

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

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

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SOUTHERN ILLINOIS MEDICAL SERVICES NFP. Doing Business As. Number and street (or P O box if mail is not delivered to street address): 1239 EAST MAIN STREET. Room/suite. City or town, state or country, and ZIP + 4: CARBONDALE, IL 62901

D Employer identification number: 20-5521741. E Telephone number: (618) 457-5200. G Gross receipts \$ 26,596,172

F Name and address of principal officer: REX BUDDE, 1239 EAST MAIN STREET, CARBONDALE, IL 62901

H(a) Is this a group return for affiliates? No. H(b) Are all affiliates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.SIH.NET

K Form of organization: Corporation. L Year of formation: 2006. M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SOUTHERN ILLINOIS MEDICAL SERVICES IS DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL OF THE PEOPLE IN THE COMMUNITIES IT SERVES

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if discontinued operations, 3-6 Number of members/employees/volunteers, 7a Total gross unrelated business revenue, 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include: 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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 (MIKE KASSER CFO) and Date (2010-11-11)

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name (CROWE HORWATH LLP), address, and ZIP + 4, EIN, Phone no

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SOUTHERN ILLINOIS MEDICAL SERVICES NFP (SIMS) EMPLOYS PHYSICIANS AND OPERATES PHYSICIAN PRACTICES TO PROVIDE CARE AND TREATMENT OF THE MEDICALLY SICK, INJURED, OR AFFLICTED ON A NOT-FOR-PROFIT BASIS (CONTINUED IN SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 8,846,732 including grants of \$ 0) (Revenue \$ 11,239,539)

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP (SIMS) OPERATES HOSPITAL PHYSICIAN PRACTICES TO PROVIDE CARE AND TREATMENT OF THE MEDICALLY SICK, INJURED OR AFFLICTED ON A NOT-FOR PROFIT BASIS AT THE THREE HOSPITALS OPERATED BY OUR SOLE MEMBER SOUTHERN ILLINOIS HOSPITAL SERVICES (SIHS) THESE HOSPITAL PHYSICIANS PROVIDE TWO DISTINCT SERVICES ONE GROUP STAFFS THE EMERGENCY ROOMS AT EACH OF THE THREE HOSPITALS AND THE SECOND GROUP PROVIDES CARE DURING A HOSPITAL STAY AT THESE SAME HOSPITALS TO THOSE PATIENTS THAT DO NOT HAVE A PRIMARY CARE PHYSICIAN BOTH GROUPS OF PHYSICIANS ARE VITAL TO PROVIDING HEALTHCARE TO THE POPULATION OF OUR SERVICE AREAS AS MANY OF THE RESIDENTS DO NOT HAVE A PRIMARY CARE PHYSICIAN THE HOSPITAL PHYSICIANS PROVIDE QUALITY HEALTH SERVICES TO PEOPLE THROUGHOUT SOUTHERN ILLINOIS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY DURING THE YEAR ENDED MARCH 31, 2010, THE HOSPITAL PHYSICIANS OF SIMS RECORDED 77,479 ENCOUNTERS IN TREATING THIS POPULATION OF THESE ENCOUNTERS 62,208 OCCURRED IN THE EMERGENCY ROOMS AND 15,271 WERE ENCOUNTERS WITH HOSPITAL INPATIENTS (CONTINUED IN SCHEDULE O)

4b (Code) (Expenses \$ 11,789,160 including grants of \$ 0) (Revenue \$ 9,551,834)

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP (SIMS) OPERATES THE CENTER FOR MEDICAL ARTS IN CARBONDALE, IL THE CENTER ENCOMPASSES NEARLY 60,000 SQUARE FEET OF SPACE, MAKING IT ONE OF THE AREA'S LARGEST HEALTHCARE FACILITIES A PROMPT CARE CLINIC IS AVAILABLE WITHIN THE CENTER TO MEET THE IMMEDIATE MEDICAL NEEDS OF PATIENTS ALONG WITH AN IMAGING CENTER AND LABORATORY SERVICES BOTH PRIMARY CARE AND SPECIALIZED MEDICAL CARE ARE PROVIDED INCLUDING FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS, GENERAL SURGERY AND UROLOGY AMONG OTHERS THE CENTER FOR MEDICAL ARTS PROVIDES CARE AND TREATMENT OF THE MEDICALLY SICK, INJURED OR AFFLICTED ON A NOT-FOR PROFIT BASIS THE CENTER'S PHYSICIAN PRACTICES PROVIDE QUALITY HEALTH SERVICES TO PEOPLE THROUGHOUT SOUTHERN ILLINOIS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY DURING THIS REPORTING PERIOD, THE CENTER FOR MEDICAL ARTS RECORDED 91,206 ENCOUNTERS IN TREATING THIS POPULATION (CONTINUED IN SCHEDULE O)

4c (Code) (Expenses \$ 7,437,050 including grants of \$ 0) (Revenue \$ 4,646,075)

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP (SIMS) OPERATES COMMUNITY PHYSICIAN PRACTICES TO PROVIDE CARE AND TREATMENT OF THE MEDICALLY SICK, INJURED OR AFFLICTED ON A NOT-FOR PROFIT BASIS THESE PRACTICES ARE LOCATED IN VARIOUS COMMUNITIES IN OUR CENTRAL SERVICE AREA BOTH PRIMARY CARE AND SPECIALIZED MEDICAL CARE ARE PROVIDED INCLUDING FAMILY MEDICINE, GENERAL SURGERY, BREAST SURGERY, PULMONOLOGIST, BARIATRIC, ONCOLOGY, AND NEUROLOGY THESE PRACTICES PROVIDE THE ONLY ACCESS TO SEVERAL OF THESE SPECIALTIES WITHIN OUR SERVICE AREA THESE COMMUNITY PHYSICIAN PRACTICES PROVIDE QUALITY HEALTH SERVICES TO PEOPLE THROUGHOUT SOUTHERN ILLINOIS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY DURING THE YEAR ENDED MARCH 31, 2010, THE COMMUNITY PHYSICIAN PRACTICES OF SIMS RECORDED 25,949 ENCOUNTERS IN TREATING THIS POPULATION (CONTINUED IN SCHEDULE O)

4d Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 1,129,383)

4e Total program service expenses \$ 28,072,942

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 Schedule B, Schedule of Contributors?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	12A 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 57		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 293		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total	2,187,771	2,714,669	926,710
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **43**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
RIVER2 EMERGENCY PHYSICIANS PO BOX 793 TRAVERSE CITY, MI 496850793	MEDICAL AND HEALTHCARE PAYMENTS	1,258,786
WEATHERBY LOCUMS INC PO BOX 7972633 DALLAS, TX 753972633	MEDICAL AND HEALTHCARE PAYMENTS	964,008
DR PAK KAU FUNG 110 HALEIGH ENERGY, IL 62933	MEDICAL AND HEALTHCARE PAYMENTS	444,112
MURPHYSBORO INTERNAL MED CINIC 1415 BRADFORD LANE CARBONDALE, IL 62902	MEDICAL AND HEALTHCARE PAYMENTS	376,160
OSAMA AAFLAQ MD 420 DEER LAKE CARBONDALE, IL 62901	MEDICAL AND HEALTHCARE PAYMENTS	297,322

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **19**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	0				
	b	Membership dues 1b	0				
	c	Fundraising events 1c	0				
	d	Related organizations 1d	0				
	e	Government grants (contributions) 1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	0				
	g	Noncash contributions included in lines 1a-1f \$ 0					
	h	Total. Add lines 1a-1f ▶	0				
Program Service Revenue	2a	NET PATIENT REVENUE	26,249,018	26,249,018	0	0	
	b	LEASEHOLD REVENUE FROM RELATED ORGANIZATIONS	280,545	280,545	0	0	
	c		0	0	0	0	
	d		0	0	0	0	
	e		0	0	0	0	
	f	All other program service revenue	0	0	0	0	
	g	Total. Add lines 2a-2f ▶	26,529,563				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	344	0	0	344	
	4	Income from investment of tax-exempt bond proceeds . . . ▶	0	0	0	0	
	5	Royalties ▶	0	0	0	0	
	6a	Gross Rents	(i) Real	0	0		
			(ii) Personal	0	0		
			Less rental expenses	0	0		
			Rental income or (loss)	0	0		
	d	Net rental income or (loss) ▶	0	0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0	13,001		
			(ii) Other	0	67,931		
			Less cost or other basis and sales expenses	0	-54,930		
			Gain or (loss)	0	-54,930		
	d	Net gain or (loss) ▶	-54,930	0	0	-54,930	
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a	0					
b	Less direct expenses b	0					
c	Net income or (loss) from fundraising events . . . ▶	0	0	0	0		
9a	Gross income from gaming activities See Part IV, line 19 a	0					
b	Less direct expenses b	0					
c	Net income or (loss) from gaming activities . . . ▶	0	0	0	0		
10a	Gross sales of inventory, less returns and allowances . . . a	0					
b	Less cost of goods sold b	0					
c	Net income or (loss) from sales of inventory . . . ▶	0	0	0	0		
	Miscellaneous Revenue	Business Code					
11a	COLLECTION FEES	561,000	4,790	0	4,790	0	
b	TRANSCRIPTION FEES	561,000	11,206	0	11,206	0	
c	MISCELLANEOUS REVENUE		37,268	37,268	0	0	
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d ▶		53,264				
12	Total revenue. See Instructions ▶		26,528,241	26,566,831	15,996	-54,586	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	24,858	0	24,858	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)	0	0	0	0
7	Other salaries and wages	16,226,795	15,511,995	714,800	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	366,025	349,631	16,394	0
9	Other employee benefits	1,809,373	1,673,191	136,182	0
10	Payroll taxes	886,970	843,444	43,526	0
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	13,907	0	13,907	0
c	Accounting	652,207	0	652,207	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	8,583,840	8,510,602	73,238	0
12	Advertising and promotion	83,707	0	83,707	0
13	Office expenses	1,433,125	1,368,582	64,543	0
14	Information technology	203,889	202,826	1,063	0
15	Royalties	0	0	0	0
16	Occupancy	792,470	762,470	30,000	0
17	Travel	38,499	37,488	1,011	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	90,279	87,613	2,666	0
20	Interest	183,678	0	183,678	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	613,744	612,284	1,460	0
23	Insurance	1,541,052	1,407,988	133,064	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	5,567,988	5,419,779	148,209	0
b	EQUIPMENT RENTAL	188,036	188,036	0	0
c	OTHER EXPENSE	269,268	166,579	102,689	0
d	REIMBURSEMENT OF SALARIES TO SIHS	-9,069,566	-9,069,566	0	0
e		0	0	0	0
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	30,500,144	28,072,942	2,427,202	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,268	1	3,043
	2 Savings and temporary cash investments	1,364,009	2	96,427
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	4,828,841	4	4,675,511
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	6,664
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	10,000	7	25,818
	8 Inventories for sale or use	4,344	8	18,475
	9 Prepaid expenses and deferred charges	119,691	9	620,218
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	6,784,186		
	b Less accumulated depreciation	1,293,406		
		4,492,094	10c	5,490,780
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	59,416	15	154,059	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,880,663	16	11,090,995	
Liabilities	17 Accounts payable and accrued expenses	1,752,952	17	3,103,402
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	9,506,229	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	1,485,695	25	3,248,089
	26 Total liabilities. Add lines 17 through 25	12,744,876	26	6,351,491
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-1,864,213	27	4,739,504
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	-1,864,213	33	4,739,504	
34 Total liabilities and net assets/fund balances	10,880,663	34	11,090,995	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN ILLINOIS MEDICAL SERVICES NFP

Employer identification number
20-5521741

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

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

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

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

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHERN ILLINOIS MEDICAL SERVICES NFP

Employer identification number 20-5521741

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

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

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance

2 Provide the estimated percentage of the year end balance held as

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

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,528,241
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,500,144
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,971,903
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,971,903

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

1	Total revenue, gains, and other support per audited financial statements	1	27,220,247
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	692,006
e	Add lines 2a through 2d	2e	692,006
3	Subtract line 2e from line 1	3	26,528,241
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	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	26,528,241

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

1	Total expenses and losses per audited financial statements	1	31,192,150
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	692,006
e	Add lines 2a through 2d	2e	692,006
3	Subtract line 2e from line 1	3	30,500,144
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	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	30,500,144

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 footnote	Schedule D, Part X, Line 2	THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ON APRIL 1, 2007 WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. EXAMPLES OF TAX POSITIONS COMMON TO HEALTH SYSTEMS INCLUDE MATTERS SUCH AS THE TAX EXEMPT ENTITY TAKING A TAX POSITION THAT AN ORGANIZATION IS TAX EXEMPT WITHOUT OBSERVING CORRESPONDING PROOF OF TAX EXEMPTION FROM FEDERAL AND STATE TAXING AUTHORITIES AND THERE IS MATERIAL NET INCOME GENERATED BY THE ENTITY OR EGREGIOUS COMPENSATION PAID TO INSIDERS THAT COULD RESULT IN REVOCATION OF EXEMPT STATUS (OUTSIDE THE SCOPE OF INTERMEDIATE SANCTIONS EXCISE TAX PENALTIES) THE TAX POSITION IS TO CONSIDER THAT THESE COMPENSATORY ARRANGEMENTS DO NOT JEOPARDIZE TAX EXEMPTION THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS TAX POSITIONS THAT MEET THE "MORE-LIKELY-THAN-NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNCERTAIN TAX BENEFITS IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY UPON THE ADOPTION OF ASC 740 OR AT MARCH 31, 2010 AND 2009 TAX RETURNS FILED BY THE CORPORATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN TAX RETURNS FILED BY THE CORPORATION ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEARS ENDED MARCH 31, 2006 AND PRIOR
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	DEPARTMENTAL ALLOCATIONS - 692006, OTHER - 0, TOTAL - 692006
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	DEPARTMENTAL ALLOCATIONS - 692006, OTHER - 0, TOTAL - 692006

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN ILLINOIS MEDICAL SERVICES NFP

Employer identification number
20-5521741

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <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 idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAMES MILLER MD	(i)	0	0	0	0	0	0	0
	(ii)	187,388	30	7,189	15,199	20,339	230,145	0
FRANK SEARS	(i)	0	0	0	0	0	0	0
	(ii)	39,045	0	206,524	10,457	10,130	266,156	163,209
DAVE HOLLAND	(i)	0	0	0	0	0	0	0
	(ii)	179,761	30	23,049	66,365	10,703	279,908	0
PHIL SCHAEFER	(i)	0	0	0	0	0	0	0
	(ii)	218,861	30	62,737	86,643	36,493	404,764	56,264
WILLIAM SHERWOOD	(i)	0	0	0	0	0	0	0
	(ii)	223,942	30	156,950	119,720	33,677	534,319	148,582
ALEX ARGOTTE	(i)	310,788	35,000	7,343	0	705	353,836	0
	(ii)	0	0	0	0	0	0	0
BURTON JAFFE	(i)	339,898	20,030	274	8,333	15,227	383,762	0
	(ii)	0	0	0	0	0	0	0
PAULA LINDNER	(i)	368,673	2,830	743	4,606	11,099	387,951	0
	(ii)	0	0	0	0	0	0	0
JAMES PAVLOVICH	(i)	332,717	99,739	2,170	9,800	16,799	461,225	0
	(ii)	0	0	0	0	0	0	0
JEFFREY JONES	(i)	642,083	30	595	3,675	20,773	667,156	0
	(ii)	0	0	0	0	0	0	0
MIKE KASSER	(i)	0	0	0	0	0	0	0
	(ii)	225,677	30	65,760	81,401	32,198	405,066	48,312
REX BUDDE	(i)	0	0	0	0	0	0	0
	(ii)	370,700	30	387,778	256,072	32,210	1,046,790	354,177
THOMAS FIRESTONE MD	(i)	0	0	0	0	0	0	0
	(ii)	58,611	28,000	272,517	12,495	11,591	383,214	244,587

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	COMPENSATION FOR THE ORGANIZATION'S OFFICERS IS PAID BY SOUTHERN ILLINOIS HOSPITAL SERVICES, INC (SIHS), A RELATED TAX-EXEMPT ORGANIZATION. SIHS MADE THE FOLLOWING SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS/CONTRIBUTIONS: REX BUDDE - \$354,177 PAYMENT RECEIVED, \$246,024 DEFERRED CONTRIBUTION; MIKE KASSER - \$48,312 PAYMENT RECEIVED, \$72,192 DEFERRED CONTRIBUTION; THOMAS FIRESTONE - \$244,587 PAYMENT RECEIVED, \$11,458 DEFERRED CONTRIBUTION; FRANK SEARS - \$163,209 PAYMENT RECEIVED, \$9,448 DEFERRED CONTRIBUTION; WILLIAM SHERWOOD - \$148,582 PAYMENT RECEIVED, \$110,372 DEFERRED CONTRIBUTION; PHIL SCHAEFER - \$55,264 PAYMENT RECEIVED, \$77,468 DEFERRED CONTRIBUTION.
METHODS USED TO ESTABLISH COMPENSATION OF CEO/EXECUTIVE DIRECTOR	SCHEDULE J, PART I, LINE 3	COMPENSATION FOR THE ORGANIZATION'S PRESIDENT IS PAID BY SOUTHERN ILLINOIS HOSPITAL SERVICES, INC (SIHS), A RELATED TAX-EXEMPT ORGANIZATION. SIHS USES THE FOLLOWING METHODS TO DETERMINE THE PRESIDENT'S COMPENSATION: -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE -WRITTEN EMPLOYMENT CONTRACT.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN ILLINOIS MEDICAL SERVICES NFP

Employer identification number
20-5521741

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
JEFFERY JONES EMPLOYEED PHYSICIAN		X	40,000	6,664		No	Yes		Yes	
Total				6,664						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
SOUTHERN ILLINOIS MEDICAL SERVICES NFP

Employer identification number
20-5521741

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE ORGANIZATION'S SOLE MEMBER IS SOUTHERN ILLINOIS HOSPITAL SERVICES, A RELATED TAX-EXEMPT ORGANIZATION THE MEMBER HAS THE RIGHT TO ELECT MEMBERS TO THE BOARD OF TRUSTEES AND APPROVE SOME DECISIONS OF THE BOARD
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE ORGANIZATION'S SOLE MEMBER, SOUTHERN ILLINOIS HOSPITAL SERVICES, INC , HAS THE EXCLUSIVE RIGHT TO ELECT TRUSTEES TO THE ORGANIZATION'S BOARD OF TRUSTEES
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	THE ORGANIZATION'S SOLE MEMBER, SOUTHERN ILLINOIS HOSPITAL SERVICES (CORPORATE MEMBER), HAS RESERVED POWERS FOUND IN THE ORGANIZATIONS BYLAWS EXCEPT FOR TRANSFERS IDENTIFIED IN THE BUDGET OF THE ORGANIZATION APPROVED BY THE CORPORATE MEMBER, THE ORGANIZATION MAY NOT TRANSFER ASSETS TO ENTITIES OTHER THAN THE CORPORATE MEMBER OR ENTITIES THAT THE CORPORATE MEMBER CONTROLS (THE "CORPORATE MEMBER AFFILIATES"), WITHOUT THE APPROVAL OF THE CORPORATE MEMBER THE CORPORATE MEMBER HAS THE RIGHT TO REQUIRE THE ORGANIZATION TO TRANSFER ASSETS TO THE EXTENT NECESSARY TO ACCOMPLISH THE CORPORATE MEMBER'S GOALS AND OBJECTIVES THE CORPORATE MEMBER ALSO HAS THE RIGHT TO REQUIRE THE ORGANIZATION TO PROVIDE FOR THE PAYMENT OF ALL INDEBTEDNESS OF THE CORPORATE MEMBER OR A CORPORATE MEMBER AFFILIATE THE ORGANIZATION CANNOT BE REQUIRED TO VIOLATE ITS CHARITABLE PURPOSES, THE TERMS OF ANY RESTRICTED GIFTS, OR THE COVENANTS OF ITS DEBT INSTRUMENTS IN COMPLYING WITH ANY ASSET TRANSFERS DIRECTED BY THE CORPORATE MEMBER IN ADDITION, THE FOLLOWING MATTERS MUST BE SUBMITTED TO AND RECEIVE THE APPROVAL OF THE CORPORATE MEMBER 1 CAPITAL EXPENDITURES IN EXCESS OF \$500,000, 2 THE BUYING, SELLING, LEASING, MORTGAGING OR DISPOSING OF REAL PROPERTY BELONGING TO THE CORPORATION OR ANY OF ITS SUBSIDIARIES, 3 THE ESTABLISHMENT OR DISCONTINUANCE OF ANY MAJOR SERVICES, INCLUDING SERVICES REQUIRING CERTIFICATES OF NEED, 4 LONG-RANGE STRATEGIC PLANS, 5 MASTER FACILITIES AND SITE PLANS, 6 THE CREATION OR DISSOLUTION OF ANY CORPORATION, THE SOLE MEMBER OR MAJORITY STOCKHOLDER OF WHICH IS THE CORPORATION, 7 JOINT VENTURE OR AFFILIATION AGREEMENTS, 8 THE INCURRENCE OF INDEBTEDNESS IN EXCESS OF \$500,000, 9 SUCH OTHER MATTERS AS MAY BE REQUIRED BY LAW OR BY THE ORGANIZATION'S ARTICLES OF INCORPORATION, OR BY ITS BYLAWS TO BE SUBMITTED TO THE CORPORATE MEMBER, 10 DELEGATION OF THE FUNCTIONS, POWERS, DUTIES AND RESPONSIBILITIES OF ANY OFFICER OF THE CORPORATION, AND, 11 ANY OTHER MATTER WHICH MAY BE SPECIFIED FROM TIME TO TIME BY THE CORPORATE MEMBER IN ADDITION, THE CORPORATE MEMBER RETAINS THE RIGHT TO APPROVE ALL CHANGES TO THE ORGANIZATION'S BYLAWS
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	A DRAFT OF THE FORM 990 AND SUPPLEMENTAL SCHEDULES WAS DISTRIBUTED TO THE CEO, CFO AND CERTAIN VICE-PRESIDENTS OF THE CORPORATION FOR THEIR REVIEW AND COMMENTS THIS DRAFT COPY WAS PRESENTED TO THE FINANCE COMMITTEE BY THE CFO AND THE ORGANIZATION'S TAX ADVISORS FOR REVIEW AND COMMENTS ON NOVEMBER 3, 2010 AFTER THIS REVIEW AND COMMENT PERIOD, ALL SUGGESTIONS AND COMMENTS WERE CONSIDERED AND THE FORM 990 WAS UPDATED AS APPROPRIATE THE FINALIZED FORM 990 AND SUPPLEMENTAL SCHEDULES WAS THEN PRESENTED TO THE BOARD OF TRUSTEES AND A COPY OF THE RETURN WAS MADE AVAILABLE TO EVERY MEMBER OF THE GOVERNING BODY BEFORE IT WAS FILED WITH THE IRS
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ANNUALLY, THE GENERAL COUNSEL SENDS OUT A CONFLICT OF INTEREST QUESTIONNAIRE TO EACH TRUSTEE, DIRECTOR, OFFICER, AND MANAGER TO COMPLETE AND RETURN THE GENERAL COUNSEL THEN REVIEWS THESE QUESTIONNAIRES TO DETERMINE WHAT CONFLICTS, REAL OR PERCEIVED, EXIST DURING EVERY BOARD MEETING, THE GENERAL COUNSEL REMINDS THE TRUSTEES THAT THE BOARD HAS A CONFLICT OF INTEREST POLICY, THAT THE GENERAL COUNSEL HAS REVIEWED THE AGENDA FOR ANY CONFLICTS, BUT THAT THE TRUSTEES ARE OBLIGATED TO GIVE NOTICE IF A CONFLICT HAS BEEN OVERLOOKED OR IF A DISCUSSION OR ACTION COMES BEFORE THE BOARD WHICH MAY INVOLVE OR CREATE A CONFLICT OF INTEREST FOR SOMEONE IF A TRUSTEE HAS A CONFLICT OF INTEREST, THE TRUSTEE OR THE GENERAL COUNSEL DISCLOSES THE CONFLICT THE TRUSTEE WITH THE CONFLICT IS ALLOWED TO REMAIN IN THE MEETING TO ANSWER ANY QUESTION THE TRUSTEE MAY NEED TO ANSWER AND THEN THE CONFLICTED TRUSTEE IS EXCUSED FROM THE MEETING THE REMAINING TRUSTEES THEN DISCUSS THE MATTER FURTHER AND ACTION IS TAKEN ON THE MATTER FINALLY, THE CONFLICTED TRUSTEE IS THEN INVITED BACK INTO THE MEETING
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS IS PAID BY SOUTHERN ILLINOIS HOSPITAL SERVICES, INC (SIHS), A RELATED TAX-EXEMPT ORGANIZATION THE BOARD OF TRUSTEES SETS THE EXECUTIVE COMPENSATION POLICY AND IS RESPONSIBLE FOR APPROVAL OF THE COMPENSATION THE GOVERNANCE COMMITTEE IS DESIGNATED BY THE BOARD TO ACT AS THE COMPENSATION COMMITTEE FOR MATTERS CONCERNING EXECUTIVE COMPENSATION EACH MEMBER OF THE COMMITTEE, WHILE CONSIDERING EXECUTIVE COMPENSATION ISSUES, MUST BE AN INDEPENDENT DIRECTOR, FREE FROM ANY CONFLICT OF INTEREST THE COMMITTEE SEEKS OUT AND CONTRACTS THE SERVICES OF AN OUTSIDE, INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT TO ADVISE THE COMMITTEE IN MATTERS OF MARKET VALUES OF COMPARABLE EXECUTIVE POSITIONS THE COMMITTEE ANNUALLY REVIEWS ALL COMPARABILITY DATA AND PREPARES A RECOMMENDATION AS TO THE COMPENSATION PACKAGE OF THE PRESIDENT/CEO FOR THE FULL BOARD ONLY THE FULL BOARD HAS THE AUTHORITY TO APPROVE THE COMPENSATION OF THE PRESIDENT/CEO
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS IS PAID BY SOUTHERN ILLINOIS HOSPITAL SERVICES, INC (SIHS), A RELATED TAX-EXEMPT ORGANIZATION THE BOARD OF TRUSTEES SETS THE EXECUTIVE COMPENSATION POLICY AND IS RESPONSIBLE FOR APPROVAL OF THE COMPENSATION THE GOVERNANCE COMMITTEE IS DESIGNATED BY THE BOARD TO ACT AS THE COMPENSATION COMMITTEE FOR MATTERS CONCERNING EXECUTIVE COMPENSATION EACH MEMBER OF THE COMMITTEE, WHILE CONSIDERING EXECUTIVE COMPENSATION ISSUES, MUST BE AN INDEPENDENT DIRECTOR, FREE FROM ANY CONFLICT OF INTEREST THE COMMITTEE SEEKS OUT AND CONTRACTS THE SERVICES OF AN OUTSIDE, INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT TO ADVISE THE COMMITTEE IN MATTERS OF MARKET VALUES OF COMPARABLE EXECUTIVE POSITIONS THE COMMITTEE ANNUALLY REVIEWS ALL COMPARABILITY DATA AND PREPARES A RECOMMENDATION AS TO THE COMPENSATION PACKAGE OF ALL OFFICERS FOR THE FULL BOARD ONLY THE FULL BOARD HAS THE AUTHORITY TO APPROVE THE COMPENSATION OF ALL OFFICERS
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) THESE PHYSICIANS AND PRACTICES PROVIDE QUALITY HEALTH SERVICES TO PEOPLE THROUGHOUT SOUTHERN ILLINOIS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY SIMS CONDUCTS GUIDES ITS BEHAVIORS BY SHOWING THE ORGANIZATION'S VALUES OF RESPECT, INTEGRITY, COMPASSION, COLLABORATION, STEWARDSHIP, ACCOUNTABILITY AND QUALITY THE PRIMARY SERVICE AREA OF SIMS IS A VERY RURAL SEVEN-COUNTY REGION WITH A COMBINED POPULATION OF APPROXIMATELY 240,000 THESE COUNTIES ARE CHARACTERIZED BY - THE RESIDENTS OF EACH OF THESE COUNTIES HAVE MEDIAN HOUSEHOLD INCOMES THAT ARE SUBSTANTIALLY LESS THAN THE STATEWIDE AVERAGE OF \$46,590 - MORE OF THE RESIDENTS IN THESE COUNTIES LIVE IN POVERTY THAN THE STATE AVERAGE OF 10.7% - THE PERCENTAGES OF CHILDREN LIVING IN POVERTY IN THESE COUNTIES ARE SOME OF THE HIGHEST IN THE STATE SIMS PROVIDES SERVICES THROUGH THE FOLLOWING CENTER FOR MEDICAL ARTS THE CENTER FOR MEDICAL ARTS HAS A LONG-STANDING TRADITION OF CARING FOR SOUTHERN ILLINOIS RESIDENTS, WITH A HISTORY DATING BACK TO THE 1930S ORIGINALLY OPERATED AS THE CARBONDALE CLINIC, THE CENTER FOR MEDICAL ARTS WAS PURCHASED IN 2006 TODAY IT IS A GROWING HEALTH FACILITY THAT INCLUDES A PROMPT CARE CLINIC, AMBULATORY SURGERY CENTER AND A RETAIL PHARMACY BASIC LAB AND RADIOLOGY SERVICES ARE ALSO PROVIDED ON-SITE PRACTITIONERS INCLUDE FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS, AND SPECIALISTS SUCH AS GASTROENTEROLOGY, GENERAL SURGERY AND UROLOGY COMMUNITY PHYSICIANS ANOTHER GROUP OF PHYSICIANS ARE OUR COMMUNITY PHYSICIANS THESE PHYSICIANS ARE LOCATED AT VARIOUS LOCATIONS WITHIN OUR GENERAL SERVICE AREA THESE PRACTITIONERS PROVIDE A VARIETY OF SPECIALTIES, INCLUDING GENERAL SURGERY, BREAST SURGERY, PULMONOLOGIST AND NEUROLOGY THESE PRACTICES PROVIDE THE ONLY ACCESS TO SEVERAL OF THESE SPECIALTIES WITHIN OUR SERVICE AREA HOSPITAL PHYSICIANS ANOTHER GROUP OF PHYSICIANS ARE LOCATED AND WORK WITHIN THE HOSPITALS OPERATED BY OUR SOLE MEMBER, SOUTHERN ILLINOIS HOSPITAL SERVICES THESE PHYSICIANS STAFF THE EMERGENCY ROOMS AND PROVIDE HOSPITALIST CARE AT THESE HOSPITALS THESE PHYSICIANS ARE VITAL TO PROVIDING HEALTHCARE TO THE POPULATION OF OUR SERVICE AREA AS MANY OF THE RESIDENTS DO NOT HAVE A PRIMARY CARE PHYSICIAN SERVICES PROVIDED DURING THE YEAR ENDED MARCH 31, 2010, SIMS' PHYSICIANS RECORDED 194,634 ENCOUNTERS IN TREATING THE POPULATION AREA THE CENTER FOR MEDICAL ARTS ACCOUNTED FOR 91,206 OF THESE ENCOUNTERS, COMMUNITY PHYSICIANS ACCOUNTED FOR 25,949 ENCOUNTERS AND HOSPITAL PHYSICIANS PROVIDED THE REMAINING 77,479 ENCOUNTERS APPROXIMATELY 55.14% OF THESE ENCOUNTERS PROVIDED CARE THAT WAS CLASSIFIED AS EITHER UNCOMPENSATED CHARITY CARE OR UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE AN ADDITIONAL 8.91% OF THE TOTAL CARE PROVIDED IN THESE ENCOUNTERS WAS WRITTEN OFF AS BAD DEBT COMMUNITY BENEFITS THE ORGANIZATION'S SOLE MEMBER, SOUTHERN ILLINOIS HOSPITAL SERVICES, HAS EXTENDED ITS SERVICES BEYOND HOSPITAL WALLS AND INTO THE NEIGHBORHOODS WHERE PEOPLE LIVE AND WORK THESE PROGRAMS EXTEND TO THE PATIENTS OF SIMS THE FOLLOWING COMMUNITIES AND POPULATIONS ARE TARGETED THROUGH THESE PROGRAMS - UNINSURED, UNDERINSURED AND UNDER-SERVED, - POPULATIONS THAT ARE VULNERABLE DUE TO A RANGE OF SOCIO-ECONOMIC BARRIERS SUCH AS POVERTY, EDUCATION LEVELS, EMPLOYMENT STATUS, AND/OR RACIAL DISPARITIES IN HEALTH CARE, - POPULATIONS THAT ARE HARD TO REACH DUE TO LANGUAGE AND CULTURAL CHALLENGES, - POPULATIONS WITH IDENTIFIED NEEDS THAT CAN BE EFFICIENTLY REACHED THROUGH THE LEVERAGING OF COMMUNITY LINKAGES (IE FAITH-BASED, SCHOOLS, NEIGHBORHOODS, COMMUNITIES, ETC), - THE WORKING POOR, AND - POPULATIONS AT RISK OF EXPERIENCING ADVERSE HEALTH CONDITIONS OR OUTCOMES

HOSPITAL PHYSICIAN PRACTICES FORM 990, PART III, LINE 4A (CONTINUED FROM PART III) THROUGH DAILY OPERATIONS, THE HOSPITAL PHYSICIAN PRACTICES OF SIMS PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED CHARITY CARE AND UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE THE PATIENT POPULATION OF THE HOSPITAL PHYSICIAN PRACTICES OF SIMS IS COMPRISED OF 30% MEDICARE, 33% MEDICAID, 11% SELF-PAY AND 26% COMMERCIAL/MANAGED CARE UNCOMPENSATED HEALTH CARE THE HOSPITAL PHYSICIANS OF SIMS PROVIDED \$1,387,968 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH CARE PROGRAM INDIGENT HEALTH CARE THE HOSPITAL PHYSICIANS OF SOUTHERN ILLINOIS MEDICAL SERVICES NFP HAVE PROVIDED \$2,957,006 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$234,943 OF INDIGENT CHARITY HEALTH CARE BAD DEBTS THE HOSPITAL PHYSICIAN PRACTICES OF SIMS WROTE OFF \$2,159,773 FROM PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED CHARITY CARE SIMS HAS DETERMINED THAT 19 2% OR \$414,676 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS CHARITY CARE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION CENTER FOR MEDICAL ARTS FORM 990, PART III, LINE 4B (CONTINUED FROM PART III) THROUGH DAILY OPERATIONS, THE PHYSICIAN PRACTICES OF THE CENTER FOR MEDICAL ARTS PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED CHARITY CARE AND UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE THE PATIENT POPULATION OF THE CENTER FOR MEDICAL ARTS IS COMPRISED OF 18% MEDICARE, 31% MEDICAID, 5% SELF-PAY AND 46% COMMERCIAL/MANAGED CARE UNCOMPENSATED HEALTH CARE THE CENTER FOR MEDICAL ARTS OF SIMS HAS PROVIDED \$1,226,692 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH CARE PROGRAM INDIGENT HEALTH CARE THE CENTER FOR MEDICAL ARTS OF SIMS HAS PROVIDED \$266,012 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$257,455 OF INDIGENT CHARITY HEALTH CARE BAD DEBTS THE CENTER FOR MEDICAL ARTS OF SIMS WROTE OFF \$241,097 OF PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED CHARITY CARE THE CENTER FOR MEDICAL ARTS HAS DETERMINED THAT 19 2% OR \$46,291 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS CHARITY CARE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION COMMUNITY BENEFIT EACH MONTH, THE CENTER FOR MEDICAL ARTS PROVIDES CLINIC SPACE TO THE DIVISION OF SPECIALIZED CARE FOR CHILDREN AT NO CHARGE THREE EXAM ROOMS PLUS A DEDICATED WAITING ROOM AREA FOR THIS CLINIC ARE PROVIDED THIS CLINIC IS SPONSORED BY THE UNIVERSITY OF ILLINOIS TO PROVIDE SPECIALTY CARE TO CHILDREN UNABLE TO AFFORD CARE SOME OF THE CHILDREN, EVEN THOUGH COVERED BY INSURANCE, ARE SEEN FOR CASE MANAGEMENT OF SPECIALTY SERVICES A SPECIALIST, USUALLY AN ORTHOPEDIST, EXAMINES CHILDREN WHO MAY OTHERWISE HAVE HAD TO MAKE A TRIP TO AN URBAN AREA FOR SPECIALTY CARE THE CHILDREN THAT ARE SEEN RANGE IN AGE FROM INFANT TO 19 YEARS THESE CHILDREN ARE RESIDENTS OF THE SERVICE REGION THAT THE CENTER FOR MEDICAL ARTS IS WITHIN THE VALUE OF THIS SPACE IS ESTIMATED TO BE \$2,200 ANNUALLY COMMUNITY PHYSICIAN PRACTICES FORM 990, PART III, LINE 4C (CONTINUED FROM PART III) THROUGH DAILY OPERATIONS, THE COMMUNITY PHYSICIAN PRACTICES OF SIMS PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED CHARITY CARE AND UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE THE PATIENT POPULATION OF THE COMMUNITY PHYSICIAN PRACTICES OF SOUTHERN ILLINOIS MEDICAL SERVICES NFP IS COMPRISED OF 41% MEDICARE, 15% MEDICAID, 3% SELF-PAY AND 41% COMMERCIAL/MANAGED CARE UNCOMPENSATED HEALTH CARE THE COMMUNITY PHYSICIAN PRACTICES OF SIMS HAVE PROVIDED \$1,188,190 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH CARE PROGRAM INDIGENT HEALTH CARE THE COMMUNITY PHYSICIAN PRACTICES OF SIMS HAVE PROVIDED \$403,576 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$63,575 OF INDIGENT CHARITY HEALTH CARE BAD DEBTS THE COMMUNITY PHYSICIAN PRACTICES OF SIMS WROTE OFF \$113,695 FROM PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED CHARITY CARE SIMS HAS DETERMINED THAT 19 2% OR \$21,829 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS CHARITY CARE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D THE ORGANIZATION PROVIDES OTHER ADMINISTRATIVE SERVICES AND LEASES SPACE TO RELATED ORGANIZATIONS OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES FORM 990, PART VII, SECTION A, LINE 1A THE FOLLOWING OFFICERS AND TRUSTEES DEVOTE TIME TO SOUTHERN ILLINOIS HOSPITAL ENTERPRISES, INC , A RELATED TAX-EXEMPT ORGANIZATION, AS FOLLOWS (APPROXIMATE) ANAD SALEM - 1 HOUR PER WEEK HAROLD BARDO - 1 HOUR PER WEEK JEFFREY PARKS - 1 HOUR PER WEEK KATHLEEN FRALISH - 1 HOUR PER WEEK MIKE KASSER - 1 HOUR PER WEEK PHIL NORDSTROM - 1 HOUR PER WEEK REX BUDDE - 1 HOUR PER WEEK STEVE SABENS - 1 HOUR PER WEEK THOMAS FIRESTONE - 1 HOUR PER WEEK WILLIAM SHERWOOD - 1 HOUR PER WEEK THE FOLLOWING OFFICERS AND TRUSTEES DEVOTE TIME TO SOUTHERN ILLINOIS HOSPITAL SERVICES, A RELATED TAX-EXEMPT ORGANIZATION, AS FOLLOWS (APPROXIMATE) ANAD SALEM - 1 HOUR PER WEEK DAVE HOLLAND - 36 HOURS PER WEEK FRANK SEARS - 36 HOURS PER WEEK HAROLD BARDO - 2 HOURS PER WEEK JAMES MILLER - 30 HOURS PER WEEK JEFFREY PARKS - 2 HOURS PER WEEK KATHLEEN FRALISH - 1 HOUR PER WEEK MIKE KASSER - 31 HOURS PER WEEK PHIL NORDSTROM - 1 HOUR PER WEEK PHIL SCHAEFER - 10 HOURS PER WEEK REX BUDDE - 36 HOURS PER WEEK STEVE SABENS - 1 HOUR PER WEEK THOMAS FIRESTONE - 36 HOURS PER WEEK WILLIAM SHERWOOD - 33 HOURS PER WEEK PRIOR YEAR INFORMATION FORM 990, PART I THE PRIOR YEAR INFORMATION OF THE REVENUES, EXPENSES, AND NET ASSETS HAS BEEN UPDATED TO MATCH CURRENT YEAR PRESENTATION

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHERN ILLINOIS MEDICAL SERVICES NFP

Employer identification number

20-5521741

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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SOUTHERN ILLINOIS HOSPITAL SERVICES

PO BOX 3988

HEALTHCARE

IL

501(C)(3)

3 NA

CARBONDALE, IL 62902

37-0618939

SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES INC

PO BOX 3988

LEASING OF MEDICAL SPACE

IL

501(C)(3)

11 - Type II

NA

CARBONDALE, IL 62902

37-1136788

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
RIC AND SIHS REHABILITATION SERVICES LLC 2601 WEST MAIN STREET CARBONDALE, IL62901 26-0425547	MEDICAL SREVICES	IL	NA								
PHYSICIANS' SURGERY CENTER LLC 2601 WEST MAIN STREET CARBONDALE, IL62901 26-0425547	MEDICAL SERVICES	IL	NA								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SIH CAYMAN SPC GROUP LTD PO BOX 1051 GRAND CAYMAN, CJ KY1-1102 CJ 98-0611605	FINANCING	CJ	NA	C CORPORATION			

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

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	PHYSICIAN'S SURGERY CENTER LLC	I	144,950
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 20-5521741

Name: SOUTHERN ILLINOIS MEDICAL SERVICES NFP

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHIL NORDSTROM SECRETARY	1	X		X				0	0	0
REX BUDDE PRESIDENT	3	X		X				0	758,508	288,282
THOMAS FIRESTONE MD PRESIDENT, RETIRED	3	X		X				0	359,128	24,086
ANAD SALEM MD TRUSTEE	1	X					24,858	0		0
STEVE SABENS TRUSTEE	1	X					0	0		0
JEFFREY PARKS MD TRUSTEE	1	X					0	0		0
KATHLEEN FRALISH TRUSTEE	1	X					0	0		0
HAROLD BARDO TRUSTEE	1	X					0	0		0
JAMES MILLER MD VP/CMO	10			X				0	194,607	35,538
FRANK SEARS VP/INFO SYSTEMS	4			X				0	245,569	20,587
DAVE HOLLAND VP/INFO SYSTEMS	4			X				0	202,840	77,068
PHIL SCHAEFER VP/PHYSICIAN SERVICES	30			X				0	281,628	123,136
WILLIAM SHERWOOD VP/GENERAL COUNSEL	6			X				0	380,922	153,397
MIKE KASSER VP/CFO	8			X				0	291,467	113,599
ALEX ARGOTTE PHYSICIAN	40					X		353,131	0	705
BURTON JAFFE PHYSICIAN	40					X		360,202	0	23,560
PAULA LINDNER PHYSICIAN	40					X		372,246	0	15,705
JAMES PAVLOVICH PHYSICIAN	40					X		434,626	0	26,599
JEFFREY JONES PHYSICIAN	40					X		642,708	0	24,448

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT REVENUE		26,249,018	26,249,018	0	0
LEASEHOLD REVENUE FROM RELATED ORGANIZATIONS		280,545	280,545	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	5,567,988	5,419,779	148,209	0
EQUIPMENT RENTAL	188,036	188,036	0	0
OTHER EXPENSE	269,268	166,579	102,689	0
REIMBURSEMENT OF SALARIES TO SIHS	-9,069,566	-9,069,566	0	0
	0	0	0	0