

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 04-01-2016, and ending 03-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
SOUTHERN ILLINOIS HOSPITAL SERVICES

Doing business as
SOUTHERN ILLINOIS HEALTHCARE

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 3988

City or town, state or province, country, and ZIP or foreign postal code
CARBONDALE, IL 629023988

D Employer identification number
37-0618939

E Telephone number
(618) 457-5200

G Gross receipts \$ 5,508,772,605

F Name and address of principal officer
REX BUDDER
PO BOX 3988
CARBONDALE, IL 629023988

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ 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 | 12 |
| 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 3,676 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 237 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | Prior Year | Current Year |
|--|-------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 1,809,839 | 2,157,115 |
| 9 Program service revenue (Part VIII, line 2g) | 482,963,048 | 514,708,101 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -1,134,732 | 13,962,068 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,236,051 | 6,102,761 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 487,874,206 | 536,930,045 |

| | | |
|---|-------------|-------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 409,841 | 556,913 |
| 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) | 193,342,368 | 194,089,744 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 156,948 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 262,011,543 | 270,029,957 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 455,763,752 | 464,676,614 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 32,110,454 | 72,253,431 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 788,949,760 | 951,641,265 |
| 21 Total liabilities (Part X, line 26) | 272,976,668 | 344,542,257 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 515,973,092 | 607,099,008 |

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2017-11-14
MIKE KASSER CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Rachel Spurlock
Preparer's signature: Rachel Spurlock
Date: _____
Check if self-employed PTIN: P00520729
Firm's name: CROWE HORWATH LLP Firm's EIN: 35-0921680
Firm's address: 9600 Brownsboro Road Suite 400 Phone no: (502) 326-3996
Louisville, KY 402411122

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 Southern Illinois Hospital Services (SIHS) is dedicated to promoting the health and well being of all of the people in the communities we serve Our mission is guided by our values compassion, collaboration, quality, stewardship, integrity, accountability and respect (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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 386,393,599 including grants of \$ 165,797) (Revenue \$ 518,922,603)
 See Additional Data

4b (Code) (Expenses \$ 1,241,946 including grants of \$ 388,866) (Revenue \$ 0)
 See Additional Data

4c (Code) (Expenses \$ 306,494 including grants of \$ 2,250) (Revenue \$ 0)
 See Additional Data

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

4e Total program service expenses ▶ 387,942,039

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> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | 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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | Yes | |
| 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 |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | Yes | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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> (see instructions) | | 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> | | No |
| 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 |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (MIKE KASSER 1239 EAST MAIN STREET CARBONDALE, IL 62901 (618) 457-5200).

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | 896,883 | | |
| | e Government grants (contributions) | 1e | 1,156,343 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 103,889 | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ 0 | | | | |
| | h Total. Add lines 1a-1f | | 2,157,115 | | |

| Program Service Revenue | | | Business Code | | | | |
|---|-------------------------------------|--------|---------------|-------------|-------------|---|---|
| | 2a Patient Revenue | | 622110 | 509,721,585 | 509,721,585 | 0 | 0 |
| b Affiliate Income in SIOC | | 900099 | 1,205,386 | 1,205,386 | 0 | 0 | |
| c Leasehold revenue from related organizations | | 531120 | 729,789 | 729,789 | 0 | 0 | |
| d Meaningful Use | | 621300 | 3,051,341 | 3,051,341 | | | |
| e _____ | | | | | | | |
| f All other program service revenue | | | 0 | 0 | 0 | 0 | |
| g Total. Add lines 2a-2f | | | 514,708,101 | | | | |

| | | | | | | | |
|--|---|----------------------|---------------|-------------|---|------------|------------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 10,955,108 | 0 | 0 | 10,955,108 |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0 | 0 | 0 | 0 |
| | 5 Royalties | | | 0 | 0 | 0 | 0 |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | b Less rental expenses | 567,904 | | | | | |
| | c Rental income or (loss) | 28,396 | 0 | | | | |
| | d Net rental income or (loss) | | | 28,396 | | 0 | 28,396 |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less cost or other basis and sales expenses | 4,974,184,752 | 125,261 | | | | |
| | c Gain or (loss) | 4,969,666,748 | 1,636,304 | | | | |
| | d Net gain or (loss) | 4,518,004 | -1,511,043 | | | | |
| | e Net gain or (loss) | | | 3,006,960 | | | 3,006,960 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | b Less direct expenses | b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a Cafeteria/Vending/Hospital Auxiliary | | 900099 | 2,508,962 | 649,099 | 0 | 1,859,863 | |
| b Medical Records/X-Ray | | 621300 | 520,632 | 520,632 | 0 | 0 | |
| c PHO INCENTIVES | | 900099 | 2,820,642 | 2,820,642 | 0 | 0 | |
| d All other revenue | | | 224,129 | 224,129 | 0 | 0 | |
| e Total. Add lines 11a-11d | | | 6,074,365 | | | | |
| 12 Total revenue. See Instructions | | | 536,930,045 | 518,922,603 | 0 | 15,850,327 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 556,913 | 556,913 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | 0 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 0 | 0 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 6,939,191 | 1,314,574 | 5,624,617 | 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) | 614,128 | 295,099 | 319,029 | 0 |
| 7 Other salaries and wages | 146,099,515 | 120,984,317 | 24,997,859 | 117,339 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 3,262,460 | 2,957,780 | 302,063 | 2,617 |
| 9 Other employee benefits | 25,935,359 | 25,339,924 | 577,996 | 17,439 |
| 10 Payroll taxes | 11,239,091 | 8,796,157 | 2,434,270 | 8,664 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 5,082,001 | 5,849 | 5,076,152 | 0 |
| c Accounting | 215,707 | 0 | 215,707 | 0 |
| d Lobbying | 96,160 | 0 | 96,160 | 0 |
| e Professional fundraising services See Part IV, line 17 | 0 | | | 0 |
| f Investment management fees | 842,805 | 0 | 842,805 | 0 |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 69,644,222 | 54,533,172 | 15,111,050 | 0 |
| 12 Advertising and promotion | 1,173,709 | 10,165 | 1,163,544 | 0 |
| 13 Office expenses | 9,939,570 | 8,126,968 | 1,801,713 | 10,889 |
| 14 Information technology | 13,229,867 | 9,841,302 | 3,388,565 | 0 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 8,617,197 | 6,979,787 | 1,637,410 | 0 |
| 17 Travel | 707,873 | 394,274 | 313,599 | 0 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 1,219,926 | 505,327 | 714,599 | 0 |
| 20 Interest | 7,038,036 | 6,641,064 | 396,972 | 0 |
| 21 Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 33,057,618 | 23,330,490 | 9,727,128 | 0 |
| 23 Insurance | 7,697,582 | 7,284,986 | 412,596 | 0 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Medical Supplies | 91,827,893 | 91,827,893 | 0 | 0 |
| b Provider Tax | 10,354,209 | 10,354,209 | 0 | 0 |
| c Equipment Rental | 6,663,688 | 6,243,021 | 420,667 | 0 |
| d Hospital Auxiliary | 566,383 | 566,383 | 0 | 0 |
| e All other expenses | 2,055,511 | 1,052,385 | 1,003,126 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 464,676,614 | 387,942,039 | 76,577,627 | 156,948 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 8,158 | 1 | 7,509 |
| | 2 Savings and temporary cash investments | 12,657,715 | 2 | 2,851,773 |
| | 3 Pledges and grants receivable, net | 0 | 3 | |
| | 4 Accounts receivable, net | 96,882,463 | 4 | 137,012,344 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 75,483 | 5 | 368,784 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 1,851 | 6 | 0 |
| | 7 Notes and loans receivable, net | 165,453 | 7 | 604,185 |
| | 8 Inventories for sale or use | 11,806,439 | 8 | 13,046,064 |
| | 9 Prepaid expenses and deferred charges | 5,940,270 | 9 | 7,901,363 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 556,292,023 | | |
| | b Less accumulated depreciation | 277,342,483 | | |
| | 11 Investments—publicly traded securities | 347,054,035 | 11 | 419,983,475 |
| | 12 Investments—other securities See Part IV, line 11 | 13,087,906 | 12 | 2,010,441 |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 | |
| | 14 Intangible assets | 1,265,292 | 14 | 1,252,549 |
| | 15 Other assets See Part IV, line 11 | 56,438,898 | 15 | 87,653,238 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 788,949,760 | 16 | 951,641,265 | |
| Liabilities | 17 Accounts payable and accrued expenses | 59,316,027 | 17 | 53,038,335 |
| | 18 Grants payable | 0 | 18 | |
| | 19 Deferred revenue | 0 | 19 | |
| | 20 Tax-exempt bond liabilities | 178,974,000 | 20 | 217,676,123 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 34,686,641 | 25 | 73,827,799 |
| | 26 Total liabilities. Add lines 17 through 25 | 272,976,668 | 26 | 344,542,257 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 515,506,109 | 27 | 606,603,495 |
| | 28 Temporarily restricted net assets | 466,983 | 28 | 495,513 |
| | 29 Permanently restricted net assets | 0 | 29 | 0 |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | 0 | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | 0 | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 0 | 32 | |
| | 33 Total net assets or fund balances | 515,973,092 | 33 | 607,099,008 |
| | 34 Total liabilities and net assets/fund balances | 788,949,760 | 34 | 951,641,265 |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 536,930,045 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 464,676,614 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 72,253,431 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 515,973,092 |
| 5 | Net unrealized gains (losses) on investments | 5 | 15,467,856 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 3,404,629 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 607,099,008 |

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 37-0618939

Name: SOUTHERN ILLINOIS HOSPITAL SERVICES

Form 990 (2016)

Form 990, Part III, Line 4a:

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, SIHS' HOSPITALS PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED CHARITY CARE, UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE, SUBSIDIZED HEALTH SERVICES AND MEDICAL EDUCATION THE PRIMARY SERVICE AREA OF SIHS IS A VERY RURAL SEVEN-COUNTY REGION WITH A COMBINED POPULATION OF APPROXIMATELY 245,000 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)

Form 990, Part III, Line 4b:

THROUGH OUR COMMUNITY BENEFITS PROGRAM AND SERVICES, SOUTHERN ILLINOIS HOSPITAL SERVICES (SIHS) HAS EXTENDED ITS CARE BEYOND HOSPITAL WALLS AND INTO THE NEIGHBORHOODS WHERE PEOPLE LIVE AND WORK TO POSITIVELY IMPACT THOSE COMMUNITIES. THE COMMUNITY BENEFITS DEPARTMENT OF SIHS 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)

Form 990, Part III, Line 4c:

SOUTHERN ILLINOIS HOSPITAL SERVICES (SIHS) PROVIDES PROGRAMS TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES (CONTINUED IN SCHEDULE
0)

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | (D) | (E) | (F) |
|---|---|--|-----------------------|---------|--------------|------------------------------|---|--|--|
| Name and Title | Average hours per week (list any hours for related organizations below dotted line) | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | | | |
| Rex Budde President/CEO | 40 15 | X | | X | | | 726,199 | 0 | 250,084 |
| Eugene Basanta Chair | 20 2 | X | | X | | | 350 | 0 | 0 |
| DR Terrence Glennon Vice Chair | 20 2 | X | | X | | | 150 | 0 | 0 |
| Marlene Simpson Secretary | 20 1 | X | | X | | | 550 | 0 | 0 |
| Steve Sabens Trustee | 20 2 | X | | | | | 500 | 0 | 0 |
| Kathleen Fralish Trustee | 20 2 | X | | | | | 300 | 0 | 0 |
| Harold Bardo Trustee | 20 2 | X | | | | | 400 | 0 | 0 |
| George O'Neill Trustee | 20 2 | X | | | | | 550 | 0 | 0 |
| Morton Levine Trustee | 20 2 | X | | | | | 400 | 0 | 0 |
| Debra McMorrow Trustee | 20 1 | X | | | | | 450 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | (D) | (E) | (F) |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Bob Mees Trustee | 20 10 | X | | | | | | 400 | 0 | 0 |
| Mike Hudson Trustee | 20 10 | X | | | | | | 300 | 0 | 0 |
| Parviz Sanjabi MD Trustee | 20 10 | X | | | | | | 550 | 0 | 0 |
| Mike Kasser VP/CFO/Treasurer | 40 150 | | | X | | | | 444,346 | 0 | 147,206 |
| William Sherwood VP/ General Counsel | 40 150 | | | X | | | | 563,486 | 0 | 46,961 |
| Julie Firman VP/CNO | 50 0 | | | X | | | | 347,542 | 0 | 90,517 |
| Philip Schaefer VP/ Amb & Phys Services | 25 400 | | | X | | | | 489,963 | 0 | 144,208 |
| Pam Henderson VP/ HR | 40 0 | | | X | | | | 341,778 | 0 | 77,632 |
| John B Millstead VP/ Administrator | 55 0 | | | X | | | | 581,278 | 0 | 172,876 |
| William Thorne VP/ Community Benefits | 40 0 | | | X | | | | 291,006 | 0 | 89,629 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | (D) | (E) | (F) |
|---|--|---|-----------------------|---------|--------------|------------------------------|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | | | |
| Terrence Farrell VP/ Administrator | 55 0 | | | X | | | 479,788 | 0 | 141,513 |
| Shelly Pierce VP/Quality | 30 0 | | | X | | | 300,922 | 0 | 54,405 |
| Daniel Skiles VP Health as of 2/23/17 | 25 0 | | | X | | | 214,631 | 0 | 40,683 |
| Marci L Moore-Connelley MD VP/CMO | 40 0 | | | X | | | 457,587 | 0 | 63,601 |
| Gerald Mourey VP/Info Systems | 15 0 | | | X | | | 336,266 | 0 | 59,245 |
| Thomas Hentrich Pharmacist | 40 0 | | | | X | | 190,912 | 0 | 38,572 |
| Claudia Crews Staff Pharmacist | 40 0 | | | | X | | 192,917 | 0 | 38,664 |
| Charles Brooks Staff Nurse | 40 0 | | | | X | | 184,458 | 0 | 34,227 |
| Ora Wood Peri-Op Director | 40 0 | | | | X | | 184,702 | 0 | 16,644 |
| Gery Blackburn Treasury Manager | 40 0 | | | | X | | 175,187 | 0 | 19,901 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| David Holland Former VP | 0 0 0 0 | | | | | | X | 252,411 | 0 | 66,618 |

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047
2016
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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|---------|---------|---------|---------|---------|----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|--|---------|---------|---------|---------|-----------|----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI)) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|------------|---|-----------|--|
| 14 | Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2015 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a | 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (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)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|---------|---------|---------|---------|---------|----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|------------|--|-----------|--|
| 17 | Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | |
| 19a | 33 1/3% support tests—2016. 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 ► <input type="checkbox"/> | | |
| b | 33 1/3% support tests—2015. 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 ► <input type="checkbox"/> | | |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/> | | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

Section A - Adjusted Net Income

| | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

| | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|--------------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

| | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2016 | | | |
| a | | | |
| b | | | |
| c From 2013. | | | |
| d From 2014. | | | |
| e From 2015. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2016 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b Excess from 2013. | | | |
| c Excess from 2014. | | | |
| d Excess from 2015. | | | |
| e Excess from 2016. | | | |

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016
Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
 ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

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

| | |
|---|--|
| Name of the organization SOUTHERN ILLINOIS HOSPITAL SERVICES | 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

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

| | | (a) | | (b) |
|-----------|--|-----|----|---------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | 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 | | 96,160 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 56,748 |
| j | Total Add lines 1c through 1i | | | 152,908 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|---|--|
| Schedule C, Part II-B, Line 1g DIRECT CONTACT WITH LEGISLATORS | THE ORGANIZATION HAS HIRED A PROFESSIONAL SERVICES FIRM TO CONDUCT LOBBYING ON BEHALF OF THE ORGANIZATION |
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | A portion of dues paid to Illinois Hospital Association is used for lobbying by that Association in the amount of \$56,748 |
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | A portion of dues paid to Illinois Hospital Association is used for lobbying by that Association in the amount of \$56,748 |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 13,916,072 | | 13,916,072 |
| b Buildings | 0 | 148,065,429 | 71,729,810 | 76,335,619 |
| c Leasehold improvements | 0 | 16,666,314 | 10,497,359 | 6,168,955 |
| d Equipment | 0 | 318,342,291 | 194,134,322 | 124,207,969 |
| e Other | 0 | 59,301,917 | 980,992 | 58,320,925 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 278,949,540 |

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

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

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

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

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) Due from affiliates | 82,537,982 |
| (2) Student/Tuition Loans Receivable | 674,056 |
| (3) Other Current Assets | 1,383,307 |
| (4) Executive Benefit Plan | 3,057,893 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | 87,653,238 |

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

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| Estimated third-party payor settlements | 13,565,135 |
| Interest rate swap contract | 13,284,208 |
| Medical Professional Liability | 1,883,184 |
| Accrued Bond Interest | 824,829 |
| Asbestos Liability | 128,937 |
| Long Term Executive Retirement Plan | 297,324 |
| Miscellaneous | 114,182 |
| Series 2017B taxable bond | 43,730,000 |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 73,827,799 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

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

Part XIII Supplemental Information *(continued)*

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 37-0618939
Name: SOUTHERN ILLINOIS HOSPITAL SERVICES

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

| 1 (a) Description of Liability | (b) Book Value |
|---|----------------|
| Estimated third-party payor settlements | 13,565,135 |
| Interest rate swap contract | 13,284,208 |
| Medical Professional Liability | 1,883,184 |
| Accrued Bond Interest | 824,829 |
| Asbestos Liability | 128,937 |
| Long Term Executive Retirement Plan | 297,324 |
| Miscellaneous | 114,182 |
| Series 2017B taxable bond | 43,730,000 |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | <p>The organization is included in consolidated financial statements. Below is the FIN 48 (ASC 740) footnote from those financial statements. SIHE and its affiliated organizations, with the exception of the Captive, HSSI and PSC, are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Corporation realized certain income which the Internal Revenue Service considers to be unrelated business income subject to income tax. For the years ended March 31, 2017 and 2016, no tax was due related to these operations. The Captive is incorporated under the laws of the Cayman Islands, which imposes no tax on income or capital gains. However, the Captive is subject to U.S. federal corporate taxation to the extent that it generates income that is effectively connected with a U.S. trade or business. The Captive is not engaged in any such trade or business in the U.S. PSC is a pass-through entity and its members separately account for their share of PSC's net income or loss which is allocated to the members based on the ownership percentage. Accordingly, income taxes are not provided for in the accompanying consolidated financial statements. 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 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. There were no uncertain tax benefits identified and recorded at March 31, 2017 and 2016. The Corporation does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months. The Corporation would recognize interest and/or penalties related to income tax matters in miscellaneous expenses. There was no interest a</p> |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | and/or penalties related to income tax matters identified and recorded at March 31, 2017 and 2016. 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, 2013 and prior. |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number

37-0618939

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) Central America and the Caribbean | 0 | 0 | Investments | | 120,000 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 0 | | | 120,000 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 120,000 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|--|---|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|---|--|
| Schedule F, Part I, Line 3 METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | CENTRAL AMERICAN AND THE CARIBBEAN ACCRUAL |

SCHEDULE H (Form 990)
 Department of the Treasury

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047
2016
Open to Public Inspection

Name of the organization
 SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number
 37-0618939

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | Yes | No |
|---|-----------|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b If "Yes," was it a written policy? | 1b | Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | 3a | Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 % | 3b | Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | | No |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b If "Yes," did the organization make it available to the public? | 6b | Yes | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| | (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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | | | 5,048,395 | 0 | 5,048,395 | 1 09 % |
| b Medicaid (from Worksheet 3, column a) | | | 100,624,548 | 70,061,783 | 30,562,765 | 6 58 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 0 | 0 | 0 | 0 % |
| d Total Financial Assistance and Means-Tested Government Programs | 0 | 0 | 105,672,943 | 70,061,783 | 35,611,160 | 7 66 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 534,762 | 0 | 534,762 | 0 12 % |
| f Health professions education (from Worksheet 5) | | | 3,354,241 | 600,774 | 2,753,467 | 0 59 % |
| g Subsidized health services (from Worksheet 6) | | | 2,156,137 | 940,247 | 1,215,890 | 0 26 % |
| h Research (from Worksheet 7) | | | 201,135 | 47,985 | 153,150 | 0 03 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 556,913 | 0 | 556,913 | 0 12 % |
| j Total. Other Benefits | 0 | 0 | 6,803,188 | 1,589,006 | 5,214,182 | 1 12 % |
| k Total. Add lines 7d and 7j | 0 | 0 | 112,476,131 | 71,650,789 | 40,825,342 | 8 79 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | 0 | 0 % |
| 2 Economic development | | | | | 0 | 0 % |
| 3 Community support | | | | | 0 | 0 % |
| 4 Environmental improvements | | | | | 0 | 0 % |
| 5 Leadership development and training for community members | | | | | 0 | 0 % |
| 6 Coalition building | | | 150,271 | 0 | 150,271 | 0 03 % |
| 7 Community health improvement advocacy | | | 306,494 | 0 | 306,494 | 0 07 % |
| 8 Workforce development | | | | | 0 | 0 % |
| 9 Other | | | | | 0 | 0 % |
| 10 Total | 0 | 0 | 456,765 | 0 | 456,765 | 0 10 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|---|-----|-----------|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? | 1 | | No |
| 2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount | 2 | | |
| | | | 7,271,445 |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | | |
| | | | 1,744,039 |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | | |

Section B. Medicare

| | | |
|---|--|--------------------------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 133,877,052 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 147,764,772 |
| 7 Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -13,887,720 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--|---|--|--|---|
| 1 PHYSICIAN'S SURGERY CENTER | SURGERY CENTER | 59 46 % | 0 % | 40 54 % |
| 2 SOUTHERN ILLINOIS ORTHOPEDICS CENTER | MEDICINE | 34 % | 0 % | 66 % |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

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

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

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

3

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

| | | Yes | No |
|--|---|------------|-----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 | Yes |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 | Yes |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW SIH NET/ABOUT/COMMUNITY-BENEFITS/</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | Yes |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW SIH NET/ABOUT/COMMUNITY-BENEFITS/</u> | 10 | Yes |
| a | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

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

A

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 26

| Name and address | Type of Facility (describe) |
|------------------------------------|-----------------------------|
| 1 See Additional Data Table | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part I, Line 7g Subsidized Health Services | A FAMILY PRACTICE CENTER IS INCLUDED IN SUBSIDIZED HEALTH SERVICES THE COST OF PROVIDING THIS CENTER WAS \$1,600,483 |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED VARY ACCORDING TO THE INFORMATION REQUESTED AND THE MOST ACCURATE MEANS OF GATHERING THE REQUIRED INFORMATION THE IRS PROVIDED WORKSHEET NUMBER 2 WAS USED TO CALCULATE A COST TO CHARGE RATIO USING INFORMATION FROM THE ORGANIZATION'S GENERAL LEDGER AND COST REPORTS THAT RATIO WAS THEN USED IN CONJUNCTION WITH IRS WORKSHEET NUMBER 1 TO CALCULATE THE COST OF FINANCIAL ASSISTANCE PROVIDED AND WORKSHEET NUMBER 3 TO CALCULATE UNREIMBURSED MEDICAID AMOUNTS THE ORGANIZATION'S COST ACCOUNTING SOFTWARE WAS UTILIZED FOR CALCULATING PORTIONS OF THE SUBSIDIZED HEALTH SERVICES THE ORGANIZATION'S COST ACCOUNTING SOFTWARE ENCOMPASSES ALL PATIENT TYPES, SERVICES, AND PAYORS THE COST ASSOCIATED WITH A SERVICE ARE REVIEWED AND UPDATED ANNUALLY TO PROVIDED THE MOST ACCURATE COST POSSIBLE BOTH DIRECT AND INDIRECT COSTS ARE CONSIDERED WHEN ENTERED INTO THE SYSTEM ACTUAL COST OF HEALTH IMPROVEMENT AND COMMUNITY BENEFIT PROGRAMS, HEALTH EDUCATION, RESEARCH PROGRAMS, SOME SUBSIDIZED HEALTH SERVICES AND DONATIONS ARE STATED AT ACTUAL COST THE COSTS OF THESE ITEMS ARE TRACKED THROUGH THE GENERAL LEDGER PROCESS AND THROUGH OTHER ACCOUNTING SOFTWARE |

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part II Community Building Activities | <p>Through Community Building activities, Southern Illinois Hospital Services addresses the causes of health problems through programs that advocate for Community Health Improvements. These programs include Healthy Communities - This initiative is directed at improving community health through timely assessment of needs and facilitating the planning, implementation, and evaluation of community-based programs and services. SIH is active in two Healthy Communities Coalitions in local counties. These coalitions are comprised of health providers, social service agencies, citizens and other interested community groups interested in improving the health of their respective communities. The Jackson County Healthy Community Coalition raises awareness about health issues relevant to Jackson County, develops projects that address unmet needs or gaps in health services, coordinates services and collaborations to maximize resources, develop plans and reports, encourages advocacy and assists in accessing funding. Membership includes partners from over 60 different Jackson county organizations. Action teams have been developed to address the following - Behavioral Health - works to prevent substance abuse, enhance mental health and emotional well-being of the county residents - Positive Youth Development - trainings, education and related activities for community youth - Sexual Action Team - focus on decreasing sexually transmitted diseases through education, screenings and protective behaviors - Health Living Action Team - works to prevent cardiovascular disease by targeting eating behaviors, physical activity and tobacco use - Joint Access to Care Team - focuses on improving access to all health care services - Cancer Action Team - works to increase screening and public education - Built Environment Team - works to improve the environment for pedestrians and bicyclists. The Franklin/Williamson Counties Healthy Communities Coalition supports the collection, tracking and reporting of regional county health data, develops projects to address identified health priorities, develops plans and reports, fosters collaboration and encourages advocacy. Membership includes partners from over 50 different Franklin/Williamson county organizations. Action teams have been developed to address the following - Healthy Seniors Action Team - provides activities which promote the health and well-being of individuals age 55 and older - Health Lifestyles Team - works to encourage daily exercise, receiving regular health risk factor screenings and eating daily nutritious meals - Joint Access to Care Team - focuses on improving access to all health care services. As part of the above coalitions, Southern Illinois Healthcare provided funding to 6 local health departments for their work to provide a regional chronic disease/diabetes self management program. Accomplishments of this initiative include training over 60 certified leaders in these programs, conducting classes for over 200 individuals, and conducted screening events to promote early detection of diabetes and hypertension. Other initiatives of our Health Communities include the following - Provide funding of the Medical Legal Partnership of Southern Illinois which offers individuals and families legal help to improve their health. The collaborative effort of Southern Illinois Healthcare and Land of Lincoln Legal Assistance Foundation assists patients in improving their health by alleviating the legal stressors in their lives. During the current year 599 low-income patients were assisted through this initiative - Dental care is an area identified as an access to care issue in our community health needs assessment. Southern Illinois Healthcare has partnered with 2 local federally qualified health centers to address the issue of dental coverage. Funding was provided to these centers to provide 1668 dental encounters during this fiscal year - SIH provides funding to the Illinois Poison Center. The Illinois Poison Center is a non-profit health service that provides comprehensive and trusted information and treatment advice on potentially harmful substances via a free, confidential 24 hour helpline. Information materials are provided to schools and community groups to spread prevention and poison awareness messages. Coordinated School Health - This program is directed at reducing the growth of childhood obesity and improving the overall health and well-being of children and adolescents. The "Illinois CATCH on to Health Consortium (IHC)" is a collaborative initiative between the SIU School of Medicine Center for Rural Health and Social Services Development, local health departments and community organizations in southern Illinois. Together SIH impacted over 80 schools and 20,000 kids in the lower 15 counties of Illinois. SIH partners with local schools to form School Wellness Committees, complete the CDC's School Health Index, and implement Coordinated School Health Programs and policies.</p> |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part II Community Building Activities | <p>es to improve health and reduce overweight and obesity among southern Illinois students During FY17, SIH staff worked with 32 schools, impacting 9,806 children, in the 7 county service area SIH also impacted over 4,618 students/ families through Family Fun Nights, school sponsored 5K's, math and science nights, Family Vacation Nights, school safety days, and much more SIH staff also conducted training for 50 school food service workers and 28 physical education teachers SIH staff assisted school personnel with assessment, program planning, implementation, and evaluation with the CDC's "Whole School, Whole Community, Whole Child (WSCC) Expanded Model for Coordinated School Health ICHC members also worked collaboratively with schools in the SIH coverage area to promote and assist in the implementation of coordinated school health programming by providing training and technical support, and by training staff on the CATCH (Coordinated Approach to Child Health) program and supplying CATCH curriculum and materials Program partners have implemented components of the CATCH program in over 80 elementary school districts in 15 counties impacting over 20,000 students and their families School Based Fitness Assessment and Training for Physical Education Teachers - Southern Illinois Healthcare 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 Support for this is provided through - Awarding stipends for physical education teachers to attend training workshops - Hosting annual physical education workshops that highlight national physical education standards - Hosting networking sessions throughout the year for physical education teachers - Completing System for Observing Fitness Instruction Time evaluations in participating schools Patient Support Initiative - Southern Illinois Hospital Services provides a Patient Support Initiative (PSI) with the goal of providing patients with adequate care and compensating physicians at reasonable rates for patients that do not have resources available to pay their health care bills SIHS compensates physicians for the care of patients that enter the healthcare system via the emergency departments at SIHS facilities and are assigned to physicians based upon the on-call rotation coverage PSI is designed for physician/patient contact that occurs in a hospital based setting when there was no previous relationship between the patient and the physician or the physician's practice PSI pays compensation for professional fees only, relating directly to the episode of care begun in the Emergency Department, not to exceed 30 days Indigent Care Funding - Southern Illinois Hospital Services provides funding to purchase prescriptions, medical supplies and transportation to patients deemed financially indigent on a case-by-case basis</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | In evaluating the collectability of accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for provision for bad debts. For receivables associated with services provided to patients who have third-party insurance coverage, the Corporation analyzes contractually due amounts and provides a provision for bad debts, if necessary. For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The Corporation regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the reasonableness of its process for estimating the provision for bad debt. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | <p>The cost to charge ratio is calculated utilizing Worksheet 2 included in the Internal Revenue Service's Form 990 Schedule H instructions. This cost to charge ratio is applied to the charges that are written off per the above methodology. To estimate the amount of care that was written off as bad debt expense that would have been eligible for charity under our policy the following steps were taken:</p> <ul style="list-style-type: none">- The number of encounters by county at each of our 3 facilities was obtained from our registration system. The percentage of patients from each county varies by facility due to the location of the facility.- The amount of bad debt expense by county at each hospital was estimated by applying the percentages obtained above to the amount of total charges written off at each facility.- The poverty rate of each county was then applied to these allocated charges to estimate the amount of charges that would have been eligible under our charity policy based on poverty level guidelines.- The cost to charge ratio as calculated utilizing Worksheet 2 from the Schedule H instructions was then used to determine the cost of these charges. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | <p>Taken from the Consolidated Audit Report Page 19 Provision for Bad Debt - Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party insurance coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and co-payments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The Corporation regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the reasonableness of its process for estimating the allowance for doubtful accounts. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs | The expenses from the audited financial statements are adjusted per Medicare regulations. Overheads are allocated based on the step-down method by using Medicare approved statistics. Medicare costs are determined by multiplying the days or charges times the per diem amount or the cost to charge ratio applicable to the department. Home office expenses are allocated to the facilities based on the Home office cost report. Statistics used on the Home office cost report are approved by the Medicare intermediary. One hundred percent of the shortfall of Medicare allowable costs over Medicare revenue is considered to be a community benefit. By Continuing to treat patients eligible for Medicare, hospitals alleviate the federal government's burden for directly providing medical services. The IRS has acknowledged that lessening the government burden associated with providing Medicare benefits is a charitable purpose. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance | <p>If SIH determines the individual is eligible for financial assistance, SIH will</p> <ul style="list-style-type: none">-Provide the individual with a billing statement that indicates the amount the individual owes for the care as an individual eligible for financial assistance ("HAP-eligible") (assuming the individual is eligible for assistance other than free care) and how that amount was determined and states, or describes how the individual can get information regarding, the amounts generally billed for the care-Refund to the individual any amount he or she has paid for the care (whether to the hospital facility or any other party to whom the hospital facility has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as a HAP-eligible individual, unless such amount is less than \$5 (or such other amount published in the Internal Revenue Bulletin)-Take all reasonable available measures to reverse any extraordinary collection actions ("ECAs") (with the exception of a sale of debt) taken against the individual to obtain payment for the care <p>After determining financial assistance eligibility, SIH takes the following actions at least 30 days before first initiating one or more of the above ECAs to obtain payment for care</p> <ul style="list-style-type: none">- Provide the individual with a written notice that indicates financial assistance is available for eligible individuals, identifies the ECA(s) that SIH (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided-Provide the individual with a plain language summary of the HAP with the written notice described above-Make a reasonable effort to orally notify the individual about SIH's HAP and about how the individual may obtain assistance with the HAP application process |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 16a FAP website | A - MEMORIAL HOSPITAL OF CARBONDALE Line 16a URL www.sih.net/patients-visitors/healthcare-assistance-program/ , |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 16b FAP Application website | A - MEMORIAL HOSPITAL OF CARBONDALE Line 16b URL www.sih.net/patients-visitors/healthcare-assistance-program/ , |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | A - MEMORIAL HOSPITAL OF CARBONDALE Line 16c URL www.sih.net/patients-visitors/healthcare-assistance-program/ , |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part VI, Line 2 Needs assessment | A complete copy of the organization's most recently conducted community health needs assessment and implementation strategy can be found at http //www sih net/about/community-benefits/ The community benefits department at SIHS regularly assesses the needs within the community and provides programs in order to meet the needs in surrounding areas through the following activities - Monitoring the data and meeting with community coalitions and others to learn about various programs and needs in the communities - Work with Healthy Southern Illinois Delta Network and others such as local health departments and federally qualified health centers to assess needs on an ongoing basis - Conduct physician "meet and greets" to discuss the needs and issues the physicians and their staff are seeing in their practices |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | SIH takes the following steps to notify patients about the availability of the healthcare assistance policy ("HAP") -Financial Assistance notices are placed in all departments registering patients -SIH will post signage in English and Spanish regarding the availability of financial assistance -SIH's website posts notice of financial assistance through the Healthcare Assistance Program and applications in English and Spanish -Information regarding HAP is available in all Patient Intake offices and in other public locations within the hospital, (upon request without charge) -Registrars inform all patients of the Healthcare Assistance Program, and offers a plain language summary |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 4 Community Information | <p>The primary service area of Southern Illinois Healthcare is a seven-county region in Southern Illinois that includes Perry, Jackson, Franklin, Williamson, Union, Johnson, and Saline counties. The combined population of this area is approximately 245,000. Median household incomes in the area are substantially less than the statewide average. All seven counties have more residents living in poverty than the state average. The population of this area as a whole is largely homogeneous with greater than 95% of the population being white. Jackson County is the most diverse of the counties with 78.5% of the population being white, 14.7% African American and the remainder Hispanic and Asian/Pacific Islander. Eight non-SIH hospitals exist within the 7-county primary market area. The Marion VA Medical Center in Marion (Williamson County) is a 55-bed acute care facility owned and operated by the US Department of Veterans Affairs. Heartland Regional Medical Center, also located in Marion, is a 92-bed acute care hospital owned by Community Health Systems (CHS). Harrisburg Medical Center in Harrisburg (Saline County) is licensed for 45 acute care beds plus 31 acute mental illness beds. The remaining facilities are 25-bed Critical Access Hospitals: Ferrell Hospital in Eldorado (Saline County), Franklin Hospital in Benton (Franklin County), Marshall Browning Hospital in Du Quoin (Perry County), Pinckneyville Community Hospital in Pinckneyville (Perry County), and CHS-owned Union County Hospital District in Anna (Union County). Harrisburg Medical Center and Marshall Browning Hospital have affiliation agreements with Southern Illinois Healthcare. Each of the seven counties within the primary market area has been federally designated as a Health Professional Shortage Area, and at least a portion of each county has been federally designated as a Medically Underserved Area or having a Medically Underserved Population.</p> |

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 5 Promotion of community health | <p>Southern Illinois Hospital Services (SIHS) is dedicated to promoting the health and well being of all of the people in the communities we serve Our mission is guided by our values compassion, collaboration, quality, stewardship, integrity, accountability and respect Over 3,300 employees, along with physicians and volunteers, are working together to achieve our missions and ensure that the health care needs of those we serve are met by treating patients in SIHS facilities, by offering services in rural clinics, by collaborating with some of America's best hospitals and by improving the quality of life in our communities with our charitable community benefits programs SIHS provides quality health services to people throughout Southern Illinois regardless of race, creed, sex, national origin, handicap, age or ability to pay SIHS operates 3 community hospitals with a combined total of 2 79 beds Each hospital operates a full time emergency room No one is denied care or treatment within the hospitals or emergency rooms Medical staff privileges are available to all qualified physicians in the area, consistent with the services provided at each facility The Board of Trustees of SIHS is comprised of 13 members These members are comprised of local community leaders, physicians and our CEO The majority of the Board is comprised of persons who are neither employees nor independent contractors of the organization or family members thereof SIHS invests excess funds from operations into the expansion and replacement of existing facilities and equipment, repayment of debt and improvement in patient care Southern Illinois Hospital Services has also extended its services beyond hospital walls and into the neighborhoods where people live and work Annually operating funds are allocated specifically to bring health-related programs to the areas in which they are most needed Our goal is to respond to identified community health needs, increase access to care, lead and serve as an example to others in service to the community and improve the overall health status of those in the communities served by SIH facilities Currently, the Community Benefits Department of SIHS collaborates with Southern Illinois schools to address childhood obesity Included in this initiative are the Coordinated School Health program, CATCH (Coordinated Approach to Child Health) program and School Based Fitness Assessment and Training for Physical Education Teachers A Health Ministry initiative, aiding the region's faith communities through the training and support of parish nurses, is an ongoing effort of the department Over 140 parish nurses have been trained and are being supported in the health promotion work of their respective faith communities to date Over 30,000 contacts were made during the current year Also the department is active in the creation and facilitation of Healthy Community Coalitions These groups include health providers, social service agencies, concerned citizens and other community groups interested in improving the health of their respective communities The groups seek to meet locally identified community health needs and through the implementation of programs that address the demonstrated unmet health needs of the residents of the communities served These coalitions make a significant impact on the lives of those within the communities served by SIHS Currently, staff is engaged in numerous community health promotion, education, and prevention initiatives An increase in access to primary health, behavioral health, and oral health care services has been affected through the SIHS support of existing and developing community-based interventions Increased numbers of collaborative partnerships that support increased individual and community capacity to achieve a healthy community vision are ongoing In order to accomplish the organization's mission as well as the overall goals previously outlined, the Community Benefits Department of Southern Illinois Healthcare implements a number of directed initiatives Following is a description of these initiatives, the specific goals and objectives to be achieved for FY17, and an outline of the means by which department staff will work to plan, implement, and evaluate these programs The Coordinated School Health program is working to reduce the growth of childhood obesity and improve the overall health and well-being of children and adolescents The goal is to increase the number of schools involved in the SIH programs and to increase active PE time 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 The goal is to raise awareness of the Parish nursing specialty and establish ne</p> |

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 5 Promotion of community health | <p>w health ministries The focus of the SIH Health Communities Program is to improve the community health through timely assessment of needs and facilitating the planning, implementation, and evaluation of community based programs and services The goal is to increase collaborative capacity of local agencies and to develop a regional chronic disease/diabetes self management program SIH provides funding to sponsor activities and events in the community to promote and encourage healthy and active lifestyles Sponsored efforts help build a sustainable community-linked infrastructure and a health enhancing environment On an on-going basis, Community Benefit Department staff participates in and facilitates a variety of boards, coalitions, networks, commissions, committees, partnerships and panels Spending time in the community enable staff to bring back first-hand knowledge of community needs, existing resources, and identify opportunities for clinical and community linkages</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 6 Affiliated health care system | Southern Illinois Hospital Services (SIHS) is part of a larger system that provides health services to the population of Southern Illinois. SIHS provides care through its three hospitals and one community health center. Southern Illinois Medical Services (SIMS) provides care through physician practices. These practices are comprised of the Center for Medical Arts, Logan Primary Care, Physician Care Group, individual physician practices, hospital physicians and emergency room physicians. SIHS and SIMS work together in providing care and treatment of the medically sick, injured or afflicted. Both provide quality health services to people throughout Southern Illinois regardless of race, creed, sex, national origin, handicap, age or ability to pay. |

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 37-0618939
Name: SOUTHERN ILLINOIS HOSPITAL SERVICES

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

| Section A. Hospital Facilities | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3 | | | | | | | | | | | |
| Name, address, primary website address, and state license number | | | | | | | | | | | |
| 1 | MEMORIAL HOSPITAL OF CARBONDALE 405 WEST JACKSON STREET CARBONDALE, IL 62901 www.sih.net 0000513 | X | X | | X | | | X | | | A |
| 2 | HERRIN HOSPITAL 201 SOUTH 14TH STREET HERRIN, IL 62948 www.sih.net 0000935 | X | X | | | | | X | | ACUTE REHAB | A |
| 3 | ST JOSEPH MEMORIAL HOSPITAL 2 SOUTH HOSPITAL DRIVE MURPHYSBORO, IL 62966 www.sih.net 0004614 | X | X | | | X | | X | | | A |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 5 Facility A, 1 | |
| Schedule H, Part V, Section B, Line 6a Facility A, 1 | Facility A, 1 - A MEMORIAL HOSPITAL OF CARBONDALE, CARBONDALE, IL HERRIN HOSPITAL, HERRIN, IL ST JOSEPH MEMORIAL HOSPITAL, MURPHYSBORO, IL |
| Schedule H, Part V, Section B, Line 11 Facility A, 1 | Facility A, 1 - A Three implementation plan teams were developed in order to bring experts together with expertise and interest in each of the chosen areas. Key issues and needs were identified and intervention strategies were developed. The Community Health Needs Assessment and Implementation Plan was reviewed and adopted by the SIH Board of Trustees on March 24, 2016. The priority areas through this needs assessment will be used to focus Community Benefits Department planning for the next three years (April 1 2016 - March 31, 2019). Some issues were identified but not prioritized to directly address at this time due to such factors as other groups and organizations, including SIH, already working to address them. |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

| Name and address | Type of Facility (describe) |
|---|---|
| 1 Cancer Institute 1400 Pin Oak Drive Carterville, IL 62918 | Cancer treatment |
| 1 RIC & SIH Rehabilitation Services PO Box 3988 Carbondale, IL 62901 | Rehabilitation Services |
| 2 Prairie Building 409 West Oak Carbondale, IL 62901 | Cardiac Diagnostic |
| 3 St Jo Lab & Imaging - St Jo 2601 West Main St Carbondale, IL 62901 | Lab & Imaging Services |
| 4 Logan Park Radiology & Lab 405 Rushing Drive Herrin, IL 62948 | Radiology, Lab |
| 5 Physician Surgery Center 2601 West Main Carbondale, IL 62901 | Surgery Center |
| 6 Primary Care Group 117 East Clark Street Harrisburg, IL 62946 | Lab, Imaging, Wound Care, Physical Therapy |
| 7 Sleep Center 8305 Express Drive Marion, IL 62959 | Sleep Studies |
| 8 Breast Center 1237 East Main St Carbondale, IL 62901 | Mammography |
| 9 Rehab Unlimited - Carbondale 305 West Jackson Carbondale, IL 62901 | Physical Therapy |
| 10 Miners Memorial Health Center 2553 Ken Gray Blvd West Frankfort, IL 62896 | Family Practice, Radiology, Lab and Specialty Clinics |
| 11 Rehab Unlimited - Logan Park 3308 Logan Drive Herrin, IL 62948 | Physical Therapy |
| 12 Reference Lab 500 Lincoln Drive Herrin, IL 62948 | Lab Services |
| 13 Rehab Unlimited - Anna 515 East Vienna St Anna, IL 62906 | Physical Therapy |
| 14 RUN - Marion 1403 Joe Abbott Way Marion, IL 62959 | Physical Therapy |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 16 Wound Care 315 South 13th St Herrin, IL 62948 | Wound Care |
| 1 RUN - LPC WF 502 W St Louis St West Frankfort, IL 62896 | Physical Therapy |
| 2 Franklin Medical Arts 203 Bailey Lane Benton, IL 62812 | Lab, Imaging |
| 3 Oldenhage-Hughes 207 W Jackson St Carbondale, IL 62901 | Lab Services |
| 4 Women's Center 3117 Williamson Co Parkway Marion, IL 62959 | Mammography |
| 5 RIC Physician Practices 3224 South Park Avenue Herrin, IL 62948 | Rehabilitation Services |
| 6 Rehab Unlimited - Murphysboro 6 East Shawnee Drive Murphysboro, IL 62966 | Physical Therapy |
| 7 LPC-WF Imaging & Lab 502 St Louis Street West Frankfort, IL 62896 | Radiology |
| 8 RUN - McLeansboro 119 South Jackson McLeansboro, IL 62859 | Physical Therapy |
| 9 Prairie Heart Marion 3905 Ernestine Drive Marion, IL 62959 | Cardiac Diagnostic |
| 10 Medical Arts Clinic 19 East Shawnee Drive Murphysboro, IL 62868 | Lab Services |

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|

See Additional Data Table

| | | | | | | | |
|------|--|--|--|--|--|--|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 21

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|--|---|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds | All grants made are unrestricted and can be used in any way the donee organization sees fit to further its exempt purpose |

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 37-0618939
Name: SOUTHERN ILLINOIS HOSPITAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAND OF LINCOLN LEGAL ASST FOUNDATION 509 S UNIVERSITY AVE 3RD FLOOR CARBONDALE, IL 62901 | 37-0958448 | 501(C)(3) | 90,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| SIU 1235 DOUGLAS DRIVE CARBONDALE, IL 62901 | 37-6005961 | SIU | 32,240 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SIU FOUNDATION PO BOX 19666 SPRINGFIELD, IL 62794 | 37-6024575 | 501(C)(3) | 9,300 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| ILLINOIS POISON CENTER 222 S RIVERSIDE PLAZA SUITE 1900 CHICAGO, IL 60606 | 37-2167008 | 501(C)(3) | 24,771 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HERRIN CHAMBER OF COMMERCE 3 SOUTH PARK AVE SUITE A HERRIN, IL 62948 | 37-0618499 | 501(C)(6) | 25,168 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| JACKSON HEALTH DEPT 415 HEALTH DEPT ROAD MURPHYSBORO, IL 62956 | 37-6001092 | JACKSON HEALTH DEPT | 15,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTHERN HEALTH DEPT 260 LICK CREEKROAD ANNA, IL 62906 | 37-1069423 | SOUTHERN HEALTH DEPT | 15,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| EGYPTIAN HEALTH DEPT 1412 US 45 NORTH ELDORADO, IL 62930 | 37-6006931 | EGYPTIAN HEALTH DEPT | 15,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PERRY HEALTH DEPT PO BOX 49 907 W MAIN ST PINCKNEYVILLE, IL 62274 | 37-6001795 | PERRY HEALTH DEPT | 15,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| FRANKLIN HEALTH DEPT 2312 W MAIN MARION, IL 62959 | 37-6021157 | FRANKLIN HEALTH DEPT | 15,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RANDOLPH HEALTH DEPT 2515 STATE STREET CHESTER, IL 62233 | 37-6001873 | RANDOLPH HEALTH DEPT | 15,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| SHAWNEE HEALTH PO BOX 577 109 CALIFORNIA ST CARTERVILLE, IL 62918 | 37-0966854 | 501(C)(3) | 50,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LOCAL PARK DISTRICT 1115 WEST SYCAMORE CARBONDALE, IL 62903 | 37-6001080 | LOCAL PARK DISTRICT | 7,773 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| SOUTHERN ILLINOIS COALITION 408 E DEYOUNG ST MARION, IL 62959 | 37-1267589 | 501(C)(3) | 5,026 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOD WORKS PO BOX 3855 CARBONDALE, IL 62902 | 26-3662215 | 501(C)(3) | 13,773 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| SOUTHERN ILLINOIS COMMUNITY FD 3000 W DEYOUNG ST MARION, IL 62959 | 37-1373067 | 501(C)(3) | 48,564 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF HERRIN 300 NORTH PARK AVE HERRIN, IL 62948 | 37-6002360 | CITY OF HERRIN | 5,120 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| ALZHEIMERS ASSOCIATION 320 E WALNUT ST SUITE A CARBONDALE, IL 62901 | 36-3102348 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CARBONDALE HS 330 SOUTH GIANT CITY ROAD CARBONDALE, IL 62902 | 37-6003379 | CARBONDALE HS | 13,250 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| MARION MINISTERIAL ALLIANCE 103 EAST CALVERT ST MARION, IL 62959 | 37-1289018 | 501(C)(3) | 6,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HARRISBURG MEDICAL CENTER PO BOX 428 HARRISBURG, IL 62946 | 23-7426289 | 501(C)(3) | 6,100 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |
| FELLOWSHIP OF CHRISTIAN ATHLETES 719 SOUTH GIANT CITY ROAD CARBONDALE, IL 62901 | 44-0610626 | 501(C)(3) | 6,000 | 0 | N/A | N/A | GENERAL PROGRAM FUNDING |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

| | |
|---|--|
| 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 on 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 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 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 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) | | | | | | | | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. | 1b | | | | | | | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: | | | | | | | | | | |
| a Receive a severance payment or change-of-control payment? | 4a | Yes | | | | | | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | | | | | | | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4c | No | | | | | | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | | | | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | | | | | | | | |
| a The organization? | 5a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. | 5b | No | | | | | | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | | | | | | | | |
| a The organization? | 6a | No | | | | | | | | |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. | 6b | No | | | | | | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | No | | | | | | | | |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | No | | | | | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | | | | | | | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

Part III Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| Schedule J, Part I, Line 4a Severance or change-of-control payment | Dave Holland, VP/Info Systems, received severance payments of \$96,978 |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | The organization made the following supplemental nonqualified retirement plan payments/contributions: Rex Budde - \$33,989 payment, \$216,199 deferred compensation; Pam Henderson - \$53,648 payment, \$60,159 deferred compensation; Dave Holland - \$154,377 payment, \$65,327 deferred compensation; Mike Kasser - No payment, \$97,709 deferred compensation; Bart Millstead - \$105,359 payment, \$125,178 deferred compensation; Phil Schaefer - \$94,537 payment, \$99,605 deferred compensation; Bill Sherwood - \$219,659 payment, No deferred compensation; Julie Firman - \$54,049 payment, \$64,449 deferred compensation; William Thorne - \$40,090 payment, \$46,358 deferred compensation; Terence Farrell - \$83,349 payment, \$94,331 deferred compensation; Shelly Pierce - \$27,631 payment, \$32,624 deferred compensation; Dan Skiles - No payment, no deferred compensation; Marci Moore-Connelley - \$15,503 payment, \$37,514 deferred compensation; Gerald Mourey - No payment, \$22,560 deferred compensation. |

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
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 and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Rex Budde President/CEO | (i) | 596,065 | 80,516 | 49,618 | 226,799 | 23,285 | 976,283 | 33,989 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 David Holland Former VP | (i) | 0 | 0 | 252,411 | 65,327 | 1,291 | 319,029 | 154,377 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Mike Kasser VP/CFO/Treasurer | (i) | 371,451 | 58,938 | 13,957 | 108,309 | 38,897 | 591,552 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 William Sherwood VP/ General Counsel | (i) | 278,042 | 49,150 | 236,294 | 10,600 | 36,361 | 610,447 | 219,659 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Julie Firman VP/CNO | (i) | 236,557 | 44,511 | 66,474 | 71,987 | 18,530 | 438,059 | 54,049 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 Philip Schaefer VP/ Amb & Phys Services | (i) | 326,283 | 54,373 | 109,307 | 110,205 | 34,003 | 634,171 | 94,537 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Pam Henderson VP/ HR | (i) | 232,330 | 43,879 | 65,569 | 69,535 | 8,097 | 419,410 | 53,648 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 John B Millstead VP/ Administrator | (i) | 402,332 | 61,859 | 117,087 | 135,778 | 37,098 | 754,154 | 105,359 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 William Thome VP/ Community Benefits | (i) | 197,185 | 40,785 | 53,036 | 54,538 | 35,091 | 380,635 | 40,091 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 Terrence Farrell VP/ Administrator | (i) | 335,896 | 53,167 | 90,725 | 104,931 | 36,582 | 621,301 | 83,349 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Shelly Pierce VP/Quality | (i) | 219,312 | 42,370 | 39,240 | 40,534 | 13,871 | 355,327 | 27,631 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Daniel Skiles VP Health as of 2/23/17 | (i) | 203,114 | 1,258 | 10,259 | 8,356 | 32,327 | 255,314 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 Marci L Moore-Connelley MD VP/CMO | (i) | 372,875 | 58,006 | 26,706 | 48,114 | 15,487 | 521,188 | 15,503 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 Gerald Mourey VP/Info Systems | (i) | 264,501 | 47,311 | 24,454 | 24,728 | 34,517 | 395,511 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 Thomas Hentrich Pharmacist | (i) | 178,710 | 1,258 | 10,944 | 5,615 | 32,957 | 229,484 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 Claudia Crews Staff Pharmacist | (i) | 165,800 | 1,258 | 25,859 | 6,883 | 31,781 | 231,581 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 Charles Brooks Staff Nurse | (i) | 181,761 | 1,258 | 1,439 | 3,301 | 30,926 | 218,685 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 Ora Wood Pen-Op Director | (i) | 181,300 | 1,209 | 2,193 | 2,754 | 13,890 | 201,346 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 Gery Blackburn Treasury Manager | (i) | 172,847 | 1,258 | 1,082 | 6,850 | 13,051 | 195,088 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number

37-0618939

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A-D list Illinois Finance Authority issues.

Part II Proceeds

Table with columns A, B, C, D for amounts. Rows 1-13 list various bond proceeds and expenses. Rows 14-17 are yes/no questions about bond issuance and record keeping.

Part III Private Business Use

Table with columns A, B, C, D for yes/no answers. Rows 1-2 ask about partnership/LLC ownership and lease arrangements.

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | X | | X | |
| c Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | X | | 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 % | | 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 % | | 0 % | | 0 % |
| 6 Total of lines 4 and 5 | | 0 % | | 0 % | | 0 % | | 0 % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | X | | X | |
| b Exception to rebate? | | X | | X | | X | | X |
| c No rebate due? | X | | X | | | X | | X |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | X | | | X |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | 0 % | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | X | | X | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|---|---|
| Schedule K, Part I, Column (f) Explanation of bond issue | 2014 bond issue - The bond issue contains two bonds issued at the same time. It includes revenue bonds in the amount of \$75,580,000 and revenue refunding bonds in the amount of \$51,635,000. These bonds were reported on one Form 8038. 2011 bond issue - The bond issue financed capital expenditures and refunded the 2008 variable rate demand revenue bonds which had a deemed reissuance in 2011. 2010 bond issue - The bond issue refunded the 1998 bond issue. 2017 bond issue - Finance capital expenditures. |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part V Different Procedures to Undertake Corrective Action | Issuer name ILLINOIS FINANCE AUTHORITY NO DIFFERENCES FOR REPORTED BOND ISSUES |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part IV, Line 2c COLUMN A | Issuer name ILLINOIS FINANCE AUTHORITY The calculation for computing no rebate due was performed on 01/01/2010 |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part V Different Procedures to Undertake Corrective Action | Issuer name ILLINOIS FINANCE AUTHORITY NO DIFFERENCES FOR REPORTED BOND ISSUES |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part IV, Line 2c COLUMN B | Issuer name ILLINOIS FINANCE AUTHORITY The calculation for computing no rebate due was performed on 10/27/2016 |

| Return Reference | Explanation |
|--|---|
| Schedule K, Part V Different Procedures to Undertake Corrective Action | Issuer name ILLINOIS FINANCE AUTHORITY NO DIFFERENCE FOR REPORTED BOND ISSUES |

| Return Reference | Explanation |
|--|--|
| Schedule K, Part V Different Procedures to Undertake Corrective Action | Issuer name ILLINOIS FINANCE AUTHORITY NO DIFFERENCES FOR REPORTED BOND ISSUES |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

2016

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| (1) Terence Farrell | Officer | Sale of Personal Residence | | X | 75,483 | 60,386 | | No | Yes | | Yes | |
| (2) Rex Budde | Officer | Split Dollar Life Insurance treated as a Loan | | X | 137,132 | 137,132 | | No | Yes | | Yes | |
| (3) Mike Kasser | Officer | Split Dollar Life Insurance Treated as a Loan | | X | 75,519 | 75,519 | | No | Yes | | Yes | |
| (4) Phillip Schaefer | Officer | Split Dollar Life Insurance treated as a Loan | | X | 95,747 | 95,747 | | No | Yes | | Yes | |
| Total | | | | | | ▶ \$ | 368,784 | | | | | |

Part III Grants or Assistance Benefiting 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 assistance | (d) Type of assistance | (e) Purpose 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 |
| (1) LIAM FARRELL | SON OF VP/ADMINISTRATOR TERENCE FARRELL | 71,628 | EMPLOYEE COMPENSATION | | No |
| (2) DAVID FISCHER | SON-IN-LAW OF VP/CFO MIKE KASSER | 70,047 | EMPLOYEE COMPENSATION | | No |
| (3) COLIN FARRELL | SON OF VP/ADMINISTRATOR TERENCE FARRELL | 11,332 | EMPLOYEE COMPENSATION | | No |
| (4) AMANDA FARRELL | DAUGHTER-IN-LAW OF VP/ADMINISTRATOR TERENCE FARRELL | 61,136 | EMPLOYEE COMPENSATION | | No |
| (5) JESSICA SHERWOOD | DAUGHTER-IN-LAW OF VP BILL SHERWOOD | 63,744 | EMPLOYEE COMPENSATION | | No |
| | | | | | |

Part V Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN ILLINOIS HOSPITAL SERVICES

Employer identification number

37-0618939

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part III, Line 1 ORGANIZATION'S MISSION | (CONTINUED FROM PART III) OVER 3,400 EMPLOYEES, ALONG WITH PHYSICIANS AND VOLUNTEERS, ARE WORKING TOGETHER TO ACHIEVE OUR MISSION AND ENSURE THAT THE HEALTH CARE NEEDS OF THOSE WE SERVE ARE MET BY TREATING PATIENTS IN SIHS FACILITIES, BY OFFERING SERVICES IN RURAL CLINICS, BY COLLABORATING WITH SOME OF AMERICA'S BEST HOSPITALS AND BY IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITIES WITH OUR CHARITABLE COMMUNITY BENEFITS PROGRAMS OUR SERVICES ARE PROVIDED REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| <p>Form 990, Part III, Line 4a HOSPITAL SERVICES</p> | <p>(CONTINUED FROM PART III) THE FACILITIES THAT MAKE UP SOUTHERN ILLINOIS HOSPITAL SERVICES (SIHS) INCLUDE MEMORIAL HOSPITAL OF CARBONDALE OPENED IN 1950, MEMORIAL HOSPITAL OF CARBONDALE, WITH 140 LICENSED BEDS, IS THE FLAGSHIP HOSPITAL FOR SIH AND A REGIONAL REFERRAL CENTER FOR THE 16 COUNTY SOUTHERN ILLINOIS REGION. PHYSICIANS IN NEARLY 40 DIFFERENT SPECIALTIES PRACTICE HERE, BRINGING EXPERTISE AND NEW PROCEDURES, BUT SUCCESSFULLY TAILORING THEM TO THE PARTICULAR NEEDS OF A RURAL SETTING. IT IS HOME TO THE FIRST OPEN HEART SURGERY PROGRAM IN THE IMMEDIATE SOUTHERN ILLINOIS AREA AND IS THE CORE HOSPITAL FOR SIH'S COMPREHENSIVE, REGIONAL HEART PROGRAM, PRAIRIE HEART INSTITUTE. THE REGION'S ONLY PRIMARY STROKE CENTER IS LOCATED WITHIN THIS HOSPITAL. THE HOSPITAL IS ALSO HOME TO A COMMISSION ON CANCER ACCREDITED COMPREHENSIVE 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 85 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. THE AREA'S ONLY BARIATRIC SURGICAL PROGRAM FOR WEIGHT LOSS IS HOUSED AT THIS HOSPITAL AS WELL AS BEING THE REGION'S FIRST ACCREDITED CHEST PAIN CENTER. ST. JOSEPH MEMORIAL HOSPITAL. ST. JOSEPH MEMORIAL HOSPITAL IS LOCATED IN MURPHYSBORO, ILLINOIS AND IS A FULL-SERVICE, CRITICAL ACCESS HOSPITAL WITH 25 LICENSED BEDS. ST. JOSEPH OPENED ON OCTOBER 1, 1960 AND WAS ACQUIRED BY SOUTHERN ILLINOIS HOSPITAL SERVICES ON JANUARY 5, 1995 FROM THE SISTERS OF THE ASC HEALTH SYSTEM. ST. JOSEPH'S CATHOLIC IDENTITY HAS BEEN RETAINED BY SIHS SINCE THE PURCHASE AND THE STAFF TAKES PRIDE IN THE HOSPITAL'S SPIRITUAL ROOTS. ST. JOSEPH HAS EVOLVED OVER TIME TO BECOME A REGIONAL PROVIDER OF SPECIALIZED OUTPATIENT SERVICES. THESE SPECIALIZED SERVICES INCLUDE A SLEEP DISORDERS CENTER ACCREDITED BY THE AMERICAN ACADEMY OF SLEEP MEDICINE, A WOUND CARE CENTER WITH HYPERBARIC THERAPY, AND AN OUTPATIENT GERIATRIC COUNSELING PROGRAM. 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 PROVIDED DURING THIS REPORTING PERIOD, OUR HOSPITALS RECORDED 68,381 ADULT AND CHILD PATIENT DAYS AND 2,795 NEWBORN PATIENT DAYS. OUTPATIENT REGISTRATIONS TOTALED 366,836 WITH</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4a HOSPITAL SERVICES | 72,772 OF THESE REGISTRATIONS BEING EMERGENCY ROOM VISITS APPROXIMATELY 65.4% OF THESE DAYS AND REGISTRATIONS PROVIDED CARE THAT WAS CLASSIFIED AS EITHER UNCOMPENSATED CHARITY CARE OR UNCOMPENSATED GOVERNMENT HEALTH CARE AN ADDITIONAL 1.75% OF THE CARE PROVIDED IN THE SE 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 HAVE 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 SURGICAL SERVICES ARE OFFERED AT ALL FACILITIES, WITH CARBONDALE MEMORIAL HOSPITAL PROVIDING OPEN-HEART AND CARDIAC SERVICES ST JOSEPH MEMORIAL HOSPITAL ALSO OPERATES SWING BEDS ST JOSEPH ALSO OFFERS UNIQUE OUTPATIENT SERVICES TO THE AREA THE SLEEP DISORDERS CENTER OFFERS TWO LOCATIONS AND THE SENIOR RENEWAL PROGRAM OFFERS OUTPATIENT BEHAVIORAL HEALTH TREATMENT SIHS HAS ALSO PROVIDED SUBSIDIZED HEALTH CARE SERVICES SUBSIDIZED HEALTH SERVICES INCLUDE, BUT ARE NOT LIMITED TO 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 SIHS PROVIDES MEDICAL EDUCATION THROUGH AN AFFILIATION WITH THE SOUTHERN ILLINOIS UNIVERSITY'S MEDICAL SCHOOL FAMILY PRACTICE RESIDENCY PROGRAM |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4b COMMUNITY BENEFITS | <p>(CONTINUED FROM PART III) THE OVERARCHING GOAL OF SOUTHERN ILLINOIS HEALTHCARE'S COMMUNITY BENEFITS DEPARTMENT IS TO RESPOND TO IDENTIFIED COMMUNITY HEALTH NEEDS, INCREASE ACCESS TO CARE, LEAD AND SERVE AS AN EXAMPLE TO OTHERS IN SERVICE TO THE COMMUNITY, AND IMPROVE THE OVERALL HEALTH STATUS OF THOSE IN THE COMMUNITIES SERVED BY SIH FACILITIES SOUTHERN ILLINOIS HEALTHCARE'S OVERALL APPROACH TO COMMUNITY BENEFITS IS TO TARGET THE INTERSECTIONS OF DOCUMENTED UNMET COMMUNITY HEALTH NEEDS AND THE ORGANIZATION'S MISSION, VALUES AND KEY STRENGTHS COMMUNITY BENEFIT ACTIVITIES EMPHASIZE PRIMARY HEALTH CARE SERVICES, HIGH IMPACT HEALTH SCREENING AND PROMOTION, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND INCREASE ACCESS TO CARE ESPECIALLY FOR VULNERABLE AND UNDERSERVED PEOPLE IN ORDER TO ACCOMPLISH THE ORGANIZATION'S MISSION, THE COMMUNITY BENEFITS DEPARTMENT OF SIHS 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 HEALTH MINISTRY INCLUDES OVER 50 CHURCHES IN 9 COUNTIES REGULARLY SCHEDULED ACTIVITIES INCLUDE HEALTH EDUCATION, HEALTH SCREENINGS, SUPPORT GROUPS AND EXERCISE PROGRAMS OVER 140 REGISTERED NURSES HAVE COMPLETED THE PARISH NURSE BASIC PREP COURSE IN FY17 THE CONGREGATIONAL HEALTH CONNECTOR TRAINING PROGRAM IN WHICH 34 INDIVIDUALS WERE TRAINED AS CONGREGATION HEALTH CONNECTORS THESE INDIVIDUALS ARE EDUCATED ON VARIOUS HEALTH TOPICS AND PASS INFORMATION AND RESOURCES TO THEIR CONGREGATIONS IN FY17 OVER 30,850 CONTACTS WERE MADE BY FAITH COMMUNITY/PARISH NURSES THESE CONTACTS WERE MADE IN THE FORM OF HOME VISITS, CHURCH, HOSPITAL, NURSING HOME VISITS AND TELEPHONE CALLS SERVICES AND RESOURCES PROVIDED INCLUDED TRANSPORTATION, MEALS, GERIATRIC AND CAREGIVER SUPPORT, REFERRAL TO HEALTHCARE PROVIDERS AND COMMUNITY BASED AGENCIES AND OTHER SERVICES ANNUALLY, IN COLLABORATION WITH HOSPICE OF SOUTHERN ILLINOIS AND JOHN A LOGAN COLLEGE THE "LIVING WITH GRIEF" SERIES IS SPONSORED AND ATTENDED BY OVER 60 PROFESSIONALS 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 SIHS 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 SUB</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part III, Line 4b COMMUNITY BENEFITS | STANCE ABUSE, AND THE CONTINUATION OF EFFORTS TO EXPAND ACCESS TO CARE FOR THE UNINSURED AND THE UNDER-SERVED HEALTHY COMMUNITY COALITIONS -- THE FORMAL GATHERING OF HEALTH PROVIDERS, SOCIAL SERVICE AGENCIES, CONCERNED CITIZENS, AND OTHER COMMUNITY GROUPS INTERESTED IN IMPROVING THE HEALTH OF THEIR RESPECTIVE COMMUNITIES SIHS IS ACTIVE IN THREE SUCH COALITIONS, REPRESENTING FOUR COUNTIES - JACKSON, PERRY, FRANKLIN AND WILLIAMSON COUNTIES EMERGENCY ORAL HEALTH CARE - COLLABORATION WITH LOCAL DENTAL PROVIDERS TO PROVIDE PREVENTIVE ORAL HEALTH CARE FOR MEDICAID PATIENTS, HOPEFULLY REPLACING EMERGENCY ROOM VISITS FOR TOOTH RELATED COMPLAINTS MEDICAL LEGAL PARTNERSHIP SI -- AN INNOVATIVE PROGRAM THAT PROVIDES LEGAL ASSISTANCE TO LOW-INCOME AND UNDERINSURED ADULTS SEEKING MEDICAL CARE THE ONGOING MEDICAL-LEGAL COLLABORATION BETWEEN LAND OF LINCOLN LEGAL SERVICES AND SIH IS ADDRESSING MANY OF THE SOCIAL ISSUES FACED BY PATIENTS CONTRIBUTING TO THEIR HEALTH CARE NEEDS LEGAL ASSISTANCE IS PROVIDED IN THE AREAS OF PUBLIC BENEFITS, DISABILITY, FAMILY, HOUSING AND CONSUMER ISSUES START! WALKING - SIH IS A REGIONAL SPONSOR OF THE AMERICAN HEART ASSOCIATION'S START! WALKING GUIDE TO LOCAL PATHS AND PARKS CURRENTLY APPROXIMATELY 50 PATHS ARE DESIGNATED AS START! WALKING PATHS - |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part III, Line 4c SCHOOL BASED HEALTH SERVICES | <p>(CONTINUED FROM PART III) SOUTHERN ILLINOIS HEALTHCARE COORDINATED SCHOOL HEALTH PROGRAM IS WORKING TO REDUCE THE GROWTH OF CHILDHOOD OBESITY AND IMPROVE THE OVERALL HEALTH AND WELL-BEING OF CHILDREN AND ADOLESCENTS THE FOLLOWING IS A SUMMARY OF THE SCHOOL HEALTH PROGRAMS DURING THIS REPORTING YEAR THE ILLINOIS CATCH ON TO HEALTH CONSORTIUM IS A COLLABORATIVE INITIATIVE BETWEEN THE SIU SCHOOL OF MEDICINE CENTER FOR RURAL HEALTH AND SOCIAL SERVICES DEVELOPMENT, SOUTHERN ILLINOIS HEALTHCARE, LOCAL HEALTH DEPARTMENTS AND COMMUNITY ORGANIZATION IN SOUTHERN ILLINOIS DURING FY17, SIH STAFF WORKED WITH 32 SCHOOLS, IMPACTING 9,806 CHILDREN, IN THE 7 COUNTY SERVICE AREA SIH ALSO IMPACTED OVER 4,618 STUDENTS/FAMILIES THROUGH VARIOUS ACTIVITIES THIS CONSORTIUM ALSO WORKED WITH SCHOOLS TO PROMOTE AND ASSIST IN THE IMPLEMENTATION OF COORDINATED SCHOOL HEALTH PROGRAMMING BY PROVIDING TRAINING AND TECHNICAL SUPPORT 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 PREK-8, 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 SIH AND PROGRAM PARTNERS ARE IMPLEMENTING COMPONENTS OF THE CATCH PROGRAM IN 80 ELEMENTARY SCHOOL DISTRICTS IN THE 15 COUNTIES IN THE SOUTHERN ILLINOIS REGION THIS PROGRAM IMPACTS OVER 20,000 STUDENTS AND THEIR FAMILIES SIH STAFF CONDUCTED TRAINING FOR 50 SCHOOL FOOD SERVICE WORKERS DURING THE YEAR ANOTHER INITIATIVE IS PROMOTING 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 NEED IS BASED UPON CURRENT LOCATOC RESEARCH AND NATIONAL PHYSICIAN EDUCATION STANDARDS 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 SIH STAFF CONDUCTED TRAINING FOR 28 PE TEACHERS THIS YEAR OTHER SIH INITIATIVES TO SUPPORT THE HEALTH CARE NEEDS OF OUR COMMUNITIES INCLUDE THE FUNDING OF THE PATIENT CARE INITIATIVE WHICH PROVIDES FUNDING TO OTHER HEALTH CARE PROVIDERS</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part III, Line 4c SCHOOL BASED HEALTH SERVICES | TO SUPPLEMENT IN THE CARE OF INDIGENT PATIENTS THE FUNDING OF THE INDIGENT FUND WHICH PROVIDES MONETARY SUPPORT TO INDIGENT PATIENTS FOR TRAVEL, PRESCRIPTIONS AND OTHER EXPENSES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 1a Delegate broad authority to a committee | GOVERNANCE COMMITTEE The Board has a Governance Committee consisting of 5 Trustees The purpose of the Governance Committee is to assure the Board of Trustees that the respective programs are functional to fulfill the responsibilities of the Board of Trustees * Develop and maintain effective compensation and benefit policies and practices, review and recommend in advance all executive compensation arrangements, provide for the evaluation of the performance of the CEO and other System Officers, review and recommend annual performance objectives for System Officers, provide for conduct of a periodic self-evaluation of the Board of Trustees * Assure that the programs which address new Board member orientation, continuing education, mentoring, and facilitate understanding of current trends in healthcare and medical terminology, are functional * Identify competent, highly qualified individuals to serve as members of the Board of Trustees, recommend individuals to serve in leadership positions on the Board, and facilitate and interview potential Board members * Act for the Board of Trustees in all matters as specifically authorized by resolution of the Board or when the Board of Trustees is not in session |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 6 Classes of members or stockholders | 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | The organization's sole member, Southern Illinois Healthcare Enterprises, has the exclusive right to elect Trustees to the organization's Board of Trustees |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | <p>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:</p> <ol style="list-style-type: none">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. <p>In addition, The Corporate Member retains the right to approve all changes to the organization's bylaws.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | 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. A draft copy was presented to the Finance Committee by the CFO and the organization's tax advisors for review and comments. After the 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>Annually, the General Counsel sends out a Conflict of Interest Questionnaire to each Trustee, Director, Officer, Manager and key employee 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. Interested persons may also be asked, in rare situations, to resign their position on the Board.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | <p>The 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. The decisions and deliberations are documented in the governance committee minutes. This process was last undertaken in June 2016.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | <p>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 Committee will have the authority to approve the compensation of the senior management team and will report its actions to the Board. The decisions and deliberations are documented in the governance committee minutes. This process was last undertaken in June 2016.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 19 Required documents available to the public | The organization makes its conflict of interest policy available to the public on its website and 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | MISC REVENUE - Total Revenue 224129, Related or Exempt Function Revenue 224129, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part IX, Line 11g Other Fees | Consulting Fees - Total Expense 7042911, Program Service Expense 327000, Management and General Expenses 6715911, Fundraising Expenses 0, Credit & Collection Fees - Total Expense 899648, Program Service Expense 53665, Management and General Expenses 845983, Fundraising Expenses 0, Clinical Service Fees - Total Expense 6724524, Program Service Expense 6722743, Management and General Expenses 1781, Fundraising Expenses 0, Engineering Fees - Total Expense 55388, Program Service Expense 54937, Management and General Expenses 451, Fundraising Expenses 0, Architect Fees - Total Expense 58491, Program Service Expense 48995, Management and General Expenses 9496, Fundraising Expenses 0, Recruitment Fees - Total Expense 252270, Program Service Expense 111476, Management and General Expenses 140794, Fundraising Expenses 0, Other Professional Fees - Total Expense 12485939, Program Service Expense 11123383, Management and General Expenses 1362556, Fundraising Expenses 0, Agency Staffing - Total Expense 2347310, Program Service Expense 2126414, Management and General Expenses 220896, Fundraising Expenses 0, Physician Services - Total Expense 30733602, Program Service Expense 30434797, Management and General Expenses 298805, Fundraising Expenses 0, Purchased Services - Total Expense 9044139, Program Service Expense 3529762, Management and General Expenses 5514377, Fundraising Expenses 0, |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part X, Line 20 Tax Exempt Bond Liabilities | The Series 2017A Non-Taxable bond is split between Southern Illinois Hospital Services and Southern Illinois Medical Services, a related tax exempt entity. The amount listed on line 25 represents the piece of the bond that Southern Illinois Hospital Services holds. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | EQUITY TRANSFERS - -1677008, CHANGE IN FAIR VALUE OF INTERESET RATE SWAP - 2194327, GAIN/LOSS ON DERIVATIVE - 2887310, |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part XII, Line 3a REQUIREMENTS UNDER SINGLE AUDIT ACT AND OMB CIRCULAR A-133 | AS REQUIRED BY THE U S OFFICE OF MANAGEMENT AND BUDGET CIRCULAR A-133, AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS, IN 2017 SOUTHERN ILLINOIS HEALTHCARE SERVICES AND AFFILIATES RECEIVED AN AUDIT FOR THE 2017 CONSOLIDATED FINANCIAL STATEMENTS IN ACCORDANCE WITH THE SINGLE AUDIT ACT |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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 (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|-------------------------------------|
| (1) QUALITY HEALTH PARTNERS LLC 1239 E MAIN ST CARBONDALE, IL 62901 45-4435852 | ADMINISTRATIVE SERVICES | IL | 2,024,504 | 723,376 | SOUTHERN ILLINOIS HOSPITAL SERVICES |
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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 | (g) Section 512(b)(13) controlled entity? | |
|---|--------------------------|--|----------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| (1) SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES INC PO BOX 3988 CARBONDALE, IL 62902 37-1136788 | LEASING OF MEDICAL SPACE | IL | 501(c)(3) | Type II | NA | | No |
| (2) SOUTHERN ILLINOIS MEDICAL SERVICES NFP 1239 EAST MAIN STREET CARBONDALE, IL 62901 20-5521741 | MEDICAL SERVICES | IL | 501(c)(3) | 3 | SOUTHERN ILLINOIS HOSPITAL SERVICES | Yes | |
| (3) SIH FOUNDATION NFP 1239 EAST MAIN STREET CARBONDALE, IL 62901 27-1933790 | FUNDRAISING | IL | 501(c)(3) | Type I | SOUTHERN ILLINOIS HOSPITAL SERVICES | Yes | |
| | | | | | | | |
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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? | | (k) Percentage ownership |
|--|-------------------------|---|--|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) RIC AND SIHS REHABILITATION SERVICES LLC PO BOX 3988 CARBONDALE, IL 62902 36-4566925 | MEDICAL SERVICES | IL | SIHS | Related | 6,486,111 | 999 | | No | 0 | | No | 99.9 % |
| (2) PHYSICIANS' SURGERY CENTER LLC 2601 WEST MAIN STREET CARBONDALE, IL 62901 26-0425547 | MEDICAL SERVICES | IL | SIHS | Related | -144,925 | 1,299,305 | | No | 0 | | No | 59.46 % |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) SIH CAYMAN SPC GROUP LTD PO BOX 1051 Cayman Islands, CAYMAN ISLANDS KY11102 CJ 98-0611605 | FINANCING | CJ | SIHS | C Corporation | 7,044,901 | 41,299,198 | 100 % | Yes | |
| (2) HEALTH SERVICES OF SOUTHERN ILLINOIS INC PO BOX 3988 CARBONDALE, IL 62902 37-1115061 | FITNESS CENTER | IL | NA | C Corporation | | | 0 % | | No |
| (3) HIDK PROPERTIES LAND TRUST 1239 EAST MAIN STREET CARBONDALE, IL 62901 46-6693066 | RENTAL PROPERTIES | IL | SIHS | Trust | 0 | 0 | 100 % | Yes | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | Yes | No |
|--|---------------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d Yes | |
| e Loans or loan guarantees by related organization(s) | 1e Yes | |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1p Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1q | No |
| r Other transfer of cash or property to related organization(s) | 1r Yes | |
| s Other transfer of cash or property from related organization(s) | 1s | No |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) SOUTHERN ILLINOIS MEDICAL SERVICES | A | 568,428 | FMV |
| (2) SOUTHERN ILLINOIS MEDICAL SERVICES | R | 1,677,008 | FMV |
| (3) SOUTHERN ILLINOIS MEDICAL SERVICES | J | 839,525 | FMV |
| (4) SIH FOUNDATION | C | 896,883 | FMV |
| | | | |
| | | | |

Part VII **Supplemental Information**

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

Return Reference**Explanation**