

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

A For the 2013 calendar year, or tax year beginning <u>APRIL 01</u> , 2013, and ending <u>MARCH 31</u> , 20 <u>14</u>	
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 <u>SOUTHERN ILLINOIS MEDICAL SERVICES, NFP</u>
	Doing Business As
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1239 EAST MAIN STREET</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>CARBONDALE, IL 62901</u>
	F Name and address of principal officer: <u>REX BUDDÉ</u> <u>1239 EAST MAIN STREET, CARBONDALE, IL 62901</u>
D Employer identification number <u>20-5521741</u>	
E Telephone number <u>(618)457-5200</u>	
G Gross receipts \$ <u>55,965,475</u>	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates 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: ▶ <u>WWW.SIH.NET</u>	
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: <u>2006</u> M State of legal domicile: <u>IL</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SOUTHERN ILLINOIS MEDICAL SERVICES IS DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL OF THE PEOPLE IN THE COMMUNITIES IT SERVES.</u>
	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 9
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 621
	6 Total number of volunteers (estimate if necessary) 6 7
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 38,513
b Net unrelated business taxable income from Form 990-T, line 34 7b -32,845	
Revenue	8 Contributions and grants (Part VIII, line 1h) 24,000 12,000
	9 Program service revenue (Part VIII, line 2g) 52,512,818 55,677,013
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 78,617 141,240
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 838,837 79,194
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 53,454,272 55,909,447
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 24,622,570 30,848,163
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 32,733,219 33,566,392
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 57,355,789 64,414,555
19 Revenue less expenses. Subtract line 18 from line 12 -3,901,517 -8,505,108	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 38,830,281 49,915,456
	21 Total liabilities (Part X, line 26) 19,531,391 37,465,756
	22 Net assets or fund balances. Subtract line 21 from line 20 19,298,890 12,449,700

Part II Signature Block

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

Sign Here	Signature of officer	Date
	<u>MIKE KASSER, CFO</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>RACHEL SPURLOCK</u>	Preparer's signature <i>Rachel Spurlock</i>	Date <u>11/10/2014</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00520729</u>
	Firm's name ▶ <u>CROWE HORWATH LLP</u>	Firm's EIN ▶ <u>35-0921680</u>		Phone no. <u>(502)326-3996</u>	
	Firm's address ▶ <u>9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-1122</u>				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. SOUTHERN ILLINOIS MEDICAL SERVICES, NFP	Employer identification number (EIN) or 20-5521741
	Number, street, and room or suite no. If a P.O. box, see instructions. 1239 EAST MAIN STREET	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CARBONDALE, IL 62901	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► MIKE KASSER

Telephone No. ► (618)457-5200 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until November 15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20 ____ or

► tax year beginning April 01, 20 13, and ending March 31, 20 14.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. SOUTHERN ILLINOIS MEDICAL SERVICES, NFP	Employer identification number (EIN) or 20-5521741
	Number, street, and room or suite no. If a P.O. box, see instructions. 1239 EAST MAIN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CARBONDALE, IL 62901	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **MIKE KASSER**
Telephone No. ► **(618)457-5200** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **February 15**, 20 **15**.
- For calendar year _____, or other tax year beginning **April 01**, 20 **13**, and ending **March 31**, 20 **14**.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *Rachel Spurlock* Title ► **CPA** Date ► **9/5/2014**
 Form **8868** (Rev. 1-2014)

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 25,657,113 including grants of \$) (Revenue \$ 22,102,323) SOUTHERN ILLINOIS MEDICAL SERVICES, NFP (SIMS) OPERATES THREE PHYSICIAN CLINICS: THE CENTER FOR MEDICAL ARTS (CMA) IN CARBONDALE, IL LOGAN PRIMARY CARE (LPC) IN HERRIN, IL AND WEST FRANKFORT, IL. PRIMARY CARE GROUP (PCG) IN HARRISBURG, 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 244,191 ENCOUNTERS TREATING THIS POPULATION. (CONTINUED IN SCHEDULE O).

4b (Code:) (Expenses \$ 17,469,997 including grants of \$) (Revenue \$ 14,356,014) 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, 2014, THE COMMUNITY PHYSICIAN PRACTICES OF SIMS RECORDED 112,781 ENCOUNTERS IN TREATING THIS POPULATION. (CONTINUED IN SCHEDULE O)

4c (Code:) (Expenses \$ 9,189,034 including grants of \$) (Revenue \$ 9,186,709) 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, 2014, THE HOSPITAL PHYSICIANS OF SIMS RECORDED 111,016 ENCOUNTERS IN TREATING THIS POPULATION. (CONTINUED IN SCHEDULE O)

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,408,550 including grants of \$ 0) (Revenue \$ 10,072,648)

4e Total program service expenses 59,724,694

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"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
22 Did the organization report more than \$5,000 of grants or 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>		✓
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>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	✓	
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>		✓
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>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		
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>		✓
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>		✓
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	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	90		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
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	621		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓		
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)?	4a		✓	
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?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	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			
b	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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	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?		<input checked="" type="checkbox"/>
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 62901, (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 or note to any line 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if 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) REX BUDDE PRESIDENT	13 42	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	1,051,133	241,430
(2) STEVE SABENS SECRETARY	1 3	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	450	0
(3) MIKE KASSER VP/CFO	13 42	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	401,237	145,249
(4) EUGENE BASANTA TRUSTEE	1 3	<input checked="" type="checkbox"/>						0	350	0
(5) KATHLEEN FRALISH TRUSTEE	1 3	<input checked="" type="checkbox"/>						0	400	0
(6) HAROLD BARDO TRUSTEE	1 3	<input checked="" type="checkbox"/>						0	250	0
(7) GEORGE O'NEILL TRUSTEE	1 3	<input checked="" type="checkbox"/>						0	400	0
(8) MORTON LEVINE TRUSTEE	1 3	<input checked="" type="checkbox"/>						0	350	0
(9) BRAD COLE TRUSTEE	1 0	<input checked="" type="checkbox"/>						0	0	0
(10) WILLIAM SHERWOOD VP/GENERAL COUNSEL	13 42			<input checked="" type="checkbox"/>				0	461,443	173,385
(11) PHILIP SCHAEFER VP/AMB & PHYS SERVICES	55 15			<input checked="" type="checkbox"/>				0	486,711	164,808
(12) DAVID HOLLAND VP/INFO SYSTEMS	10 40			<input checked="" type="checkbox"/>				0	350,554	105,751
(13) JAMES MILLER , MD VP/CMO	10 40			<input checked="" type="checkbox"/>				0	473,599	66,755
(14) SHELLY PIERCE VP/QUALITY	25 30			<input checked="" type="checkbox"/>				0	190,905	36,606

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JON W TAVEAU , MD PHYSICIAN	40 0					✓	771,348	0	70,108	
(16) SAM STOKES PHYSICIAN	40 0					✓	765,793	0	1,657	
(17) NADER DABABNEH PHYSICIAN	40 0					✓	725,673	0	29,183	
(18) MARK FLEMING PHYSICIAN	40 0					✓	683,193	0	25,086	
(19) GERSON CRISTE PHYSICIAN	40 0					✓	639,340	0	64,760	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							3,585,347	3,417,782	1,124,778	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							3,585,347	3,417,782	1,124,778	

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 **▶ 121**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRAIRIE CARDIOVASCULAR, PO BOX 19420, SPRINGFIELD, IL 62794-9420	CARDIOVASCULAR SERVICES	12,822,165
DELTA LOCUM TENENS, 1755 WITTINGTON PLACE, DALLAS, TX 75234	MEDICAL STAFFING	586,897
WEATHERBY LOCUMS INC, PO BOX 972633, DALLAS, TX 75397-2633	MEDICAL STAFFING	462,770
MURPHYSBORO INTERNAL MED CLINIC, 1415 BRADFORD PEAR LANE, CARBONDALE, IL 62902	MEDICAL	429,283
JASWANT S SIDHU, 11 PINE LAKE DRIVE, CARBONDALE, IL 62901	MEDICAL	392,216

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 **▶ 22**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,000				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		12,000				
Program Service Revenue	Business Code						
	2a NET PATIENT REVENUE	621110	55,114,993	55,114,993			
	b LEASEHOLD REVENUE FROM RELATED ORGANIZATIONS	531120	562,020	562,020			
	c _____		0				
	d _____		0				
	e _____		0				
	f All other program service revenue .		0	0	0	0	
	g Total. Add lines 2a-2f		55,677,013				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		182,718			182,718	
	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		41,478			
		c Gain or (loss)	0	-41,478			
		d Net gain or (loss)		-41,478			-41,478
	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	20,821				
		b Less: cost of goods sold	b	14,550			
		c Net income or (loss) from sales of inventory		6,271	5,851	420	
Miscellaneous Revenue		Business Code					
11a TRANSCRIPTION FEES	561000	7,999	2,476	5,523			
b RECEPTION SERVICE FEES	561000	17,080		17,080			
c CLINICAL RESEARCH FEES	900099	15,490		15,490			
d All other revenue	900099	32,354	32,354	0	0		
e Total. Add lines 11a-11d		72,923					
12 Total revenue. See instructions.		55,909,447	55,717,694	38,513	141,240		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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			
7 Other salaries and wages	22,298,130	20,345,612	1,952,518	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,032,963	969,663	63,300	
9 Other employee benefits	5,085,175	4,715,252	369,923	
10 Payroll taxes	2,431,895	2,293,561	138,334	
11 Fees for services (non-employees):				
a Management	0			
b Legal	277,657	0	277,657	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	20,694,420	20,040,547	653,873	0
12 Advertising and promotion	15,091	0	15,091	
13 Office expenses	953,086	826,157	126,929	
14 Information technology	311,066	297,366	13,700	
15 Royalties	0			
16 Occupancy	2,048,069	2,048,069	0	
17 Travel	87,149	71,987	15,162	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	236,765	214,448	22,317	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,894,332	1,199,234	695,098	
23 Insurance	3,584,492	3,387,656	196,836	
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 <u>MEDICAL SUPPLIES</u>	2,223,902	2,223,902	0	
b <u>EQUIPMENT RENTAL</u>	836,392	827,213	9,179	
c <u>DUES/SUBSCRIPTIONS/LICENSES</u>	164,301	158,928	5,373	
d <u>BANK FEES</u>	129,716	0	129,716	
e All other expenses	109,954	105,099	4,855	0
25 Total functional expenses. Add lines 1 through 24e	64,414,555	59,724,694	4,689,861	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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	6,145	1	6,742
	2 Savings and temporary cash investments	153,690	2	630,013
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	11,091,993	4	12,573,010
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	16,638	5	17,384
	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	0	6	0
	7 Notes and loans receivable, net	145,675	7	125,562
	8 Inventories for sale or use	3,742	8	32,064
	9 Prepaid expenses and deferred charges	1,092,580	9	1,157,316
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,445,779		
	b Less: accumulated depreciation	10b 5,452,922	15,030,833	10c 18,992,857
	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	10,599,190	14	15,502,964
	15 Other assets. See Part IV, line 11	689,795	15	877,544
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,830,281	16	49,915,456	
Liabilities	17 Accounts payable and accrued expenses	6,753,479	17	7,968,427
	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	0	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	12,777,912	25	29,497,329
	26 Total liabilities. Add lines 17 through 25	19,531,391	26	37,465,756
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	19,298,890	27	12,449,700
	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	19,298,890	33	12,449,700
34 Total liabilities and net assets/fund balances	38,830,281	34	49,915,456	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,909,447
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,414,555
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,505,108
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,298,890
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	1,655,918
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,449,700

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization SOUTHERN ILLINOIS MEDICAL SERVICES, NFP	Employer identification number 20-5521741
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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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP

Employer identification number

20-5521741

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SOUTHERN ILLINOIS MEDICAL SERVICES, NFP	Employer identification number 20-5521741
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTHERN ILLINOIS MEDICAL SERVICES, NFP	Employer identification number 20-5521741
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization SOUTHERN ILLINOIS MEDICAL SERVICES, NFP	Employer identification number 20-5521741
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP

Employer identification number

20-5521741

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,381,652		1,381,652
b Buildings		13,824,388	1,904,207	11,920,181
c Leasehold improvements		475,209	211,237	263,972
d Equipment		7,782,664	3,337,478	4,445,186
e Other		981,866		981,866
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				18,992,857

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) MEDICAL PROFESSIONAL LIABILITY INSURANCE	1,572,852	
(3) OTHER LIABILITIES	7,649	
(4) DUE TO AFFILIATES	27,808,608	
(5) EXECUTIVE BENEFITS LIABILITY	108,220	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	29,497,329	

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

Part 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.

Return Reference	Identifier	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<p>THE ORGANIZATION IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS. BELOW IS THE FIN 48 (ASC 740) FOOTNOTE FROM THOSE FINANCIAL STATEMENTS:</p> <p>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, 2014 AND 2013, 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.</p> <p>TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE "MORE-LIKELY-THAN-NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY UPON THE ADOPTION OF ASC 740 OR AT MARCH 31, 2014 AND 2013. THE CORPORATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE CORPORATION WOULD RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN MISCELLANEOUS EXPENSES. THERE WAS NO INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IDENTIFIED AND RECORDED AT MARCH 31 2014 AND 2013.</p> <p>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, 2010 AND PRIOR.</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including 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? | 4a | | ✓ |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ✓ | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | ✓ |

Only section 501(c)(3) and 501(c)(4) organizations 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? | 5a | | ✓ |
| b Any related organization? | 5b | | ✓ |
- 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? | 6a | | ✓ |
| b Any related organization? | 6b | | ✓ |
- 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
1a		
1b		
2		
3		
4a		✓
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

Part I 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				
1	REX BUDDÉ, PRESIDENT	(i) 0 (ii) 504,541	0 57,065	0 489,527	0 214,366	0 27,064	0 1,292,563	0 444,862
2	MIKE KASSER, VP/CFO	(i) 0 (ii) 315,920	0 36,959	0 48,358	0 108,171	0 37,078	0 546,486	0 0
3	WILLIAM SHERWOOD, VP/GENERAL COUNSEL	(i) 0 (ii) 252,360	0 30,445	0 178,638	0 131,974	0 41,411	0 634,828	0 130,554
4	PHILIP SCHAEFER, VP/AMB & PHYS SERVICES	(i) 0 (ii) 291,294	0 35,176	0 160,241	0 117,691	0 47,117	0 651,519	0 114,919
5	DAVID HOLLAND, VP/INFO SYSTEMS	(i) 0 (ii) 220,492	0 25,792	0 104,270	0 84,824	0 20,927	0 456,305	0 60,999
6	JAMES MILLER, MD, VP/CMO	(i) 0 (ii) 310,100	0 36,640	0 126,859	0 27,700	0 39,055	0 540,354	0 81,451
7	SHELLY PIERCE, VP/QUALITY	(i) 0 (ii) 186,454	0 1,549	0 2,902	0 21,863	0 14,743	0 227,511	0 0
8	JON W TAVEAU, MD, PHYSICIAN	(i) 0 (ii) 663,726	0 76,440	0 31,182	0 42,700	0 27,408	0 841,456	0 28,585
9	SAM STOKES, PHYSICIAN	(i) 0 (ii) 689,096	0 75,074	0 1,623	0 0	0 1,657	0 767,450	0 0
10	NADER DABABNEH, PHYSICIAN	(i) 0 (ii) 663,832	0 60,547	0 1,294	0 3,825	0 25,358	0 754,856	0 0
11	MARK FLEMING, PHYSICIAN	(i) 0 (ii) 677,333	0 990	0 4,870	0 14,689	0 10,397	0 708,279	0 0
12	GERSON CRISTE, PHYSICIAN	(i) 0 (ii) 423,941	0 209,675	0 5,724	0 31,750	0 33,010	0 704,100	0 5,266
13		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
14		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
15		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0
16		(i) 0 (ii) 0	0 0	0 0	0 0	0 0	0 0	0 0

Part III

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

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 3	ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	COMPENSATION FOR THE ORGANIZATION'S PRESIDENT IS PAID BY SOUTHERN ILLINOIS HOSPITAL SERVICES, INC (SIHS), A RELATED TAX-EXEMPT ORGANIZATION. SIHS USES THE FOLLOWING METHODS TO DETERMINE THE PRESIDENT'S COMPENSATION: -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	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 - \$444,862 PAYMENT RECEIVED; \$204,166 DEFERRED COMPENSATION MIKE KASSER - NO PAYMENT RECEIVED; \$97,971 DEFERRED COMPENSATION WILLIAM SHERWOOD - \$130,554 PAYMENT RECEIVED; \$121,774 DEFERRED COMPENSATION PHIL SCHAEFER - \$114,919 PAYMENT RECEIVED; \$107,491 DEFERRED COMPENSATION DAVE HOLLAND - \$60,999 PAYMENT RECEIVED; \$76,182 DEFERRED COMPENSATION SHELLY PIERCE - NO PAYMENT RECEIVED; \$14,560 DEFERRED COMPENSATION JAMES MILLER - \$81,451 PAYMENT RECEIVED; \$17,500 DEFERRED COMPENSATION JON W. TAVEAU - \$28,585 PAYMENT RECEIVED; \$32,500 DEFERRED COMPENSATION SAM STOKES - NO PAYMENT RECEIVED; NO DEFERRED COMPENSATION NADER DABABNEH - NO PAYMENT RECEIVED; NO DEFERRED COMPENSATION MARK FLEMING - NO PAYMENT RECEIVED; \$7,042 DEFERRED COMPENSATION GERSON CRISTE - \$5,266 PAYMENT RECEIVED; \$21,550 DEFERRED COMPENSATION

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 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.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP

Employer identification number

20-5521741

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JON TAVEAU	EMPLOYEE	STUDENT LOAN PAYOFF		✓	52,153	17,384		✓	✓		✓	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 17,384						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2013

Supplemental Information to Form 990 or 990-EZ

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

2013

Open to Public Inspection

Name of the Organization
SOUTHERN ILLINOIS MEDICAL SERVICES, NFP

Employer Identification Number
20-5521741

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	<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:</p> <ul style="list-style-type: none"> - 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. <p>SIMS PROVIDES SERVICES THROUGH THE FOLLOWING: PHYSICIAN CLINICS - SIMS OPERATES THREE PHYSICIAN CLINICS - THE CENTER FOR MEDICAL ARTS (CMA), LOGAN PRIMARY CARE (LPC) AND PRIMARY CARE GROUP (PCG). 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 AND PRIMARY CARE GROUP PROVIDE GENERAL FAMILY PRACTICE MEDICINE AND ACUTE NON-EMERGENCY CARE. ORIGINALLY ESTABLISHED IN 1993, LPC WAS ACQUIRED BY SOUTHERN ILLINOIS MEDICAL SERVICES IN NOVEMBER 2011. PRIMARY CARE GROUP WAS ESTABLISHED IN 1992 AND WAS ACQUIRED BY SOUTHERN ILLINOIS MEDICAL SERVICES IN FEBRUARY, 2014.</p> <p>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.</p> <p>HOSPITAL PHYSICIANS -THESE GROUPS 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 TO PATIENTS 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.</p> <p>SERVICES PROVIDED: DURING THE YEAR ENDED MARCH 31, 2014, SIMS' PHYSICIANS RECORDED 467,988 ENCOUNTERS IN TREATING THE POPULATION AREA. THE PHYSICIAN CLINICS ACCOUNTED FOR 244,191 OF THESE ENCOUNTERS, COMMUNITY PHYSICIANS ACCOUNTED FOR 112,781 ENCOUNTERS AND HOSPITAL PHYSICIANS PROVIDED THE REMAINING 111,016 ENCOUNTERS. APPROXIMATELY 59.08% OF THESE ENCOUNTERS PROVIDED CARE THAT WAS CLASSIFIED AS EITHER UNCOMPENSATED CHARITY CARE OR UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE. AN ADDITIONAL 4.77% OF THE TOTAL CARE PROVIDED IN THESE ENCOUNTERS WAS WRITTEN OFF AS BAD DEBT.</p> <p>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.</p> <p>THE FOLLOWING COMMUNITIES AND POPULATIONS ARE TARGETED THROUGH THESE PROGRAMS:</p> <ul style="list-style-type: none"> - UNINSURED, UNDERINSURED AND UNDER-SERVED; - POPULATIONS VULNERABLE DUE TO A RANGE OF SOCIO-ECONOMIC BARRIERS SUCH AS POVERTY, EDUCATION LEVELS, EMPLOYMENT STATUS, AND/OR RACIAL DISPARITIES IN HEALTH CARE; - POPULATIONS 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.
FORM 990, PART III, LINE 4A	PHYSICIAN CLINICS	<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</p>

Return Reference	Identifier	Explanation
		<p>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.</p> <p>LPC HAS OPERATIONS IN TWO LOCATIONS AND ENCOMPASSES 40,000 SQUARE FEET. PCG 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.</p> <p>PCG HAS OPERATIONS IN HARRISBURG, IL AND CARRIER MILLS, IL AND ENCOMPASSES 25,000 SQUARE FEET. PCG BEGAN OPERATIONS IN SEPTEMBER 1992 AND WAS ACQUIRED BY SOUTHERN ILLINOIS MEDICAL SERVICES IN FEBRUARY 2014. PCG PROVIDES A VARIETY OF SERVICES INCLUDING GENERAL FAMILY PRACTICE MEDICINE, GENERAL SURGERY, LABORATORY, IMAGING AND CHIROPRACTIC MEDICINE. PHYSICAL AND OCCUPATIONAL THERAPY ARE ALSO PROVIDED IN THREE LOCAL COMMUNITIES.</p> <p>THROUGH DAILY OPERATIONS, THE PHYSICIAN CLINICS PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED CHARITY CARE AND UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE. THE PATIENT POPULATION OF THE PHYSICIAN CLINICS IS COMPRISED OF 25% MEDICARE, 23% MEDICAID, 4% SELF-PAY/CHARITY AND 48% COMMERCIAL/MANAGED CARE.</p> <p>UNCOMPENSATED HEALTH CARE: THE PHYSICIAN CLINICS HAVE PROVIDED \$3,021,085 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH PROGRAM.</p> <p>INDIGENT HEALTH CARE: THE PHYSICIAN CLINICS HAVE PROVIDED \$2,639,562 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$437,332 OF INDIGENT CHARITY HEALTH CARE.</p> <p>BAD DEBTS: THE PHYSICIAN CLINICS WROTE OFF \$1,556,147 OF PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED CHARITY CARE. IT HAS BEEN DETERMINED THAT 20.3% OR \$224,455 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS CHARITY CARE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</p> <p>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 \$2,400 ANNUALLY.</p>
FORM 990, PART III, LINE 4B	COMMUNITY PHYSICIAN PRACTICES	<p>(CONTINUED FROM PART III) THROUGH DAILY OPERATIONS, THE COMMUNITY PHYSICIAN PRACTICES OF SIMS PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED CHARITY CARE AND UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE. THE PATIENT POPULATION OF THE COMMUNITY PHYSICIAN PRACTICES OF SIMS IS COMPRISED OF 39% MEDICARE, 15% MEDICAID, 4% SELF-PAY/CHARITY AND 42% COMMERCIAL/MANAGED CARE.</p> <p>UNCOMPENSATED HEALTH CARE: THE COMMUNITY PHYSICIAN PRACTICES OF SIMS HAVE PROVIDED \$7,440,052 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH CARE PROGRAM.</p> <p>INDIGENT HEALTH CARE: THE COMMUNITY PHYSICIAN PRACTICES OF SIMS HAVE PROVIDED \$3,127,912 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$457,437 OF INDIGENT CHARITY HEALTH CARE.</p> <p>BAD DEBTS: THE COMMUNITY PHYSICIAN PRACTICES OF SIMS WROTE OFF \$843,349 FROM PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED CHARITY CARE. SIMS HAS DETERMINED THAT 20.3% OR \$131,513 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS CHARITY CARE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</p>
FORM 990, PART III, LINE 4C	HOSPITAL PHYSICIAN PRACTICES	<p>(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 40% MEDICARE, 25% MEDICAID, 11% SELF-PAY/CHARITY AND 24% COMMERCIAL/MANAGED CARE.</p> <p>UNCOMPENSATED HEALTH CARE: THE HOSPITAL PHYSICIANS OF SIMS PROVIDED \$3,872,783 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH CARE PROGRAM.</p>

Return Reference	Identifier	Explanation
		<p>INDIGENT HEALTH CARE: THE HOSPITAL PHYSICIANS OF SIMS HAVE PROVIDED \$3,259,029 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$131,325 OF INDIGENT CHARITY HEALTH CARE.</p> <p>BAD DEBTS: THE HOSPITAL PHYSICIAN PRACTICES OF SIMS WROTE OFF \$2,468,197 FROM PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED CHARITY CARE. SIMS HAS DETERMINED THAT 20.3% OR \$501,044 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS CHARITY CARE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION</p>
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$ 7,408,550 INCLUDING GRANTS OF \$(REVENUE \$ 10,072,648)</p> <p>SOUTHERN ILLINOIS MEDICAL SERVICES, NFP (SIMS) ALSO PROVIDES OTHER ADMINISTRATIVE SERVICES AND LEASES SPACE TO ITS RELATED ORGANIZATIONS.</p>
FORM 990, PART VI, SEC A, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>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.</p>
FORM 990, PART VI, SEC A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	<p>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.</p>
FORM 990, PART VI, SEC A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>THE ORGANIZATION'S SOLE MEMBER, SOUTHERN ILLINOIS HOSPITAL SERVICES, INC., HAS THE EXCLUSIVE RIGHT TO ELECT TRUSTEES TO THE ORGANIZATION'S BOARD OF TRUSTEES.</p>
FORM 990, PART VI, SEC A, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<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.</p> <p>THE CORPORATE MEMBER HAS THE RIGHT TO REQUIRE THE ORGANIZATION TO TRANSFER ASSETS TO THE EXTENT NECESSARY TO ACCOMPLISH THE CORPORATE MEMBER'S GOALS AND OBJECTIVES. THE CORPORATE MEMBER ALSO HAS THE RIGHT TO REQUIRE THE ORGANIZATION TO PROVIDE FOR THE PAYMENT OF ALL INDEBTEDNESS OF THE CORPORATE MEMBER OR A CORPORATE MEMBER AFFILIATE. THE ORGANIZATION CANNOT BE REQUIRED TO VIOLATE ITS CHARITABLE PURPOSES, THE TERMS OF ANY RESTRICTED GIFTS, OR THE COVENANTS OF ITS DEBT INSTRUMENTS IN COMPLYING WITH ANY ASSET TRANSFERS DIRECTED BY THE CORPORATE MEMBER. IN ADDITION, THE FOLLOWING MATTERS MUST BE SUBMITTED TO AND RECEIVE THE APPROVAL OF THE CORPORATE MEMBER:</p> <ol style="list-style-type: none"> 1. CAPITAL EXPENDITURES IN EXCESS OF \$500,000; 2. THE BUYING, SELLING, LEASING, MORTGAGING OR DISPOSING OF REAL PROPERTY BELONGING TO THE CORPORATION OR ANY OF ITS SUBSIDIARIES; 3. THE ESTABLISHMENT OR DISCONTINUANCE OF ANY MAJOR SERVICES; INCLUDING SERVICES REQUIRING CERTIFICATES OF NEED; 4. LONG-RANGE STRATEGIC PLANS; 5. MASTER FACILITIES AND SITE PLANS; 6. THE CREATION OR DISSOLUTION OF ANY CORPORATION, THE SOLE MEMBER OR MAJORITY STOCKHOLDER OF WHICH IS THE CORPORATION; 7. JOINT VENTURE OR AFFILIATION AGREEMENTS; 8. THE INCURRENCE OF INDEBTEDNESS IN EXCESS OF \$500,000; 9. SUCH OTHER MATTERS AS MAY BE REQUIRED BY LAW OR BY THE ORGANIZATION'S ARTICLES OF INCORPORATION, OR BY ITS BYLAWS TO BE SUBMITTED TO THE CORPORATE MEMBER; 10. DELEGATION OF THE FUNCTIONS, POWERS, DUTIES AND RESPONSIBILITIES OF ANY OFFICER OF THE CORPORATION, AND; 11. ANY OTHER MATTER WHICH MAY BE SPECIFIED FROM TIME TO TIME BY THE CORPORATE MEMBER. <p>IN ADDITION, THE CORPORATE MEMBER RETAINS THE RIGHT TO APPROVE ALL CHANGES TO THE ORGANIZATION'S BYLAWS.</p>
FORM 990, PART VI, SEC B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	<p>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.</p>
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	<p>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</p>

Return Reference	Identifier	Explanation																																																		
		<p>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.</p> <p>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.</p>																																																		
FORM 990, PART VI, SEC B, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS IS PAID BY SOUTHERN ILLINOIS HOSPITAL SERVICES, INC. (SIHS), A RELATED TAX-EXEMPT ORGANIZATION.</p> <p>THE BOARD OF TRUSTEES SETS THE EXECUTIVE COMPENSATION POLICY AND IS RESPONSIBLE FOR APPROVAL OF THE COMPENSATION. THE GOVERNANCE COMMITTEE IS DESIGNATED BY THE BOARD TO ACT AS THE COMPENSATION COMMITTEE FOR MATTERS CONCERNING EXECUTIVE COMPENSATION.</p> <p>EACH MEMBER OF THE COMMITTEE, WHILE CONSIDERING EXECUTIVE COMPENSATION ISSUES, MUST BE AN INDEPENDENT DIRECTOR, FREE FROM ANY CONFLICT OF INTEREST.</p> <p>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.</p> <p>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 2013.</p>																																																		
FORM 990, PART VI, SEC B, LINE 15B	PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	<p>COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS IS PAID BY SOUTHERN ILLINOIS HOSPITAL SERVICES, INC. (SIHS), A RELATED TAX-EXEMPT ORGANIZATION.</p> <p>THE BOARD OF TRUSTEES SETS THE EXECUTIVE COMPENSATION POLICY AND IS RESPONSIBLE FOR APPROVAL OF THE COMPENSATION. THE GOVERNANCE COMMITTEE IS DESIGNATED BY THE BOARD TO ACT AS THE COMPENSATION COMMITTEE FOR MATTERS CONCERNING EXECUTIVE COMPENSATION.</p> <p>EACH MEMBER OF THE COMMITTEE, WHILE CONSIDERING EXECUTIVE COMPENSATION ISSUES, MUST BE AN INDEPENDENT DIRECTOR, FREE FROM ANY CONFLICT OF INTEREST.</p> <p>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.</p> <p>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 2013.</p>																																																		
FORM 990, PART VI, SEC C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.																																																		
FORM 990, PART IX, LINE 11G	OTHER EXPENSES	<table border="1"> <thead> <tr> <th data-bbox="513 1493 943 1612">(a) Description</th> <th data-bbox="943 1493 1089 1612">(b) Total Expenses</th> <th data-bbox="1089 1493 1230 1612">(c) Program Service Expenses</th> <th data-bbox="1230 1493 1372 1612">(d) Management and General Expenses</th> <th data-bbox="1372 1493 1515 1612">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>CREDIT AND COLLECTION FEES</td> <td>768,982</td> <td>574,239</td> <td>194,743</td> <td></td> </tr> <tr> <td>CLINICAL SERVICE FEES</td> <td>64,190</td> <td>64,190</td> <td>0</td> <td></td> </tr> <tr> <td>ENGINEERING FEES</td> <td>21,020</td> <td>21,020</td> <td>0</td> <td></td> </tr> <tr> <td>ARCHITECT FEES</td> <td>1,820</td> <td>320</td> <td>1,500</td> <td></td> </tr> <tr> <td>OTHER PROFESSIONAL FEES</td> <td>370,860</td> <td>215,189</td> <td>155,671</td> <td></td> </tr> <tr> <td>OTHER PURCHASED SERVICES</td> <td>385,906</td> <td>277,905</td> <td>108,001</td> <td></td> </tr> <tr> <td>AGENCY STAFFING</td> <td>86,654</td> <td>86,654</td> <td>0</td> <td></td> </tr> <tr> <td>PHYSICIAN SERVICES</td> <td>18,987,587</td> <td>18,800,892</td> <td>186,695</td> <td></td> </tr> <tr> <td>CONSULTING FEES</td> <td>7,401</td> <td>138</td> <td>7,263</td> <td></td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CREDIT AND COLLECTION FEES	768,982	574,239	194,743		CLINICAL SERVICE FEES	64,190	64,190	0		ENGINEERING FEES	21,020	21,020	0		ARCHITECT FEES	1,820	320	1,500		OTHER PROFESSIONAL FEES	370,860	215,189	155,671		OTHER PURCHASED SERVICES	385,906	277,905	108,001		AGENCY STAFFING	86,654	86,654	0		PHYSICIAN SERVICES	18,987,587	18,800,892	186,695		CONSULTING FEES	7,401	138	7,263	
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FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="513 1929 1312 1957">(a) Description</th> <th data-bbox="1312 1929 1515 1957">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>EQUITY TRANSFER FROM SIHS</td> <td>1,655,918</td> </tr> </tbody> </table>	(a) Description	(b) Amount	EQUITY TRANSFER FROM SIHS	1,655,918																																														
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

20-5521741

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/forms990.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOUTHERN ILLINOIS HOSPITAL SERVICES (37-0618939) PO BOX 3988, CARBONDALE, IL 62902	HEALTHCARE	IL	501(C)(3)	3	SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES		✓
(2) SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES, INC. (37-1136788) PO BOX 3988, CARBONDALE, IL 62902	LEASING OF MEDICAL SPACE FUNDRAISING	IL	501(C)(3)	11 - TYPE II	N/A		✓
(3) SIH FOUNDATION, NFP (27-1933790) 1239 EAST MAIN STREET, CARBONDALE, IL 62901		IL	501(C)(3)	11 - TYPE I	SOUTHERN ILLINOIS HOSPITAL SERVICES		✓
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) See Statement												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SIH CAYMAN SPC GROUP LTD (98-0611605) PO BOX 1051, GRAND CAYMAN, C.J, KY1-1102, C.J	FINANCING	CJ	N/A	C CORPORATION	N/A	N/A	N/A		✓
(2) HEALTH SERVICES OF SOUTHERN ILLINOIS, INC. (37-1115061) PO BOX 3988, CARBONDALE, IL 62902	INACTIVE	IL	N/A	C CORPORATION	N/A	N/A	N/A		✓
(3) HIDK PROPERTIES LAND TRUST (46-6693066) 1239 EAST MAIN STREET, CARBONDALE, IL 62902	RENTAL PROPERTIES	IL	N/A	TRUST	N/A	N/A	N/A		✓
(4)									
(5)									
(6)									
(7)									

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(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 (36-4566925) P.O. BOX 3988, CARBONDALE, IL 62902-3988	MEDICAL SERVICES	IL	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
(2) PHYSICIANS' SURGERY CENTER LLC (26-0425547) 2601 WEST MAIN STREET, CARBONDALE, IL 62901	MEDICAL SERVICES	IL	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

For calendar year 2013 or other tax year beginning APRIL 01, 2013, and ending MARCH 31, 20 14

▶ See separate instructions.

2013

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

**Open to Public Inspection for
501(c)(3) Organizations Only**

- A** Check box if address changed
- B** Exempt under section
 501(C)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Name of organization (Check box if name changed and see instructions.)
SOUTHERN ILLINOIS MEDICAL SERVICES, NFP

Number, street, and room or suite no. If a P.O. box, see instructions.
1239 EAST MAIN STREET

City or town, state or province, country, and ZIP or foreign postal code
CARBONDALE, IL 62901

D Employer identification number
(Employees' trust, see instructions.)
20-5521741

E Unrelated business activity codes
(See instructions.)
561000 | 446110

C Book value of all assets at end of year
49,915,456

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **SEE SUPPLEMENTAL INFORMATION**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ **SOUTHERN ILLINOIS HOSPITAL SERVICES, 37-0618939**

J The books are in care of ▶ **MIKE KASSER** Telephone number ▶ **(618)457-5200**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>25,226</u>				
b	Less returns and allowances	<u>0</u>				
	c Balance ▶		1c	<u>25,226</u>		
2	Cost of goods sold (Schedule A, line 7)		2	<u>2,204</u>		
3	Gross profit. Subtract line 2 from line 1c		3	<u>23,022</u>		<u>23,022</u>
4a	Capital gain net income (attach Form 8949 and Schedule D)		4a	<u>0</u>		<u>0</u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b	<u>0</u>		<u>0</u>
c	Capital loss deduction for trusts		4c	<u>0</u>		<u>0</u>
5	Income (loss) from partnerships and S corporations (attach statement)		5	<u>0</u>		<u>0</u>
6	Rent income (Schedule C)		6	<u>0</u>	<u>0</u>	<u>0</u>
7	Unrelated debt-financed income (Schedule E)		7	<u>0</u>	<u>0</u>	<u>0</u>
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8	<u>0</u>	<u>0</u>	<u>0</u>
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9	<u>0</u>	<u>0</u>	<u>0</u>
10	Exploited exempt activity income (Schedule I)		10	<u>0</u>	<u>0</u>	<u>0</u>
11	Advertising income (Schedule J)		11	<u>0</u>	<u>0</u>	<u>0</u>
12	Other income (See instructions; attach schedule.)		12	<u>0</u>		<u>0</u>
13	Total. Combine lines 3 through 12		13	<u>23,022</u>	<u>0</u>	<u>23,022</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)		14	<u>0</u>
15	Salaries and wages		15	<u>26,043</u>
16	Repairs and maintenance		16	<u>65</u>
17	Bad debts		17	<u>0</u>
18	Interest (attach schedule)		18	<u>0</u>
19	Taxes and licenses		19	<u>0</u>
20	Charitable contributions (See instructions for limitation rules.)		20	
21	Depreciation (attach Form 4562)	<u>21</u>	<u>216</u>	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	<u>0</u>	22b
23	Depletion		23	<u>0</u>
24	Contributions to deferred compensation plans		24	<u>0</u>
25	Employee benefit programs		25	<u>7,446</u>
26	Excess exempt expenses (Schedule I)		26	<u>0</u>
27	Excess readership costs (Schedule J)		27	<u>0</u>
28	Other deductions (attach schedule)		28	<u>8,345</u>
29	Total deductions. Add lines 14 through 28		29	<u>42,115</u>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	<u>-19,093</u>
31	Net operating loss deduction (limited to the amount on line 30)		31	<u>0</u>
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	<u>-19,093</u>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		33	<u>1,000</u>
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	<u>-19,093</u>

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	0
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800 (see instructions)	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e		0
41 Subtract line 40e from line 39	41		0
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		0
43 Total tax. Add lines 41 and 42	43		0
44a Payments: A 2012 overpayment credited to 2013	44a	0	
b 2013 estimated tax payments	44b	0	
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	44g	0	
45 Total payments. Add lines 44a through 44g	45		0
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47		0
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		0
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax 0 Refunded	49		0

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		✓
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		✓
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1	409	6 Inventory at end of year	6	1,961
2 Purchases	2	3,756	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	2,204
3 Cost of labor	3	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a	0			✓
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	4,165			

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: CFO

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

Paid Preparer Use Only	Print/Type preparer's name RACHEL SPURLOCK	Preparer's signature <i>Rachel Spurlock</i>	Date 11/10/2014	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name CROWE HORWATH LLP	Firm's EIN		Phone no. (502)326-3996	
	Firm's address 9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-1122				

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. SOUTHERN ILLINOIS MEDICAL SERVICES, NFP	Employer identification number (EIN) or 20-5521741
	Number, street, and room or suite no. If a P.O. box, see instructions. 1239 EAST MAIN STREET	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CARBONDALE, IL 62901	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► MIKE KASSER

Telephone No. ► (618)457-5200 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20 ____ or

► tax year beginning April 01, 20 13, and ending March 31, 20 14.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
(1)				
(2)				
(3)				
(4)				
Total		Total		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A). 0	Enter here and on page 1, Part I, line 7, column (B). 0
Total dividends-received deductions included in column 8 ▶			0	0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals ▶					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A). 0			Enter here and on page 1, Part I, line 9, column (B). 0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A). 0	Enter here and on page 1, Part I, line 10, col. (B). 0				Enter here and on page 1, Part II, line 26. 0

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0	Enter here and on page 1, Part I, line 11, col. (B). 0				Enter here and on page 1, Part II, line 27. 0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

Supplemental Information to Form 990-T

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

2013

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the Organization

SOUTHERN ILLINOIS MEDICAL SERVICES, NFP

Employer Identification Number

20-5521741

Return Reference	Identifier	Explanation
FORM 990-T, SECTION H	ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	TRANSCRIPTION SERVICES, RECEPTION SERVICES, AND DIETARY SUPPLEMENT/COSMETIC SALES TO NONPATIENTS

Form 990-T Part II, Line 28, Other Deductions

Description	Amount
Transcription Service	
(1) Miscellaneous	125
(2) Supplies/Equipment	296
(3) Data Processing	5,702
(4) Lease/Rent	1,880
(5) Purchased Services	87
(6) Training	255
Total	8,345
Total for Part II, Line 28	8,345

Form 990-T Part II, Line 31, Net Operating Loss Deduction Carryforward Schedule

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2008	1,280	0	0	1,280	2028
2009	1,449	0	0	1,449	2029
2010	3,588	0	0	3,588	2030
2011	3,604	0	0	3,604	2031
2012	3,338	0	0	3,338	2032
2013	19,093	0	0	19,093	2033
Totals	32,352	0	0	32,352	

ELECTION TO FORGO THE TWO-YEAR NET OPERATING LOSS CARRYBACK PERIOD

The taxpayer incurred a net operating loss in the current tax year and is entitled to a two-year carryback of the loss under IRC Sec. 172(b)(1)(A)(i). Pursuant to IRC Sec. 172(b)(3), the taxpayer hereby elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating losses.

Form 990-T Part III, Line 35, Tax Computation Worksheet for Members of a Controlled Group

1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	-19,093
2	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is less	0
3	Subtract line 2 from line 1	-19,093
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less	0
5	Subtract line 4 from line 3	-19,093
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less	0
7	Subtract line 6 from line 5	0
8	Enter 15% of line 2	0
9	Enter 25% of line 4	0
10	Enter 34% of line 6	0
11	Enter 35% of line 7	0
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of: (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)	0
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of: (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)	0
14	Add lines 8 through 13. Enter here and on line 35c, page 2, Form 990-T	0