

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 04-01-2012, 2012, and ending 03-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) Room/suite 1239 EAST MAIN STREET City or town, state or country, and ZIP + 4 CARBONDALE, IL 62901 F Name and address of principal officer REX BUDDÉ 1239 EAST MAIN STREET CARBONDALE, IL 62901	D Employer identification number 20-5521741 E Telephone number (618) 457-5200 G Gross receipts \$ 53,485,110 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW SIH NET		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		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		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	543
6	Total number of volunteers (estimate if necessary)	6	6
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	23,124
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,338
8	Contributions and grants (Part VIII, line 1h)	8	24,000
9	Program service revenue (Part VIII, line 2g)	9	52,512,818
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	78,617
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	838,837
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	53,454,272
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	24,622,570
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0
b	Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	32,733,219
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	57,355,789
19	Revenue less expenses Subtract line 18 from line 12	19	-3,901,517
20	Total assets (Part X, line 16)	20	38,830,281
21	Total liabilities (Part X, line 26)	21	19,531,391
22	Net assets or fund balances Subtract line 21 from line 20	22	19,298,890

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 Type or print name and title	2013-07-12 Date
Paid Preparer Use Only	Prnt/Type preparer's name Rachel Spurlock Preparer's signature Date Firm's name \rightarrow CROWE HORWATH LLP Firm's EIN \rightarrow Firm's address \rightarrow 9600 Brownsboro Road Suite 400 Louisville, KY 402411122	Check <input type="checkbox"/> if self-employed PTIN P00520729 Phone no (502) 326-3996

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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

4a (Code) (Expenses \$ 24,495,153 including grants of \$) (Revenue \$ 22,085,324)

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP (SIMS) OPERATES TWO PHYSICIAN CLINICS - THE CENTER FOR MEDICAL ARTS (CMA) IN CARBONDALE, IL AND LOGAN PRIMARY CARE (LPC) IN HERRIN, IL AND WEST FRANKFORT, IL THESE PHYSICIAN CLINICS PROVIDE CARE AND TREATMENT OF THE MEDICALLY SICK, INJURED OR AFFLICTED ON A NOT-FOR PROFIT BASIS QUALITY HEALTH SERVICES ARE PROVIDED TO PEOPLE THROUGHOUT SOUTHERN ILLINOIS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY DURING THIS REPORTING PERIOD, THE PRACTICES OF THE PHYSICIAN CLINICS RECORDED A COMBINED TOTAL OF 208,783 ENCOUNTERS IN TREATING THIS POPULATION (CONTINUED IN SCHEDULE O)

4b (Code) (Expenses \$ 12,336,319 including grants of \$) (Revenue \$ 10,899,527)

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, 2013, THE COMMUNITY PHYSICIAN PRACTICES OF SIMS RECORDED 75,351 ENCOUNTERS IN TREATING THIS POPULATION (CONTINUED IN SCHEDULE O)

4c (Code) (Expenses \$ 10,098,548 including grants of \$) (Revenue \$ 10,124,931)

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, 2013, THE HOSPITAL PHYSICIANS OF SIMS RECORDED 107,378 ENCOUNTERS IN TREATING THIS POPULATION (CONTINUED IN SCHEDULE O)

(Code) (Expenses \$ 6,933,720 including grants of \$) (Revenue \$ 10,218,749)

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP (SIMS) ALSO PROVIDES OTHER ADMINISTRATIVE SERVICES AND LEASES SPACE TO ITS RELATED ORGANIZATIONS

4d Other program services (Describe in Schedule O)

(Expenses \$ 6,933,720 including grants of \$) (Revenue \$ 10,218,749)

4e Total program service expenses 53,863,740

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 84		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 543		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	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 instructions for 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
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	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, 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 (618) 457-5200

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE KASSER VP/CFO	10 00 30 00	X		X				0	324,238	135,872
(2) REX BUDDE President	4 00 36 00	X		X				0	519,978	257,504
(3) EUGENE BASANTA Trustee	1 00 3 00	X						0	300	0
(4) GEORGE O'NEILL Trustee	1 00 3 00	X						0	400	0
(5) HAROLD BARDO Trustee	1 00 3 00	X						0	250	0
(6) KATHLEEN FRALISH Trustee	1 00 3 00	X						0	300	0
(7) STEVE SABENS Trustee	1 00 3 00	X						0	450	0
(8) DAVID HOLLAND VP/Info Systems	8 00 32 00			X				0	297,435	103,822
(9) JAMES MILLER MD VP/CMO	7 00 33 00			X				0	390,484	66,333
(10) PHILIP SCHAEFER VP/Physician Services	30 00 10 00			X				0	373,998	160,713
(11) WILLIAM SHERWOOD VP/General Counsel	10 00 30 00			X				0	476,366	170,455
(12) DR JOHN WATSON Physician	40 00 0					X		526,968	0	40,605
(13) DR NARESH AHUJA Physician	40 00 0					X		626,540	0	48,552
(14) JEFFREY JONES MD Physician	40 00 0					X		681,079	0	62,405
(15) JON W TAVEAU MD Physician	40 00 0					X		666,310	0	70,538
(16) UDAYA LIYANAGE MD Physician	40 00 0					X		714,041	0	59,311

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 95

Table with 3 columns: Question number, Question text, Yes, No. Questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like PRAIRIE CARDIOVASCULAR, RIVER 2 EMERGENCY PHYSICIANS, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 21

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	24,000				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	24,000				
Program Service Revenue	2a NET PATIENT REVENUE					
		Business Code				
		621110	51,951,422	51,951,422		
	b LEASEHOLD REVENUE FROM RELATED ORGANIZATIONS	531120	561,396	561,396		
	c		0			
	d		0			
	e		0			
f All other program service revenue		0	0	0		
g Total. Add lines 2a-2f		52,512,818				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		83,331		83,331	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses		4,714		
		c Gain or (loss)	0	-4,714		
	d Net gain or (loss)		-4,714		-4,714	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses b				
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a	32,132				
	b Less cost of goods sold b	26,124				
	c Net income or (loss) from sales of inventory		6,008	5,294	714	
Miscellaneous Revenue		Business Code				
11a TRANSCRIPTION FEES	561000	9,206		9,206		
b RECEPTION SERVICE FEES	561000	13,204		13,204		
c INCENTIVE PAYMENTS	900099	727,500	727,500			
d All other revenue		82,919	82,919	0		
e Total. Add lines 11a-11d		832,829				
12 Total revenue. See Instructions		53,454,272	53,328,531	23,124	78,617	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	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		
7	Other salaries and wages.	18,151,554	16,753,297	1,398,257	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	906,478	869,565	36,913	
9	Other employee benefits.	3,548,907	3,288,666	260,241	
10	Payroll taxes.	2,015,631	1,917,105	98,526	
11	Fees for services (non-employees)				
a	Management.	0	0	0	
b	Legal.	176,390	0	176,390	
c	Accounting.	25,891	0	25,891	
d	Lobbying.	0	0	0	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0	0	0	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,357,278	21,942,779	414,499	0
12	Advertising and promotion.	37,628	0	37,628	
13	Office expenses.	657,095	527,744	129,351	
14	Information technology.	194,548	172,480	22,068	
15	Royalties.	0	0	0	
16	Occupancy.	1,604,174	1,604,174	0	
17	Travel.	87,888	75,248	12,640	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	
19	Conferences, conventions, and meetings.	197,536	177,375	20,161	
20	Interest.	0	0	0	
21	Payments to affiliates.	0	0	0	
22	Depreciation, depletion, and amortization.	1,551,229	1,046,200	505,029	
23	Insurance.	3,107,685	2,884,039	223,646	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEDICAL SUPPLIES	1,822,652	1,822,652	0	
b	EQUIPMENT RENTAL	580,180	576,299	3,881	
c	DUES/SUBSCRIPTIONS/LICENSES	142,479	140,168	2,311	
d	BANK FEES	119,990	0	119,990	
e	All other expenses	70,576	65,949	4,627	0
25	Total functional expenses. Add lines 1 through 24e.	57,355,789	53,863,740	3,492,049	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,978	1	6,145
	2 Savings and temporary cash investments	1,223,669	2	153,690
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,220,692	4	11,091,993
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	21,646	5	16,638
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	132,453	7	145,675
	8 Inventories for sale or use	47,791	8	3,742
	9 Prepaid expenses and deferred charges	1,027,596	9	1,092,580
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 19,122,736		
	b Less accumulated depreciation	10b 4,091,903	13,383,187	10c 15,030,833
	11 Investments—publicly traded securities		11	
	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	10,614,660	14	10,599,190
	15 Other assets See Part IV, line 11	455,201	15	689,795
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,132,873	16	38,830,281	
Liabilities	17 Accounts payable and accrued expenses	6,216,155	17	6,753,479
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	6,146,513	25	12,777,912
	26 Total liabilities. Add lines 17 through 25	12,362,668	26	19,531,391
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	21,770,205	27	19,298,890
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	21,770,205	33	19,298,890	
34 Total liabilities and net assets/fund balances	34,132,873	34	38,830,281	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,454,272
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,355,789
3	Revenue less expenses Subtract line 2 from line 1	3	-3,901,517
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,770,205
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,430,202
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,298,890

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

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.

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 described in **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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions about purpose of easements, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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

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

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

- a** Board designated or quasi-endowment
 - b** Permanent endowment
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		885,895		885,895
b Buildings		10,770,940	1,332,437	9,438,503
c Leasehold improvements		524,999	227,162	297,837
d Equipment		6,911,097	2,532,304	4,378,793
e Other		29,805		29,805
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,030,833

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

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

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

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
MEDICAL PROFESSIONAL LIABILITY INSURANCE	1,473,525
EXECUTIVE BENEFITS LIABILITY	129,376
DUE TO AFFILIATES	11,172,252
OTHER LIABILITIES	2,759
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	12,777,912

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

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

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

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

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

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE CORPORATION REALIZED CERTAIN INCOME WHICH THE INTERNAL REVENUE SERVICE CONSIDERS TO BE UNRELATED BUSINESS INCOME SUBJECT TO INCOME TAX. FOR THE YEARS ENDED MARCH 31, 2013 AND 2012, NO TAX WAS DUE RELATED TO THESE OPERATIONS. WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. EXAMPLES OF TAX POSITIONS COMMON TO HEALTH SYSTEMS INCLUDE MATTERS SUCH AS THE TAX EXEMPT ENTITY TAKING A TAX POSITION THAT AN ORGANIZATION IS TAX EXEMPT WITHOUT OBSERVING CORRESPONDING PROOF OF TAX EXEMPTION FROM FEDERAL AND STATE TAXING AUTHORITIES AND THERE IS MATERIAL NET INCOME GENERATED BY THE ENTITY OR EGREGIOUS COMPENSATION PAID TO INSIDERS THAT COULD RESULT IN REVOCATION OF EXEMPT STATUS (OUTSIDE THE SCOPE OF INTERMEDIATE SANCTIONS EXCISE TAX PENALTIES). THE TAX POSITION IS TO CONSIDER THAT THESE COMPENSATORY ARRANGEMENTS DO NOT JEOPARDIZE TAX EXEMPTION. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE "MORE-LIKELY-THAN-NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. 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, 2013 AND 2012. THE CORPORATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE CORPORATION WOULD RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN MISCELLANEOUS EXPENSES. 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, 2009 AND PRIOR.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

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 indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

4 During the year, did any person listed 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 Regulations 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 duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Arrangement used to establish the top management official's compensation	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 -WRITTEN EMPLOYMENT CONTRACT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
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 - \$32,657 PAYMENT RECEIVED, \$191,539 DEFERRED COMPENSATION MIKE KASSER - NO PAYMENT RECEIVED, \$91,497 DEFERRED COMPENSATION WILLIAM SHERWOOD - \$217,765 PAYMENT RECEIVED, \$118,798 DEFERRED COMPENSATION PHIL SCHAEFER - \$83,956 PAYMENT RECEIVED, \$103,728 DEFERRED COMPENSATION DAVE HOLLAND - \$74,946 PAYMENT RECEIVED, \$74,327 DEFERRED COMPENSATION JAMES MILLER - \$78,774 PAYMENT RECEIVED, \$17,000 DEFERRED COMPENSATION JEFFREY JONES - \$11,836 PAYMENT RECEIVED, \$24,367 DEFERRED COMPENSATION JON W TAVEAU - NO PAYMENT RECEIVED, \$32,500 DEFERRED COMPENSATION NARESH AHUJA - NO PAYMENT RECEIVED, \$12,000 DEFERRED COMPENSATION UDAYA LIYANAGE - NO PAYMENT RECEIVED, \$15,005 DEFERRED COMPENSATION JOHN WATSON - NO PAYMENT RECEIVED, \$6,859 DEFERRED COMPENSATION

Software ID: 12000266
Software Version: v2012.1.0
EIN: 20-5521741
Name: SOUTHERN ILLINOIS MEDICAL SERVICES NFP

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID HOLLAND	(i) 0 (ii) 212,717	0 109	0 84,609	0 82,593	0 21,229	0 401,257	0 74,946
DR JOHN WATSON	(i) 525,617 (ii) 0	109 0	1,242 0	10,609 0	29,996 0	567,573 0	0 0
DR NARESH AHUJA	(i) 420,932 (ii) 0	204,587 0	1,021 0	22,000 0	26,552 0	675,092 0	0 0
JAMES MILLER MD	(i) 0 (ii) 300,253	0 109	0 90,122	0 27,000	0 39,333	0 456,817	0 78,774
JEFFREY JONES MD	(i) 662,385 (ii) 0	328 0	18,366 0	34,367 0	28,038 0	743,484 0	11,836 0
JON WTAVEAU MD	(i) 663,951 (ii) 0	109 0	2,250 0	42,500 0	28,038 0	736,848 0	0 0
MIKE KASSER	(i) 0 (ii) 297,101	0 985	0 26,152	0 101,497	0 34,375	0 460,110	0 0
PHILIP SCHAEFER	(i) 0 (ii) 278,935	0 109	0 94,954	0 113,728	0 46,985	0 534,711	0 83,956
REX BUDDE	(i) 0 (ii) 471,744	0 109	0 48,125	0 201,539	0 55,965	0 777,482	0 32,657
UDAYA LIYANAGE MD	(i) 524,320 (ii) 0	189,109 0	612 0	25,005 0	34,306 0	773,352 0	0 0
WILLIAM SHERWOOD	(i) 0 (ii) 245,665	0 109	0 230,592	0 128,798	0 41,657	0 646,821	0 217,765

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

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, line 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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SOUTHERN ILLINOIS MEDICAL SERVICES NFP

Employer identification number

20-5521741

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	<p>(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 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 244,000 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 \$55,735 - MORE OF THE RESIDENTS IN THESE COUNTIES LIVE IN POVERTY THAN THE STATE AVERAGE OF 12.6% - THE PERCENTAGES OF CHILDREN LIVING IN POVERTY IN THESE COUNTIES ARE SOME OF THE HIGHEST IN THE STATE SIMS PROVIDES SERVICES THROUGH THE FOLLOWING PHYSICIAN CLINICS - SIMS OPERATES TWO PHYSICIAN CLINICS - THE CENTER FOR MEDICAL ARTS (CMA) AND LOGAN PRIMARY CARE (LPC) THE CENTER FOR MEDICAL ARTS HAS A LONG-STANDING TRADITION OF CARING FOR SOUTHERN ILLINOIS RESIDENTS, WITH A HISTORY DATING BACK TO THE 1930'S 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 LOGAN PRIMARY CARE PROVIDES GENERAL FAMILY PRACTICE MEDICINE AND ACUTE NON-EMERGENCY CARE ORIGINALLY ESTABLISHED IN 1993, LPC WAS ACQUIRED BY SOUTHERN ILLINOIS MEDICAL SERVICES IN NOVEMBER 2011 COMMUNITY PHYSICIANS ANOTHER GROUP OF PHYSICIANS ARE THE COMMUNITY PHYSICIANS THESE PHYSICIANS ARE LOCATED AT VARIOUS LOCATIONS WITHIN OUR CENTRAL 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, 2013, SIMS' PHYSICIANS RECORDED 391,512 ENCOUNTERS IN TREATING THE POPULATION AREA THE PHYSICIAN CLINICS (CMA AND LPC) ACCOUNTED FOR 208,783 OF THESE ENCOUNTERS, COMMUNITY PHYSICIANS ACCOUNTED FOR 75,351 ENCOUNTERS AND HOSPITAL PHYSICIANS PROVIDED THE REMAINING 107,378 ENCOUNTERS APPROXIMATELY 49.91% OF THESE ENCOUNTERS PROVIDED CARE THAT WAS CLASSIFIED AS EITHER UNCOMPENSATED CHARITY CARE OR UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE AN ADDITIONAL 5.66% 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 (I.E. FAITH-BASED, SCHOOLS, NEIGHBORHOODS, COMMUNITIES, ETC), - THE WORKING POOR, AND - POPULATIONS AT RISK OF EXPERIENCING ADVERSE HEALTH CONDITIONS OR OUTCOMES</p>

Identifier	Return Reference	Explanation
PHYSICIAN CLINICS	FORM 990, PART III, LINE 4A	<p>(CONTINUED FROM PART III) CMA 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. LPC HAS OPERATIONS IN TWO LOCATIONS AND ENCOMPASSES 40,000 SQUARE FEET. LPC BEGAN OPERATIONS IN DECEMBER 1993 AND WAS ACQUIRED BY SOUTHERN ILLINOIS MEDICAL SERVICES IN NOVEMBER, 2011. LPC PROVIDES A VARIETY OF SERVICES INCLUDING GENERAL FAMILY PRACTICE MEDICINE, RADIOLOGY, AND LAB. TWO MED STATIONS FOR ACUTE NON-EMERGENCY CARE ARE ALSO OPERATED. THROUGH DAILY OPERATIONS, THE PHYSICIAN CLINICS OF CMA AND LPC PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED CHARITY CARE AND UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE. THE PATIENT POPULATION OF THE PHYSICIAN CLINICS IS COMPRISED OF 24% MEDICARE, 26% MEDICAID, 4% SELF-PAY/CHARITY AND 46% COMMERCIAL/MANAGED CARE. UNCOMPENSATED HEALTH CARE. CMA AND LPC HAVE PROVIDED \$1,725,317 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH PROGRAM. INDIGENT HEALTH CARE. CMA AND LPC HAVE PROVIDED \$1,009,326 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$493,483 OF INDIGENT CHARITY HEALTH CARE. BAD DEBTS. CMA AND LPC WROTE OFF \$842,875 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 20.2% OR \$170,261 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 BY 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.</p>

Identifier	Return Reference	Explanation
HOSPITAL PHYSICIAN PRACTICES	FORM 990, PART III, LINE 4B	(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 31% MEDICARE, 14% MEDICAID, 7% SELF-PAY/CHARITY AND 48% COMMERCIAL/MANAGED CARE. UNCOMPENSATED HEALTH CARE. THE HOSPITAL PHYSICIANS OF SIMS PROVIDED \$2,352,475 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH CARE PROGRAM. INDIGENT HEALTH CARE. THE HOSPITAL PHYSICIANS OF SIMS HAVE PROVIDED \$3,244,961 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$168,742 OF INDIGENT CHARITY HEALTH CARE. BAD DEBTS. THE HOSPITAL PHYSICIAN PRACTICES OF SIMS WROTE OFF \$2,133,478 FROM PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED CHARITY CARE. SIMS HAS DETERMINED THAT 20% OR \$430,963 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS CHARITY CARE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION.

Identifier	Return Reference	Explanation
COMMUNITY PHYSICIAN PRACTICES	FORM 990, PART III, LINE 4C	<p>(CONTINUED FROM PART III) OF THESE ENCOUNTERS 67,194 OCCURRED IN THE EMERGENCY ROOMS AND 40,184 WERE ENCOUNTERS WITH HOSPITAL INPATIENTS 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 SIMS IS COMPRISED OF 40% MEDICARE, 16% MEDICAID, 3% SELF-PAY/CHARITY AND 41% COMMERCIAL/MANAGED CARE. UNCOMPENSATED HEALTH CARE. THE COMMUNITY PHYSICIAN PRACTICES OF SIMS HAVE PROVIDED \$4,795,943 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 \$1,779,194 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$284,600 OF INDIGENT CHARITY HEALTH CARE. BAD DEBTS. THE COMMUNITY PHYSICIAN PRACTICES OF SIMS WROTE OFF \$424,323 FROM PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED CHARITY CARE. SIMS HAS DETERMINED THAT 20% OR \$85,713 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS CHARITY CARE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</p>

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE MEMBERS OF THE GOVERNANCE COMMITTEE ARE THE PRESIDENT, THE SECRETARY, THE TREASURER AND ONE OTHER TRUSTEE APPOINTED BY THE PRESIDENT THE GOVERNANCE COMMITTEE IS AUTHORIZED TO ACT FOR THE BOARD OF TRUSTEES IN ALL MATTERS AS SPECIFICALLY AUTHORIZED BY RESOLUTION OF THE BOARD OR WHEN THE BOARD OF TRUSTEES IS NOT IN SESSION

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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	<p>THE ORGANIZATION'S SOLE MEMBER, SOUTHERN ILLINOIS HOSPITAL SERVICES (CORPORATE MEMBER), HAS RESERVED POWERS FOUND IN THE ORGANIZATION'S BYLAWS EXCEPT FOR TRANSFERS IDENTIFIED IN THE BUDGET OF THE ORGANIZATION APPROVED BY THE CORPORATE MEMBER, THE ORGANIZATION MAY NOT TRANSFER ASSETS TO ENTITIES OTHER THAN THE CORPORATE MEMBER OR ENTITIES THAT THE CORPORATE MEMBER CONTROLS (THE "CORPORATE MEMBER AFFILIATES"), WITHOUT THE APPROVAL OF THE CORPORATE MEMBER. THE CORPORATE MEMBER HAS THE RIGHT TO REQUIRE THE ORGANIZATION TO TRANSFER ASSETS TO THE EXTENT NECESSARY TO ACCOMPLISH THE CORPORATE MEMBER'S GOALS AND OBJECTIVES. THE CORPORATE MEMBER ALSO HAS THE RIGHT TO REQUIRE THE ORGANIZATION TO PROVIDE FOR THE PAYMENT OF ALL INDEBTEDNESS OF THE CORPORATE MEMBER OR A CORPORATE MEMBER AFFILIATE. THE ORGANIZATION CANNOT BE REQUIRED TO VIOLATE ITS CHARITABLE PURPOSES, THE TERMS OF ANY RESTRICTED GIFTS, OR THE COVENANTS OF ITS DEBT INSTRUMENTS IN COMPLYING WITH ANY ASSET TRANSFERS DIRECTED BY THE CORPORATE MEMBER. IN ADDITION, THE FOLLOWING MATTERS MUST BE SUBMITTED TO AND RECEIVE THE APPROVAL OF THE CORPORATE MEMBER: 1. CAPITAL EXPENDITURES IN EXCESS OF \$500,000, 2. THE BUYING, SELLING, LEASING, MORTGAGING OR DISPOSING OF REAL PROPERTY BELONGING TO THE CORPORATION OR ANY OF ITS SUBSIDIARIES, 3. THE ESTABLISHMENT OR DISCONTINUANCE OF ANY MAJOR SERVICES, INCLUDING SERVICES REQUIRING CERTIFICATES OF NEED, 4. LONG-RANGE STRATEGIC PLANS, 5. MASTER FACILITIES AND SITE PLANS, 6. THE CREATION OR DISSOLUTION OF ANY CORPORATION, THE SOLE MEMBER OR MAJORITY STOCKHOLDER OF WHICH IS THE CORPORATION, 7. JOINT VENTURE OR AFFILIATION AGREEMENTS, 8. THE INCURRENCE OF INDEBTEDNESS IN EXCESS OF \$500,000, 9. SUCH OTHER MATTERS AS MAY BE REQUIRED BY LAW OR BY THE ORGANIZATION'S ARTICLES OF INCORPORATION, OR BY ITS BYLAWS TO BE SUBMITTED TO THE CORPORATE MEMBER, 10. DELEGATION OF THE FUNCTIONS, POWERS, DUTIES AND RESPONSIBILITIES OF ANY OFFICER OF THE CORPORATION, AND, 11. ANY OTHER MATTER WHICH MAY BE SPECIFIED FROM TIME TO TIME BY THE CORPORATE MEMBER. IN ADDITION, THE CORPORATE MEMBER RETAINS THE RIGHT TO APPROVE ALL CHANGES TO THE ORGANIZATION'S BYLAWS.</p>

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	A DRAFT OF THE FORM 990 AND SUPPLEMENTAL SCHEDULES WAS DISTRIBUTED TO THE CEO, CFO AND CERTAIN VICE-PRESIDENTS OF THE CORPORATION FOR THEIR REVIEW AND COMMENTS. A DRAFT COPY WAS PRESENTED TO THE FINANCE COMMITTEE BY THE CFO AND THE ORGANIZATION'S TAX ADVISORS FOR REVIEW AND COMMENTS. AFTER THE REVIEW AND COMMENT PERIOD, ALL SUGGESTIONS AND COMMENTS WERE CONSIDERED AND THE FORM 990 WAS UPDATED AS APPROPRIATE. THE FINALIZED FORM 990 AND SUPPLEMENTAL SCHEDULES WAS THEN PRESENTED TO THE BOARD OF TRUSTEES AND A COPY OF THE RETURN WAS MADE AVAILABLE TO EVERY MEMBER OF THE GOVERNING BODY BEFORE IT WAS FILED WITH THE IRS.

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ANNUALLY, THE GENERAL COUNSEL SENDS OUT A CONFLICT OF INTEREST QUESTIONNAIRE TO EACH TRUSTEE, DIRECTOR, OFFICER, AND MANAGER TO COMPLETE AND RETURN THE GENERAL COUNSEL THEN REVIEWS THESE QUESTIONNAIRES TO DETERMINE WHAT CONFLICTS, REAL OR PERCEIVED, EXIST DURING EVERY BOARD MEETING, THE GENERAL COUNSEL REMINDS THE TRUSTEES THAT THE BOARD HAS A CONFLICT OF INTEREST POLICY, THAT THE GENERAL COUNSEL HAS REVIEWED THE AGENDA FOR ANY CONFLICTS, BUT THAT THE TRUSTEES ARE OBLIGATED TO GIVE NOTICE IF A CONFLICT HAS BEEN OVER-LOOKED OR IF A DISCUSSION OR ACTION COMES BEFORE THE BOARD WHICH MAY INVOLVE OR CREATE A CONFLICT OF INTEREST FOR SOMEONE. IF A TRUSTEE HAS A CONFLICT OF INTEREST, THE TRUSTEE OR THE GENERAL COUNSEL DISCLOSES THE CONFLICT THE TRUSTEE WITH THE CONFLICT IS ALLOWED TO REMAIN IN THE MEETING TO ANSWER ANY QUESTION THE TRUSTEE MAY NEED TO ANSWER AND THEN THE CONFLICTED TRUSTEE IS EXCUSED FROM THE MEETING THE REMAINING TRUSTEES THEN DISCUSS THE MATTER FURTHER AND ACTION IS TAKEN ON THE MATTER FINALLY, THE CONFLICTED TRUSTEE IS THEN INVITED BACK INTO THE MEETING

Identifier	Return Reference	Explanation
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 THE DECISIONS AND DELIBERATIONS ARE DOCUMENTED IN THE GOVERNANCE COMMITTEE MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN JUNE 2012

Identifier	Return Reference	Explanation
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 COMMITTEE WILL HAVE THE AUTHORITY TO APPROVE THE COMPENSATION OF THE SENIOR MANAGEMENT TEAM AND WILL REPORT ITS ACTIONS TO THE BOARD THE DECISIONS AND DELIBERATIONS ARE DOCUMENTED IN THE GOVERNANCE COMMITTEE MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN JUNE 2012

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

Identifier	Return Reference	Explanation
Other Expenses	Form 990, Part IX, Line 11g	PHYSICIAN FEES - TOTAL EXPENSE 8820017, PROGRAM SERVICE EXPENSE 8815809, MANAGEMENT AND GENERAL EXPENSES 4208, FUNDRAISING EXPENSES , CONSULTING FEES - TOTAL EXPENSE 35117, PROGRAM SERVICE EXPENSE 8325, MANAGEMENT AND GENERAL EXPENSES 26792, FUNDRAISING EXPENSES , CREDIT AND COLLECTION FEES - TOTAL EXPENSE 752946, PROGRAM SERVICE EXPENSE 573499, MANAGEMENT AND GENERAL EXPENSES 179447, FUNDRAISING EXPENSES , CLINICAL SERVICE FEES - TOTAL EXPENSE 23627, PROGRAM SERVICE EXPENSE 23627, MANAGEMENT AND GENERAL EXPENSES , FUNDRAISING EXPENSES , ENG/ARCHITECT FEES - TOTAL EXPENSE 15984, PROGRAM SERVICE EXPENSE 14484, MANAGEMENT AND GENERAL EXPENSES 1500, FUNDRAISING EXPENSES , OTHER PROFESSIONAL FEES - TOTAL EXPENSE 1011911, PROGRAM SERVICE EXPENSE 868390, MANAGEMENT AND GENERAL EXPENSES 143521, FUNDRAISING EXPENSES , OTHER PURCHASED SERVICES - TOTAL EXPENSE 338418, PROGRAM SERVICE EXPENSE 282387, MANAGEMENT AND GENERAL EXPENSES 56031, FUNDRAISING EXPENSES , AGENCY STAFFING - TOTAL EXPENSE 8308, PROGRAM SERVICE EXPENSE 5308, MANAGEMENT AND GENERAL EXPENSES 3000, FUNDRAISING EXPENSES , PHYSICIAN SERVICES - TOTAL EXPENSE 11350950, PROGRAM SERVICE EXPENSE 11350950, MANAGEMENT AND GENERAL EXPENSES , FUNDRAISING EXPENSES ,

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990 , Part XI, Line 9	EQUITY TRANSFER FROM SIHS - 1430202,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOUTHERN ILLINOIS HOSPITAL SERVICES PO BOX 3988 CARBONDALE, IL 62902	HEALTHCARE	IL	501(C)(3)	3	SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES		No
(2) SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES INC PO BOX 3988 CARBONDALE, IL 62902	LEASING OF MEDICAL SPACE	IL	501(C)(3)	11 - Type II	NA		No
(3) SIH FOUNDATION NFP 1239 EAST MAIN STREET CARBONDALE, IL 62901	FUNDRAISING	IL	501(C)(3)	11 - Type I	SOUTHERN ILLINOIS HOSPITAL SERVICES		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RIC AND SIHS REHABILITATION SERVICES LLC PO BOX 3988 CARBONDALE, IL 629023988 36-4566925	MEDICAL SERVICES	IL	NA	N/A								
(2) PHYSICIANS' SURGERY CENTER LLC 2601 WEST MAIN STREET CARBONDALE, IL 62901 26-0425547	MEDICAL SERVICES	IL	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SIH CAYMAN SPC GROUP LTD PO BOX 1051 GRAND CAYMAN, CJ KY1- 1102 CJ 98-0611605	FINANCING	CJ	NA	C CORPORATION					
(2) HEALTH SERVICES OF SOUTHERN ILLINOIS INC PO BOX 3988 CARBONDALE, IL 62902 37-1115061	INACTIVE	IL	NA	C CORPORATION					
(3) HIDK PROPERTIES LAND TRUST 1239 EAST MAIN STREET CARBONDALE, IL 62902 46-6693066	RENTAL PROPERTIES	IL	NA	TRUST					

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID: 12000266
Software Version: v2012.1.0
EIN: 20-5521741
Name: SOUTHERN ILLINOIS MEDICAL SERVICES NFP

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