT THESE COMPENSATORY ARRANGEMENTS DO NOT JEOPARDIZE TAX EXEMPTION. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE "MORE-LIKELY-THAN-NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNCERTAIN TAX BENEFITS IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY UPON THE ADOPTION OF ASC 740 OR AT MARCH 31, 2010 AND 2009. TAX RETURNS FILED BY THE CORPORATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN. TAX RETURNS FILED BY THE CORPORATION ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEARS ENDED MARCH 31, 2006 AND PRIOR.
Other changes in net assets	Schedule D, Part XI, Line 8	NET INCOME FROM HOSPITAL AUXILIARY - -134087, CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - -1489148, GAIN ON DERIVATIVE - 4831444, OTHER - 0, TOTAL - 3208209
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	FUNDRAISING EVENT EXPENSES - 54207, RENTAL EXPENSES - 363426, OTHER - 0, TOTAL - 417633
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP - 1489148, HOSPITAL AUXILIARY INCOME - 556947, OTHER - 0, TOTAL - 2046095
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	FUNDRAISING EVENT EXPENSES - 54207, RENTAL EXPENSES - 363426, OTHER - 0, TOTAL - 417633
Other expenses in form 990 not in audited financial statements	Schedule D, Part XIII, Line 4b	HOSPITAL AUXILIARY EXPENSES - 422861, GAIN ON DERIVATIVE - 4831444, OTHER - 0, TOTAL - 5254305

Additional Data

Software ID:
Software Version:
EIN: 37-0618939
Name: SOUTHERN ILLINOIS HOSPITAL SERVICES

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
SELF INSURANCE TRUST FUND	17,740,412
UNAMORTIZED BOND COSTS, NET	4,438,819
EXECUTIVE BENEFIT PLAN	1,828,682
OTHER CURRENT ASSETS	1,143,808
DUE FROM AFFILIATE - HSSI	39,609
DUE FROM AFFILIATE - PSC	118,344
DUE FROM AFFILIATE - SIMS	2,016,801
DUE FROM AFFILIATE - CAYMAN	928,676
DUE FROM AFFILIATE - SIHE	71,576
INVESTMENT IN SIOC	2,807,235
INVESTMENT IN RIC	999
INVESTMENT IN PSC	1,100,000
INVESTMENT IN CAYMAN	120,000
STUDENT/TUITION LOANS RECEIVABLE	609,006
DUE FROM AFFILIATE - RIC	97,409

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	7,175,202
ACCRUED BOND INTEREST	632,282
MEDICAL PROFESSIONAL LIABILITY INSURANCE	3,091,877
ASBESTOS LIABILITY	427,667
LT EXECUTIVE RETIREMENT	214,004
EMPLOYEES HELPING EMPLOYEES FUNDS	51,994
DUE TO AFFILIATE - RIC	299,001
INTEREST RATE SWAP CONTRACT	4,218,032

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number 37-0618939

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>SLICE OF LIFE</u> (event type)	<u>ENCHANTED EVENING</u> (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	73,082	25,956		99,038
	2 Less Charitable contributions	57,622	14,761		72,383
	3 Gross income (line 1 minus line 2)	15,460	11,195		26,655
Direct Expenses	4 Cash prizes	1,500	0		1,500
	5 Non-cash prizes	4,125	0		4,125
	6 Rent/facility costs	23,424	80		23,504
	7 Food and beverages	8,007	7,284		15,291
	8 Entertainment	0	500		500
	9 Other direct expenses	7,927	1,360		9,287
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				54,207
11 Net income summary Combine lines 3, column d, and line 10. ▶				-27,552	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number 37-0618939

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility... 3b Does the organization use FPG to determine eligibility for providing discounted care... 4 Does the organization's policy provide free or discounted care to the "medically indigent"? 5a Does the organization budget amounts for free or discounted care... 5b If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5c If "Yes" to line 5b, as a result of budget considerations... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Charity Care and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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	0	0	0	0 %
2 Economic development	0	0	0	0	0	0 %
3 Community support	0	0	0	0	0	0 %
4 Environmental improvements	0	0	0	0	0	0 %
5 Leadership development and training for community members	0	0	0	0	0	0 %
6 Coalition building	0	0	0	0	0	0 %
7 Community health improvement advocacy	0	0	653,663	0	653,663	0 22 %
8 Workforce development	0	0	0	0	0	0 %
9 Other	0	0	0	0	0	0 %
10 Total	0	0	653,663	0	653,663	0 22 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	1	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?			No
2 Enter the amount of the organization's bad debt expense (at cost)	2	8,480,406	
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	1,721,811	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	110,988,170
6 Enter Medicare allowable costs of care relating to payments on line 5	6	112,943,151
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-1,954,981
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 Does the organization have a written debt collection policy?	9a	Yes
9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PHYSICIANS SURGERY CENTER LLC	MEDICAL SERVICES	55 %	2 %	16 %
2 SOUTHERN ILLINOIS ORTHOPEDIC CENTER LLC	MEDICAL SERVICES	49 %	0 %	51 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MEMORIAL HOSPITAL OF CARBONDALE 405 WEST JACKSON STREET CARBONDALE, IL 62901	X	X	X	X					
HERRIN HOSPITAL 201 SOUTH 14TH STREET HERRIN, IL 62948	X	X					X		ACUTE REHAB
ST JOSEPH MEMORIAL HOSPITAL 800 NORTH 2ND STREET MURPHYSBORO, IL 62966	X	X		X	X				

**Schedule I
(Form 990)**

OMB No 1545-0047

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

2009

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number
37-0618939

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 4503 W DEYOUNG SUITE 200C MARION, IL 62959	131788491	501(C)(3)	12,500	0	N/A	N/A	FUNDING OF PROGRAMS
WOMEN FOR HEALTH AND WELLNESS JOHN A LOGAN COLLEGE 700 LOGAN COLLEGE RD CARTERVILLE, IL 62918	371331447	501(C)(3)	10,000	0	N/A	N/A	FUNDING OF PROGRAMS
AMERICAN HEART ASSOCIATION 2524 FARRAGUT DR SUITE A SPRINGFIELD, IL 62704	135613797	501(C)(3)	15,000	0	N/A	N/A	FUNDING OF PROGRAMS
SOUTHERN ILLINOIS REGIONAL SOCIAL SERVICES 604 E COLLEGE CARBONDALE, IL 62901	370795898	501(C)(3)	26,000	0	N/A	N/A	FUNDING OF PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations	4
3 Enter total number of other organizations	0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	ALL GRANTS MADE ARE UNRESTRICTED AND CAN BE USED IN ANY WAY THE DONEE ORGANIZATION SEES FIT TO FURTHER ITS EXEMPT PURPOSE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number

37-0618939

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input 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 indemnification 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)		
<input type="checkbox"/> First-class or charter travel	<input 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 indemnification 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)									
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	EARLY TERMINATION OF AN EXISTING SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) RESULTED IN AN ADDITIONAL TAX BURDEN TO PARTICIPANTS. AN ADDITIONAL AMOUNT WAS AWARDED TO PARTICIPANTS TO OFFSET THE EXTRA TAX BURDEN. THE TAX GROSS-UP PAYMENTS TO THE FOLLOWING OFFICERS WERE NOT TREATED AS TAXABLE COMPENSATION BECAUSE THE GROSS-UP WAS ROLLED INTO THE SERP PLAN AS ADDITIONAL DEFERRED COMPENSATION. REX BUDDE, MIKE KASSER, WILLIAM SHERWOOD, PHILIP SCHAEFER, JOHN B. MILLSTEAD, BECKY ASHTON, SCOTT SEABORN. THE TAX GROSS-UP PAYMENTS TO THE FOLLOWING OFFICERS WERE TREATED AS TAXABLE COMPENSATION, AS THEIR SERP PLANS WERE PAID OUT AND THE ENTIRE AMOUNT OF DEFERRED COMPENSATION WAS TAXABLE. GEORGE MARONEY, THOMAS FIRESTONE, FRANK SEARS.
Severance or change-of-control payment	Schedule J, Part I, Line 4a	ANN IGNAS, DIRECTOR OF NURSING, RECEIVED A SEVERANCE PAYMENT OF \$157,914.
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	VARIOUS OFFICERS PARTICIPATED IN AN IRC SECTION 457(F) PLAN. APPLICABLE AMOUNTS ARE AS FOLLOWS: REX BUDDE - \$354,177 PAYMENT, \$246,024 DEFERRED CONTRIBUTION; BECKY ASHTON - \$139,040 PAYMENT, \$91,285 DEFERRED CONTRIBUTION; THOMAS FIRESTONE - \$244,587 PAYMENT, \$11,458 DEFERRED CONTRIBUTION; PAM HENDERSON - \$49,494 DEFERRED CONTRIBUTION; DAVE HOLLAND - \$66,365 DEFERRED CONTRIBUTION; MIKE KASSER - \$48,312 PAYMENT, \$72,192 DEFERRED CONTRIBUTION; GEORGE MARONEY - \$180,497 PAYMENT; JAMES MILLER - \$15,199 DEFERRED CONTRIBUTION; BART MILLSTEAD - \$10,025, \$88,507 DEFERRED CONTRIBUTION; PHIL SCHAEFER - \$56,264 PAYMENT, \$77,468 DEFERRED CONTRIBUTION; SCOTT SEABORN - \$125,812 PAYMENT, \$79,842 DEFERRED CONTRIBUTION; FRANK SEARS - \$163,209 PAYMENT, \$9,448 DEFERRED CONTRIBUTION; BILL SHERWOOD - \$148,582, \$110,372 DEFERRED CONTRIBUTION.

Software ID: 09000329
Software Version: v2009.2.0
EIN: 37-0618939
Name: SOUTHERN ILLINOIS HOSPITAL SERVICES

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
REX BUDDE	(i)	370,700	30	387,778	256,072	32,210	1,046,790	354,177
	(ii)	0	0	0	0	0	0	0
MIKE KASSER	(i)	225,677	30	65,760	81,401	32,198	405,066	48,312
	(ii)	0	0	0	0	0	0	0
WILLIAM SHERWOOD	(i)	223,942	30	156,950	119,720	33,677	534,319	148,582
	(ii)	0	0	0	0	0	0	0
PHILIP SCHAEFER	(i)	218,861	30	62,737	86,643	36,493	404,764	56,264
	(ii)	0	0	0	0	0	0	0
PAM HENDERSON	(i)	174,140	30	7,420	56,555	12,458	250,603	0
	(ii)	0	0	0	0	0	0	0
DAVID HOLLAND	(i)	179,761	30	23,049	66,365	10,703	279,908	0
	(ii)	0	0	0	0	0	0	0
JOHN B MILLSTEAD	(i)	245,847	30	20,700	94,719	33,128	394,424	10,025
	(ii)	0	0	0	0	0	0	0
BECKY ASHTON	(i)	228,860	30	146,682	100,693	8,274	484,539	139,040
	(ii)	0	0	0	0	0	0	0
SCOTT SEABORN	(i)	195,240	30	135,616	87,776	16,499	435,161	125,812
	(ii)	0	0	0	0	0	0	0
THOMAS FIRESTONE MD	(i)	58,611	28,000	272,517	12,495	11,591	383,214	244,587
	(ii)	0	0	0	0	0	0	0
FRANK SEARS	(i)	39,045	0	206,524	10,457	10,130	266,156	163,209
	(ii)	0	0	0	0	0	0	0
GEORGE MARONEY	(i)	0	0	186,722	0	0	186,722	180,497
	(ii)	0	0	0	0	0	0	0
JAMES MILLER MD	(i)	187,388	30	7,189	15,199	20,339	230,145	0
	(ii)	0	0	0	0	0	0	0
ANN IGNAS	(i)	71,861	0	188,298	358	10,935	271,452	0
	(ii)	0	0	0	0	0	0	0
CATHERINE PORTER	(i)	206,688	3,920	802	8,621	23,665	243,696	0
	(ii)	0	0	0	0	0	0	0
LOUISE VAUGHN	(i)	202,155	30	775	8,167	26,027	237,154	0
	(ii)	0	0	0	0	0	0	0
RICHARD BOREN	(i)	179,445	30	347	7,600	33,750	221,172	0
	(ii)	0	0	0	0	0	0	0
BRIAN LANCE	(i)	150,995	30	68	6,328	23,389	180,810	0
	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

▶ **Attach to Form 990. ▶ See separate instructions.**

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number
37-0618939

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FS42	02-18-2010	68,985,878	DEEMED REISSUANCE OF 2005 BONDS		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FSD2	12-04-2008	55,000,000	FINANCE CAPITAL ACQUISITIONS		X		X

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total proceeds of issue		68,985,878		55,058,935					
2	Gross proceeds in reserve funds		0		0					
3	Proceeds in refunding or defeasance escrows		0		0					
4	Other unspent proceeds		0		17,502,296					
5	Issuance costs from proceeds		0		1,478,948					
6	Working capital expenditures from proceeds		0		0					
7	Capital expenditures from proceeds		0		12,168,415					
8	Year of substantial completion		2008		2011					
9	Were the bonds issued as part of a current refunding issue?		X		X					
10	Were the bonds issued as part of an advance refunding issue?				X					
11	Has the final allocation of proceeds been made?		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X					

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X					
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X					

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %						
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %						
6 Total of lines 4 and 5		0 %		0 %						
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2 Is the bond issue a variable rate issue?	X		X							
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X							
b Name of provider										MORGAN STANLEY
c Term of hedge										0 0 29 0
4a Were gross proceeds invested in a GIC?	X			X						
b Name of provider										
c Term of GIC										0 0 0 0
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?	X			X						
6 Did the bond issue qualify for an exception to rebate?	X									

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number
37-0618939

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To From		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
					Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
-------------------------------	---	---

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JILL KASSER	SPOUSE OF VP/CFO, MIKE KASSER	23,073	COMPENSATION		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization SOUTHERN ILLINOIS HOSPITAL SERVICES	Employer identification number 37-0618939
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Identifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	RUSSELL BROWN, DO AND JEFFREY PARKS, MD - BUSINESS RELATIONSHIP,
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE ORGANIZATION'S SOLE MEMBER IS SOUTHERN ILLINOIS HOSPITAL ENTERPRISES, INC , A RELATED TAX-EXEMPT ORGANIZATION THE MEMBER HAS THE RIGHT TO ELECT MEMBERS TO THE BOARD OF TRUSTEES AND APPROVE SOME DECISIONS OF THE BOARD
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE ORGANIZATION'S SOLE MEMBER, SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES, HAS THE EXCLUSIVE RIGHT TO ELECT TRUSTEES TO THE ORGANIZATION'S BOARD OF TRUSTEES
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	THE ORGANIZATION'S SOLE MEMBER, SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES (CORPORATE MEMBER), HAS RESERVED POWERS FOUND IN THE ORGANIZATION'S BYLAWS EXCEPT FOR TRANSFERS IDENTIFIED IN THE BUDGET OF THE ORGANIZATION APPROVED BY THE CORPORATE MEMBER, THE ORGANIZATION MAY NOT TRANSFER ASSETS TO ENTITIES OTHER THAN THE CORPORATE MEMBER OR ENTITIES THAT THE CORPORATE MEMBER CONTROLS (THE "CORPORATE MEMBER AFFILIATES"), WITHOUT THE APPROVAL OF THE CORPORATE MEMBER THE CORPORATE MEMBER HAS THE RIGHT TO REQUIRE THE ORGANIZATION TO TRANSFER ASSETS TO THE EXTENT NECESSARY TO ACCOMPLISH THE CORPORATE MEMBER'S GOALS AND OBJECTIVES THE CORPORATE MEMBER ALSO HAS THE RIGHT TO REQUIRE THE ORGANIZATION TO PROVIDE FOR THE PAYMENT OF ALL INDEBTEDNESS OF THE CORPORATE MEMBER OR A CORPORATE MEMBER AFFILIATE THE ORGANIZATION CANNOT BE REQUIRED TO VIOLATE ITS CHARITABLE PURPOSES, THE TERMS OF ANY RESTRICTED GIFTS, OR THE COVENANTS OF ITS DEBT INSTRUMENTS IN COMPLYING WITH ANY ASSET TRANSFERS DIRECTED BY THE CORPORATE MEMBER IN ADDITION, THE FOLLOWING MATTERS MUST BE SUBMITTED TO AND RECEIVE THE APPROVAL OF THE CORPORATE MEMBER 1 CAPITAL EXPENDITURES IN EXCESS OF \$500,000, 2 THE BUYING, SELLING, LEASING, MORTGAGING OR DISPOSING OF REAL PROPERTY BELONGING TO THE CORPORATION OR ANY OF ITS SUBSIDIARIES, 3 THE ESTABLISHMENT OR DISCONTINUANCE OF ANY MAJOR SERVICES, INCLUDING SERVICES REQUIRING CERTIFICATES OF NEED, 4 LONG-RANGE STRATEGIC PLANS, 5 MASTER FACILITIES AND SITE PLANS, 6 THE CREATION OR DISSOLUTION OF ANY CORPORATION, THE SOLE MEMBER OR MAJORITY STOCKHOLDER OF WHICH IS THE CORPORATION, 7 JOINT VENTURE OR AFFILIATION AGREEMENTS, 8 THE INCURRENCE OF INDEBTEDNESS IN EXCESS OF \$500,000, 9 SUCH OTHER MATTERS AS MAY BE REQUIRED BY LAW OR BY THE ORGANIZATION'S ARTICLES OF INCORPORATION, OR BY ITS BYLAWS TO BE SUBMITTED TO THE CORPORATE MEMBER, 10 DELEGATION OF THE FUNCTIONS, POWERS, DUTIES AND RESPONSIBILITIES OF ANY OFFICER OF THE CORPORATION, AND, 11 ANY OTHER MATTER WHICH MAY BE SPECIFIED FROM TIME TO TIME BY THE CORPORATE MEMBER IN ADDITION, THE CORPORATE MEMBER RETAINS THE RIGHT TO APPROVE ALL CHANGES TO THE ORGANIZATION'S BYLAWS
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	A DRAFT OF THE FORM 990 AND SUPPLEMENTAL SCHEDULES WAS DISTRIBUTED TO THE CEO, CFO AND CERTAIN VICE-PRESIDENTS OF THE CORPORATION FOR THEIR REVIEW AND COMMENTS THIS DRAFT COPY WAS PRESENTED TO THE FINANCE COMMITTEE BY THE CFO AND THE ORGANIZATION'S TAX ADVISORS FOR REVIEW AND COMMENTS AFTER THIS REVIEW AND COMMENT PERIOD, ALL SUGGESTIONS AND COMMENTS WERE CONSIDERED AND THE FORM 990 WAS UPDATED AS APPROPRIATE THE FINALIZED FORM 990 AND SUPPLEMENTAL SCHEDULES WAS THEN PRESENTED TO THE BOARD OF TRUSTEES AND A COPY OF THE RETURN WAS MADE AVAILABLE TO EVERY MEMBER OF THE GOVERNING BODY BEFORE IT WAS FILED WITH THE IRS
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ANNUALLY, THE GENERAL COUNSEL SENDS OUT A CONFLICT OF INTEREST QUESTIONNAIRE TO EACH TRUSTEE, DIRECTOR, OFFICER, AND MANAGER TO COMPLETE AND RETURN THE GENERAL COUNSEL THEN REVIEWS THESE QUESTIONNAIRES TO DETERMINE WHAT CONFLICTS, REAL OR PERCEIVED, EXIST DURING EVERY BOARD MEETING, THE GENERAL COUNSEL REMINDS THE TRUSTEES THAT THE BOARD HAS A CONFLICT OF INTEREST POLICY, THAT THE GENERAL COUNSEL HAS REVIEWED THE AGENDA FOR ANY CONFLICTS, BUT THAT THE TRUSTEES ARE OBLIGATED TO GIVE NOTICE IF A CONFLICT HAS BEEN OVER-LOOKED OR IF A DISCUSSION OR ACTION COMES BEFORE THE BOARD WHICH MAY INVOLVE OR CREATE A CONFLICT OF INTEREST FOR SOMEONE IF A TRUSTEE HAS A CONFLICT OF INTEREST, THE TRUSTEE OR THE GENERAL COUNSEL DISCLOSES THE CONFLICT THE TRUSTEE WITH THE CONFLICT IS ALLOWED TO REMAIN IN THE MEETING TO ANSWER ANY QUESTION THE TRUSTEE MAY NEED TO ANSWER AND THEN THE CONFLICTED TRUSTEE IS EXCUSED FROM THE MEETING THE REMAINING TRUSTEES THEN DISCUSS THE MATTER FURTHER AND ACTION IS TAKEN ON THE MATTER FINALLY, THE CONFLICTED TRUSTEE IS THEN INVITED BACK INTO THE MEETING
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE BOARD OF TRUSTEES SETS THE EXECUTIVE COMPENSATION POLICY AND IS RESPONSIBLE FOR APPROVAL OF THE COMPENSATION THE GOVERNANCE COMMITTEE IS DESIGNATED BY THE BOARD TO ACT AS THE COMPENSATION COMMITTEE FOR MATTERS CONCERNING EXECUTIVE COMPENSATION EACH MEMBER OF THE COMMITTEE, WHILE CONSIDERING EXECUTIVE COMPENSATION ISSUES, MUST BE AN INDEPENDENT DIRECTOR, FREE FROM ANY CONFLICT OF INTEREST THE COMMITTEE SEEKS OUT AND CONTRACTS THE SERVICES OF AN OUTSIDE, INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT TO ADVISE THE COMMITTEE IN MATTERS OF MARKET VALUES OF COMPARABLE EXECUTIVE POSITIONS THE COMMITTEE ANNUALLY REVIEWS ALL COMPARABILITY DATA AND PREPARES A RECOMMENDATION AS TO THE COMPENSATION PACKAGE OF THE PRESIDENT/CEO FOR THE FULL BOARD ONLY THE FULL BOARD HAS THE AUTHORITY TO APPROVE THE COMPENSATION OF THE PRESIDENT/CEO
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	THE BOARD OF TRUSTEES SETS THE EXECUTIVE COMPENSATION POLICY AND IS RESPONSIBLE FOR APPROVAL OF THE COMPENSATION THE GOVERNANCE COMMITTEE IS DESIGNATED BY THE BOARD TO ACT AS THE COMPENSATION COMMITTEE FOR MATTERS CONCERNING EXECUTIVE COMPENSATION EACH MEMBER OF THE COMMITTEE, WHILE CONSIDERING EXECUTIVE COMPENSATION ISSUES, MUST BE AN INDEPENDENT DIRECTOR, FREE FROM ANY CONFLICT OF INTEREST THE COMMITTEE SEEKS OUT AND CONTRACTS THE SERVICES OF AN OUTSIDE, INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT TO ADVISE THE COMMITTEE IN MATTERS OF MARKET VALUES OF COMPARABLE EXECUTIVE POSITIONS THE COMMITTEE ANNUALLY REVIEWS ALL COMPARABILITY DATA AND PREPARES A RECOMMENDATION AS TO THE COMPENSATION PACKAGE OF ALL OFFICERS FOR THE FULL BOARD ONLY THE FULL BOARD HAS THE AUTHORITY TO APPROVE THE COMPENSATION OF ALL OFFICERS

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104, THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

ORGANIZATION'S MISSION FORM 990, PART III, LINE 1 (CONTINUED FROM PART III) CONSISTENT WITH SOUTHERN ILLINOIS HOSPITAL SERVICES' MISSION, VISION, VALUES AND STRATEGIC PLAN, SOUTHERN ILLINOIS HOSPITAL SERVICES BELIEVES THAT IS HAS A RESPONSIBILITY TO THE PATIENTS, PHYSICIANS, EMPLOYEES AND THE COMMUNITY IT SERVES TO CONDUCT ITS PATIENT CARE AND BUSINESS OPERATIONS IN ACCORDANCE WITH APPROPRIATE ETHICAL AND LEGAL STANDARDS MISSION STATEMENT WE ARE DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL OF THE PEOPLE IN THE COMMUNITIES WE SERVE VISION THE PEOPLE WHO ARE SOUTHERN ILLINOIS HOSPITAL SERVICES WILL PROVIDE SUPERIOR PATIENT CARE VALUES WE WILL CONDUCT OURSELVES AND GUIDE OUR BEHAVIORS BY SHOWING OUR VALUES OF RESPECT, INTEGRITY, COMPASSION, COLLABORATION, STEWARDSHIP, ACCOUNTABILITY AND QUALITY OUR SELF-DEFINED VALUES ARE - RESPECT - RECOGNIZING AND VALUING THE DIGNITY AND UNIQUENESS OF EACH PERSON, - INTEGRITY - ADHERING TO STRONG MORAL AND ETHICAL PRINCIPLES IN ALL WE DO, - COMPASSION - RESPONDING TO THE FEELINGS AND NEEDS OF EACH PERSON WITH KINDNESS, CONCERN AND EMPATHY, - COLLABORATION - COMMUNICATING AND WORKING WITH OTHERS FOR THE BENEFIT OF ALL, - STEWARDSHIP - RESPONSIBLY USING, PRESERVING, AND ENHANCING OUR HUMAN AND MATERIAL RESOURCES AS A NOT-FOR-PROFIT, COMMUNITY-CONTROLLED ORGANIZATION, - ACCOUNTABILITY - HOLDING OURSELVES AND THOSE AROUND US RESPONSIBLE FOR LIVING THE VALUES AND ACHIEVING THE VISION OF SOUTHERN ILLINOIS HEALTHCARE, AND - QUALITY - STRIVING FOR EXCELLENCE IN ALL WE DO HOSPITAL SERVICES FORM 990, PART III, LINE 4A (CONTINUED FROM PART III) THE FACILITIES THAT MAKE UP SOUTHERN ILLINOIS HOSPITAL SERVICES INCLUDE MEMORIAL HOSPITAL OF CARBONDALE OPENED IN 1950, MEMORIAL HOSPITAL OF CARBONDALE IS THE LARGEST FACILITY AND A REGIONAL MEDICAL CENTER WITH 140 LICENSED BEDS IT IS HOME TO THE FIRST OPEN HEART SURGERY PROGRAM IN THE IMMEDIATE SOUTHERN ILLINOIS AREA AND OFFERS HIGH-QUALITY CARDIAC SERVICES THE HOSPITAL IS ALSO HOME TO A REGIONAL CANCER TREATMENT CENTER, THE ONLY LEVEL II PLUS NEO-NATAL INTENSIVE CARE UNIT, AND THE ONLY PEDIATRIC UNIT IN THE IMMEDIATE SOUTHERN ILLINOIS AREA THE HOSPITAL IS AFFILIATED WITH SOUTHERN ILLINOIS UNIVERSITY'S MEDICAL SCHOOL THROUGH ITS FAMILY PRACTICE RESIDENCY PROGRAM HERRIN HOSPITAL OPENED IN 1913, HERRIN HOSPITAL WAS THE FIRST HOSPITAL OWNED AND OPERATED BY THE ORGANIZATION HERRIN HOSPITAL CURRENTLY OPERATES 75 LICENSED BEDS IT IS ALSO HOME TO THE 29 BED ACUTE REHABILITATION CENTER, AN AFFILIATE PROGRAM WITH THE REHABILITATION INSTITUTE OF CHICAGO, RECOGNIZED AS THE TOP REHABILITATION HOSPITAL IN AMERICA THROUGH THIS AFFILIATION, PATIENTS RECOVERING FROM STROKE AND INJURY RECEIVE THE BEST POSSIBLE CARE IN THE REGION ST JOSEPH MEMORIAL HOSPITAL A 25 LICENSED BED ACUTE CARE CATHOLIC HOSPITAL FACILITY, ST JOSEPH MEMORIAL HOSPITAL IS LOCATED IN MURPHYSBORO, ILLINOIS ST JOSEPH OPENED ON OCTOBER 1, 1960 AND WAS ACQUIRED BY SOUTHERN ILLINOIS HOSPITAL SERVICES ON JANUARY 5, 1995 ST JOSEPH'S CATHOLIC IDENTITY HAS BEEN RETAINED BY SOUTHERN ILLINOIS HOSPITAL SERVICES SINCE THE PURCHASE ST JOSEPH IS HOME TO THE SLEEP DISORDERS CENTER, WHICH IS DEDICATED TO THE DIAGNOSIS AND TREATMENT OF SLEEP DISORDERS MINERS MEMORIAL HEALTH CENTER WEST FRANKFORT, ILLINOIS IS HOME TO MINERS MEMORIAL HEALTH CENTER THE HEALTH CENTER HOUSES A PHYSICIAN SPECIALTY CLINIC THAT OFFERS VISITING SPECIALISTS INCLUDING UROLOGY, PODIATRY AND CARDIOLOGY IT IS ALSO HOME TO WEST FRANKFORT FAMILY MEDICINE, WITH FAMILY MEDICINE AND OBSTETRIC PHYSICIANS FROM SIU SCHOOL OF MEDICINE, AND OFFERS MAMMOGRAPHY, X-RAY, ULTRASOUND, BONE DENSITOMETRY, AND LABORATORY SERVICES SERVICES PROVIDED DURING THIS REPORTING PERIOD, OUR HOSPITALS RECORDED 66,490 ADULT AND CHILD PATIENT DAYS AND 3,348 NEWBORN PATIENT DAYS OUTPATIENT REGISTRATIONS TOTALED 262,558 WITH 64,836 OF THESE REGISTRATIONS BEING EMERGENCY ROOM VISITS APPROXIMATELY 62.7% OF THESE DAYS AND REGISTRATIONS PROVIDED CARE THAT WAS CLASSIFIED AS EITHER UNCOMPENSATED CHARITY CARE OR UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE AN ADDITIONAL 4% OF THE CARE PROVIDED IN THESE DAYS AND REGISTRATIONS WERE WRITTEN OFF AS BAD DEBT ROUTINE INPATIENT CARE AND OUTPATIENT PROCEDURES ARE PROVIDED AT ALL THREE OF OUR FACILITIES EACH FACILITY ALSO HAS ITS OWN UNIQUE PROGRAMS AND PATIENT CARE UNITS OUR TWO LARGER FACILITIES, CARBONDALE MEMORIAL HOSPITAL AND HERRIN HOSPITAL BOTH HOUSE INTENSIVE CARE UNITS THESE TWO LARGER FACILITIES EACH HAVE SPECIALTY UNITS WITHIN THEIR RESPECTIVE FACILITIES CARBONDALE MEMORIAL HOSPITAL PROVIDES OBSTETRICAL, PEDIATRICS, AND A NEONATAL NURSERY HERRIN HOSPITAL PROVIDES THE ACUTE REHABILITATION CENTER PATIENTS IN THE ACUTE REHABILITATION CENTER ARE GIVEN THERAPY TO RECOVER FROM STROKE, CARDIAC EVENTS, SURGERIES, AND INJURIES SURGICAL SERVICES ARE OFFERED AT ALL FACILITIES, WITH CARBONDALE MEMORIAL HOSPITAL PROVIDING OPEN-HEART AND CARDIAC SERVICES TWO UNIQUE PROGRAMS OF ST JOSEPH MEMORIAL HOSPITAL ARE THE SLEEP DISORDERS CENTER AND THE SENIOR RENEWAL PROGRAM THE SLEEP DISORDERS CENTER OFFERS TWO LOCATIONS TO DIAGNOSE SLEEP DISORDERS THE SENIOR RENEWAL PROGRAM OFFERS OUTPATIENT BEHAVIORAL HEALTH TREATMENT THROUGH A COMBINATION OF GROUP PSYCHOTHERAPY, INDIVIDUAL AND/OR FAMILY THERAPY AND INTENSIVE NURSING EDUCATION SOUTHERN ILLINOIS HOSPITAL SERVICES HAS ALSO PROVIDED SUBSIDIZED HEALTH CARE SERVICES SUBSIDIZED HEALTH SERVICES INCLUDE, BUT ARE NOT LIMITED TO EMERGENCY ROOMS, PHYSICIAN REFERRAL CENTERS, FAMILY PRACTICE CENTERS, SENIOR MEMBERSHIP, ETC THESE HEALTH CARE SERVICES ARE PROVIDED IN RESPONSE TO COMMUNITY NEEDS THESE HEALTH SERVICES MUST BE SUBSIDIZED FROM OTHER REVENUE SOURCES IN ORDER TO BE PROVIDED SOUTHERN ILLINOIS HOSPITAL SERVICES PROVIDES MEDICAL EDUCATION THROUGH AN AFFILIATION WITH THE SOUTHERN ILLINOIS UNIVERSITY'S MEDICAL SCHOOL FAMILY PRACTICE RESIDENCY PROGRAM COMMUNITY BENEFITS FORM 990, PART III, LINE 4B (CONTINUED FROM PART III) THE COMMUNITY BENEFITS DEPARTMENT'S PRIMARY FUNCTIONS THAT ARE PERFORMED ON BEHALF OF SOUTHERN ILLINOIS HOSPITAL SERVICES INCLUDE - COORDINATE SYSTEM-WIDE COMMUNITY HEALTH ASSESSMENTS AND COMMUNITY BENEFIT PLANNING, - PLAN, IMPLEMENT, AND EVALUATE DEPARTMENTALLY INITIATED COMMUNITY HEALTH PROMOTION PROGRAMS AND SERVICES, - INITIATE AND PARTICIPATE IN COLLABORATIVE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS TO DEVELOP AND IMPLEMENT SOLUTIONS TO UNMET HEALTH NEEDS, - CONVENE COMMUNITY-BASED ORGANIZATIONS AND PUBLIC SECTOR ENTITIES TO FOCUS ON PERVASIVE ISSUES AND TO DEVELOP HEALTH INITIATIVES, AND - IDENTIFY FUNDING OPPORTUNITIES/GRANT PROGRAM THAT FUND COMMUNITY-BASED HEALTH PROGRAMS AND PUBLIC/PRIVATE HEALTH INITIATIVES SOUTHERN ILLINOIS HOSPITAL SERVICES TARGET THE FOLLOWING COMMUNITIES AND POPULATIONS - UNINSURED, UNDERINSURED AND UNDER-SERVED, - POPULATIONS THAT ARE VULNERABLE DUE TO A RANGE OF SOCIO-ECONOMIC BARRIERS SUCH AS POVERTY, EDUCATION LEVELS, EMPLOYMENT STATUS, AND/OR RACIAL DISPARITIES IN HEALTH CARE, - POPULATIONS THAT ARE HARD TO REACH DUE TO LANGUAGE AND CULTURAL CHALLENGES, - POPULATIONS WITH IDENTIFIED NEEDS THAT CAN BE EFFICIENTLY REACHED THROUGH THE LEVERAGING OF COMMUNITY LINKAGES (I.E. FAITH-BASED, SCHOOLS, NEIGHBORHOODS, COMMUNITIES, ETC), - THE WORKING POOR, AND - POPULATIONS AT RISK OF EXPERIENCING ADVERSE HEALTH CONDITIONS OR OUTCOMES IN ORDER TO ACCOMPLISH THE ORGANIZATION'S MISSION, THE COMMUNITY BENEFITS DEPARTMENT OF SOUTHERN ILLINOIS HOSPITAL SERVICES IMPLEMENTS A NUMBER OF DIRECTED INITIATIVES PROGRAMS DURING THE REPORTING YEAR INCLUDE HEALTH MINISTRY -- THE HEALTH MINISTRY PROGRAM COLLABORATES WITH SOUTHERN ILLINOIS FAITH COMMUNITIES TO IMPROVE THE HEALTH AND WELLNESS OF PEOPLE IN THE COMMUNITIES THEY SERVE EMPHASIZING WHOLENESS OF BODY, MIND AND SPIRIT, FAITH COMMUNITIES WITH A HEALTH MINISTRY OFFER HEALTH PROMOTION AND EDUCATION ACTIVITIES, ADVOCACY AND REFERRAL, AND CARING SPIRITUAL SUPPORT HEALTHY COMMUNITIES -- THE FOCUS OF THE WORK IN THE AREA OF HEALTHY COMMUNITIES IS TO INCREASE THE CAPACITY OF LOCAL AGENCIES TO WORK COLLABORATIVELY TO ADDRESS THE UNMET HEALTH NEEDS WITH THE COMMUNITIES SERVED BY SOUTHERN ILLINOIS HOSPITAL SERVICES STAFF WILL WORK TO IMPROVE COMMUNITY HEALTH THROUGH THE ASSESSMENT OF COMMUNITY NEEDS AND THE PLANNING, IMPLEMENTATION, AND EVALUATION OF COMMUNITY BASED HEALTH PROMOTIONS, EDUCATION, PREVENTION PROGRAMS, AND SERVICES AN INCREASED FOCUS OF THESE ACTIVITIES WILL BE DIRECTED TO INITIATIVES ADDRESSING CARDIOVASCULAR DISEASE AND CANCER, AND THE DEVELOPMENT OF STRATEGIES, PROGRAMMING, AND INTERVENTIONS TO REDUCE SUBSTANCE ABUSE, AND THE CONTINUATION OF EFFORTS TO EXPAND ACCESS TO CARE FOR THE UNINSURED AND THE UNDER-SERVED HEALTHY COMMUNITY COALITIONS ARE THE FORMAL GATHERING OF HEALTH PROVIDERS, SOCIAL SERVICE AGENCIES, CONCERNED CITIZENS, AND OTHER COMMUNITY GROUPS INTERESTED IN IMPROVING THE HEALTH OF THEIR RESPECTIVE COMMUNITIES SOUTHERN ILLINOIS HEALTHCARE IS ACTIVE IN TWO SUCH COALITIONS, ONE IN JACKSON COUNTY, AND THE OTHER IN FRANKLIN AND WILLIAMSON COUNTIES SCHOOL BASED HEALTH SERVICES FORM 990, PART III, LINE 4C (CONTINUED FROM PART III) THE FOLLOWING IS A SUMMARY OF THE PROGRAMS DURING THIS REPORTING YEAR PARTNERS IN HEALTH -- A COLLABORATIVE INITIATIVE, PARTNERING WITH REGIONAL SCHOOLS, PROMOTING AND ASSISTING IN THE IMPLEMENTATION OF COORDINATED SCHOOL HEALTH PROGRAMMING IN SCHOOLS BY SUPPLYING CURRICULUM, MATERIALS, SUPPLIES, TEACHER TRAINING, AND ONGOING SUPPORT IN SOUTHERN ILLINOIS SCHOOLS STAFF ASSISTS SCHOOL PERSONNEL WITH ASSESSMENT, PROGRAM PLANNING, IMPLEMENTATION, AND EVALUATION WITHIN THE EIGHT AREAS OF THE COORDINATED SCHOOL HEALTH MODEL INVOLVED IN THIS PROGRAM ARE FIVE COLLABORATING PARTNERS, 41 SCHOOLS, 21,000 STUDENTS, AND 1100 FACULTY AND STAFF HEALTHY STUDENTS - READY TO LEARN -- SCHOOLS PROVIDE AN IDEAL LOCATION WHERE A RANGE OF HEALTH SERVICES CAN BE DELIVERED TO THE ADOLESCENT POPULATION EFFECTIVELY AND EFFICIENTLY THE SCHOOL BASED HEALTH CENTER IS A PLANNED PARTNERSHIP BETWEEN THE SCHOOL DISTRICT AND LOCAL HEALTH CARE PROVIDERS TO DELIVER PRIMARY HEALTH CARE AND SOCIAL SERVICES THROUGH THE COLLABORATIVE RELATIONSHIP WITH EXISTING HEALTH CARE PROVIDERS, SCHOOL DISTRICTS PLAN, DELIVER, AND EVALUATE SERVICES THAT SERVE THE UNMET HEALTH NEEDS OF THE STUDENTS WITH THE GOAL OF IMPROVED OVERALL ACADEMIC AND SOCIAL OUTCOMES SERVICES PROVIDED AT THE SCHOOL BASED HEALTH CENTER INCLUDE PRIMARY CARE, IMMUNIZATIONS, VISION SCREENING, SOCIAL SERVICE REFERRALS, MENTAL HEALTH COUNSELING, AND NUTRITION COUNSELING COLLABORATIVE AGENCIES ARE WORKING TO SERVE THE HEALTH NEEDS OF 9,900 STUDENTS AND 670 IN NEWLY DEVELOPED SCHOOL BASED HEALTH CENTERS IN 6 SCHOOL DISTRICTS HEALTHY FITNESS ZONE -- PROMOTES LIFELONG FITNESS BY SUPPORTING QUALITY PHYSICAL EDUCATION IN SOUTHERN ILLINOIS SCHOOLS AND ASSISTING CHILDREN TO MEET THE SURGEON GENERAL'S RECOMMENDATION FOR 60 MINUTES OF DAILY PHYSICAL ACTIVITY THIS INITIATIVE IS BASED UPON CURRENT LOCAL RESEARCH AND NATIONAL PHYSICAL EDUCATION STANDARDS PUBLISHED BY THE NATIONAL ASSOCIATION FOR SPORTS AND PHYSICAL EDUCATION (NASPE) PROGRAM COMPONENTS ASSIST SCHOOLS IN DEVELOPING A QUALITY PHYSICAL EDUCATION PROGRAM THAT HELPS STUDENTS SET AND WORK TOWARD GOALS, PRACTICE SELF-ASSESSMENT, AND LEARN THE BENEFITS OF LIFELONG PHYSICAL ACTIVITY FITNESSGRAM WAS DEVELOPED BY THE COOPER INSTITUTE AND UNLIKE OTHER ASSESSMENT TOOLS, IS DESIGNED TO ENCOURAGE YOUTH TO SET GOALS TO IMPROVE THEIR OWN PERSONAL FITNESS LEVELS NATIONAL PHYSICAL EDUCATION GUIDELINES RECOMMEND THE USE OF FITNESSGRAM FOR PHYSICAL FITNESS ASSESSMENTS CATCH (COORDINATED APPROACH TO CHILD HEALTH) -- CATCH IS A PROGRAM DESIGNED TO PROMOTE PHYSICAL ACTIVITY, HEALTHY FOOD CHOICES, AND PREVENT TOBACCO USE IN ELEMENTARY SCHOOL AGED CHILDREN CATCH EMPLOYS A COORDINATED APPROACH TO CHILD HEALTH PROMOTION BY TARGETING MULTIPLE ASPECTS OF THE SCHOOL ENVIRONMENT AND INVOLVING CLASSROOM TEACHERS, SCHOOL FOOD SERVICE STAFF, PHYSICAL EDUCATION (PE) TEACHERS, STUDENTS' FAMILIES, AND THE BROADER SCHOOL COMMUNITY IN A RANGE OF HEALTH PROMOTING ACTIVITIES FOR ALL CHILDREN IN GRADES K-5, SIMILAR TO THE CDC'S COORDINATED SCHOOL HEALTH PROGRAM MODEL THE FOUR CORE COMPONENTS OF CATCH INCLUDE (1) THE EAT SMART SCHOOL NUTRITION PROGRAM, (2) A CLASSROOM PHYSICAL ACTIVITY AND HEALTHY EATING CURRICULA, (3) THE CATCH PHYSICAL EDUCATION PROGRAM, AND (4) A FAMILY EDUCATION AND INVOLVEMENT PROGRAM THE COORDINATION OF HEALTH MESSAGES AND ACTIVITIES BETWEEN THESE FOUR COMPONENT AREAS IS CRITICAL TO POSITIVELY IMPACTING CHILDREN'S KNOWLEDGE, SKILLS, AND BEHAVIOR SOUTHERN ILLINOIS HEALTHCARE HAS PILOTTED CATCH IN 12 ELEMENTARY SCHOOLS OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES FORM 990, PART VII, SECTION A, LINE 1A THE FOLLOWING OFFICERS AND TRUSTEES DEVOTE TIME TO SOUTHERN ILLINOIS HOSPITAL ENTERPRISES, INC, A RELATED TAX-EXEMPT ORGANIZATION, AS FOLLOWS (APPROXIMATE) ANAD SALEM - 1 HOUR PER WEEK EUGENE BASANTA - 1 HOUR PER WEEK HAROLD BARDO - 1 HOUR PER WEEK JEFFREY PARKS - 1 HOUR PER WEEK KATHLEEN FRALISH - 1 HOUR PER WEEK MARLENE SIMPSON - 1 HOUR PER WEEK MARSHA RYAN - 1 HOUR PER WEEK MIKE KASSER - 1 HOUR PER WEEK MORTON LEVINE - 1 HOUR PER WEEK PHIL NORDSTROM - 1 HOUR PER WEEK REX BUDDE - 1 HOUR PER WEEK RUSSELL BROWN - 1 HOUR PER WEEK STEBE SABENS - 1 HOUR PER WEEK THOMAS FIRESTONE - 1 HOUR PER WEEK WILLIAM SHERWOOD - 1 HOUR PER WEEK THE FOLLOWING OFFICERS AND TRUSTEES DEVOTE TIME TO SOUTHERN ILLINOIS MEDICAL SERVICES, NFP, A RELATED TAX-EXEMPT ORGANIZATION, AS FOLLOWS (APPROXIMATE) ANAD SALEM - 1 HOUR PER WEEK DAVE HOLLAND - 4 HOURS PER WEEK FRANK SEARS - 4 HOURS PER WEEK HAROLD BARDO - 1 HOUR PER WEEK JAMES MILLER - 10 HOURS PER WEEK JEFFREY PARKS - 1 HOUR PER WEEK KATHLEEN FRALISH - 1 HOUR PER WEEK MIKE KASSER - 1 HOUR PER WEEK PHIL NORDSTROM - 1 HOUR PER WEEK PHIL SCHAEFER - 30 HOURS PER WEEK REX BUDDE - 3 HOURS PER WEEK STEVE SABENS - 1 HOUR PER WEEK THOMAS FIRESTONE - 3 HOURS PER WEEK WILLIAM SHERWOOD - 6 HOURS PER WEEK ISSUANCE COSTS FROM PROCEEDS SCHEDULE K, PART II, LINE 5 2008 BOND ISSUE PROCEEDS USED FOR BOND ISSUANCE COSTS \$919,545 PROCEEDS USED FOR CREDIT ENHANCEMENT \$559,403 TOTAL \$1,478,948 EXPLANATION OF BOND ISSUE FROM PART I, LINE A SCHEDULE K THE BOND ISSUE REFERRED TO IN PART I, LINE A RELATES TO 2005 MULTI-MODAL BONDS THAT WERE CONVERTED TO A FLOATING INDEX RATE INTEREST MODE AND DEEMED REISSUED FOR PURPOSES OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, ON 11/5/2008 THE BOND WAS THEN CONVERTED TO A FIXED INTEREST RATE AND DEEMED REISSUED FOR PURPOSES OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, ON 02/18/2010

Identifier	Return Reference	Explanation
PRIOR YEAR INFORMATION	FORM 990, PART I	THE PRIOR YEAR INFORMATION OF THE REVENUES, EXPENSES, AND NET ASSETS HAS BEEN UPDATED TO MATCH CURRENT YEAR PRESENTATION

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number
37-0618939

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

(a) Name, address, and EIN 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
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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.)

(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
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SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES INC PO BOX 3988 CARBONDALE, IL 62902 37-1136788 SOUTHERN ILLINOIS MEDICAL SERVICES NFP 1239 EAST MAIN STREET CARBONDALE, IL 62901 20-5521741 SIH FOUNDATION NFP 1239 EAST MAIN STREET CARBONDALE, IL 62901 27-1933790	LEASING OF MEDICAL SPACE MEDICAL SERVICES FUNDRAISING	IL IL IL	501(C)(3) 501(C)(3) 501(C)(3)	11 - Type II 3 11 - Type II	NA NA NA
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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?	
							Yes	No		Yes	No
RIC AND SIHS REHABILITATION SERVICES LLC PO BOX 3988 CARBONDALE, IL62902 36-4566925 PHYSICIANS' SURGERY CENTER LLC 2601 WEST MAIN STREET CARBONDALE, IL62901 26-0425547	MEDICAL SERVICES	IL	N/A	RELATED	0	999	No				No
	MEDICAL SERVICES	IL	N/A	RELATED	36,873	1,750,766	No				No

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

(a) 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
SIH CAYMAN SPC GROUP LTD PO BOX 1051 CAYMAN ISLANDS KY1-1102 CJ 98-0611605	FINANCING	CJ	NA	C CORPORATION	36,873	1,750,766	1 00 %
HEALTH SERVICES OF SOUTHERN ILLINOIS INC PO BOX 3988 CARBONDALE, IL62902 37-1115061	PHARMACY	IL	NA	C CORPORATION			

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

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	No
c Gift, grant, or capital contribution from other organization(s)	1c	No
d Loans or loan guarantees to or for other organization(s)	1d Yes	
e Loans or loan guarantees by other organization(s)	1e Yes	
f Sale of assets to other organization(s)	1f	No
g Purchase of assets from other organization(s)	1g	No
h Exchange of assets	1h	No
i Lease of facilities, equipment, or other assets to other organization(s)	1i Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m Yes	
n Sharing of paid employees	1n Yes	
o Reimbursement paid to other organization for expenses	1o	No
p Reimbursement paid by other organization for expenses	1p	No
q Other transfer of cash or property to other organization(s)	1q	No
r Other transfer of cash or property from other organization(s)	1r	No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	SOUTHERN ILLINOIS MEDICAL SERVICES	A	174,743
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 37-0618939
Name: SOUTHERN ILLINOIS HOSPITAL SERVICES

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	(C) Position (check all that apply)						(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			
REX BUDDE PRESIDENT/CEO	36	X		X				758,508	0	288,282
THOMAS FIRESTONE MD PRESIDENT/CEO, RETIRED	36	X		X				359,128	0	24,086
GEORGE O'NEILL CHAIR	2	X		X				300	0	0
JEFFREY PARKS VICE CHAIR	2	X		X				2,405	0	0
PHIL NORDSTROM SECRETARY	1	X		X				350	0	0
HAROLD BARDO TRUSTEE	2	X						300	0	0
EUGENE BASANTA TRUSTEE	2	X						250	0	0
RUSSELL BROWN DO TRUSTEE	2	X						350	0	0
KATHLEEN FRALISH TRUSTEE	1	X						0	0	0
MORTON LEVINE TRUSTEE	2	X						0	0	0
MARSHA RYAN MD TRUSTEE	1	X						1,410	0	0
STEVE SABENS TRUSTEE	1	X						300	0	0
ANAD SALEM MD TRUSTEE	1	X						1,255	24,858	0
MARLENE SIMPSON TRUSTEE	1	X						400	0	0
JULIE FIRMAN VP/CNO	40			X				0	0	0
MIKE KASSER VP/CFO	31			X				291,467	0	113,599
WILLIAM SHERWOOD VP/GENERAL COUNSEL	33			X				380,922	0	153,397
PHILIP SCHAEFER VP/AMBULATORY SERVICES	10			X				281,628	0	123,136
PAM HENDERSON VP/HR	40			X				181,590	0	69,013
DAVID HOLLAND VP/INFO SYSTEMS	36			X				202,840	0	77,068
JOHN B MILLSTEAD VP/ADMINISTRATOR	40			X				266,577	0	127,847
BECKY ASHTON VP/ADMINISTRATOR	40			X				375,572	0	108,967
SCOTT SEABORN VP/ADMINISTRATOR	40			X				330,886	0	104,275
FRANK SEARS VP/INFO SYSTEMS, RETIRED	36			X				245,569	0	20,587
JAMES MILLER MD CMO	30			X				194,607	0	35,538

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	(C) Position (check all that apply)						(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			
ANN IGNAS DIRECTOR OF NURSING	40					X		260,159	0	11,293
CATHERINE PORTER CRNA	40					X		211,410	0	32,286
LOUISE VAUGHN CRNA	40					X		202,960	0	34,194
RICHARD BOREN CRNA	40					X		179,822	0	41,350
BRIAN LANCE PHARMACIST	40					X		151,093	0	29,717
GEORGE MARONEY VP/ADMINISTRATOR, RETIRED	40						X	186,722	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT REVENUE		352,134,957	352,134,957	0	0
PARTNERSHIP INCOME		2,038,139	2,038,139	0	0
LEASEHOLD REVENUE FROM RELATED ORGANIZATIONS		47,901	47,901	0	0
		0	0	0	0
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	25,612,931	25,612,931	0	0
PROVIDER TAX	5,854,764	5,854,764	0	0
EQUIPMENT RENTAL	5,258,961	4,770,983	487,978	0
DUES AND SUBSCRIPTIONS	565,239	358,800	203,935	2,504
HOSPITAL AUXILIARY	422,861	422,861	0	0