

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

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2016  
**Open to Public Inspection**

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

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final <input type="checkbox"/> Return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization SOUTHERN ILLINOIS MEDICAL SERVICES NFP</p> <hr/> <p>Doing business as Southern Illinois Medical Group</p> <hr/> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite 1239 EAST MAIN STREET</p> <hr/> <p>City or town, state or province, country, and ZIP or foreign postal code CARBONDALE, IL 62901</p>	<p><b>D</b> Employer identification number 20-5521741</p> <hr/> <p><b>E</b> Telephone number (618) 457-5200</p> <hr/> <p><b>G</b> Gross receipts \$ 74,272,804</p>
<p><b>F</b> Name and address of principal officer REX BUDDÉ 1239 EAST MAIN STREET CARBONDALE, IL 62901</p>		<p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶</p>
<p><b>I</b> 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</p>		
<p><b>J</b> Website: ▶ www.sih.net</p>		
<p><b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation 2006 <b>M</b> State of legal domicile IL</p>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities As physicians, mid-level providers and staff, our mission is to improve the health of the people we serve through excellence in medical care		
<hr/>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	776
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	7
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	31,186
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-10,770
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,615,856	73,825,739
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,226	173,074
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	164,632	135,509
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	73,889,714	74,134,322
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,945,091	53,309,701
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	47,728,447	53,927,399	
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	89,673,538	107,237,100	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-15,783,824	-33,102,778	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	56,589,633	62,344,575
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	67,599,319	104,780,031
		-11,009,686	-42,435,456

**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

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

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

Southern Illinois Medical Services NFP (SIMS) employs physicians and operates physician practices to provide care and treatment of the medically sick, injured, or afflicted on a not-for-profit basis (Continued in Schedule O)

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 44,167,873 including grants of \$ 0 ) (Revenue \$ 23,676,423 )  
See Additional Data

**4b** (Code ) (Expenses \$ 33,494,925 including grants of \$ 0 ) (Revenue \$ 27,344,794 )  
See Additional Data

**4c** (Code ) (Expenses \$ 14,048,629 including grants of \$ 0 ) (Revenue \$ 13,089,454 )  
See Additional Data

(Code ) (Expenses \$ 8,094,855 including grants of \$ 0 ) (Revenue \$ 9,819,391 )  
SOUTHERN ILLINOIS MEDICAL SERVICES, NFP (SIMS) ALSO PROVIDES OTHER ADMINISTRATIVE SERVICES AND LEASES SPACE TO ITS RELATED ORGANIZATIONS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 8,094,855 including grants of \$ ) (Revenue \$ 9,819,391 )

**4e Total program service expenses** ▶ 99,806,282

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

**Part IV Checklist of Required Schedules** (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Mike Kasser, 1239 East Main 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if 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 0 ..... 42 0	X		X				0	726,199	250,084
(2) Mike Kasser VP/CFO	13 0 ..... 42 0	X		X				0	444,346	147,206
(3) Steve Sabens Secretary	1 0 ..... 3 0	X		X				0	500	0
(4) Eugene Basanta Trustee	1 0 ..... 3 0	X						0	350	0
(5) Kathleen Fralish Trustee	1 0 ..... 3 0	X						0	300	0
(6) Harold Bardo Trustee	1 0 ..... 3 0	X						0	400	0
(7) George O'Neill Trustee	1 0 ..... 3 0	X						0	550	0
(8) Morton Levine Trustee	1 0 ..... 3 0	X						0	400	0
(9) Brad Cole Trustee	1 0 ..... 0	X						0	0	0
(10) William Sherwood VP/General Counsel	13 0 ..... 42 0			X				0	563,486	46,961
(11) Philip Schaefer VP/Amb & Phys Services	40 0 ..... 25 0			X				0	489,963	144,208
(12) Shelly Pierce VP/Quality	25 0 ..... 30 0			X				0	300,922	54,405
(13) Daniel Skiles VP/Health as of 2/23/17	11 0 ..... 44 0			X				0	214,631	40,683
(14) Marci L Moore-Connelley MD VP/CMO	14 0 ..... 41 0			X				0	457,587	63,601
(15) Gerald Mourey VP/Info Systems	9 0 ..... 41 0			X				0	336,266	59,245
(16) Nader Dababneh MD Physician	40 0 ..... 0					X		964,290	0	75,411
(17) Mark Fleming MD Physician	40 0 ..... 0					X		779,884	0	68,530

**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			
(18) Naresh Ahuja MD Physician	40 0 .....0...					X		983,204	6,490	63,419
(19) Gerson Criste MD Physician	40 0 .....0...					X		777,269	0	70,548
(20) Mack McCain MD Physician	40 0 .....0...					X		834,506	0	75,469
(21) David Holland Former VP	0 0 .....0 0						X	0	252,411	66,618

<b>1b Sub-Total</b> . . . . .			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .	4,339,153	3,794,801	1,226,388

**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 ► 157

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b> 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> . . . . .	4 Yes	
<b>5</b> 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> . . . . .	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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 627949420	CARDIOVASCULAR SERVICES	14,774,970
MEDICAL MARKETING MANAGEMENT LLC 26261 EVERGREEN RD SUITE 450 SOUTHFIELD, MI 48076	MEDICAL STAFFING	2,592,506
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397	MEDICAL STAFFING	1,639,058
MEDICUS HOSPITALISTS 22 ROULSTON RD WINDHAM, NH 03087	MEDICAL SERVICES	989,700
BURLINGTON HEALTHCARE PROVIDER 12425 KNOLL RODA ELM GROVE, WI 53132	MEDICAL STAFFING	874,855

**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 ► 28



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .			0			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> NET PATIENT REVENUE	621110	73,113,312	73,113,312	0	0	
	<b>b</b> LEASEHOLD REVENUE FROM RELATED ORGANIZATIONS	531120	712,427	712,427	0	0	
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue			0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .			73,825,739				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		247,984	0	0	247,984	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)	0	0			
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses		74,910			
		<b>c</b> Gain or (loss)	0	-74,910			
		<b>d</b> Net gain or (loss) . . . . .			-74,910	0	0
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	99,003	63,572			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			35,431	27,771	7,660	
Miscellaneous Revenue	Business Code						
<b>11a</b> MEDICAL RECORD REVENUE	900099	69,058	69,058	0	0		
<b>b</b> RECEPTION SERVICE FEES	900099	14,754	0	14,754	0		
<b>c</b> TRANSCRIPTION FEES	561000	8,772	0	8,772	0		
<b>d</b> All other revenue . . . . .		7,494	7,494	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .			100,078				
<b>12 Total revenue.</b> See Instructions . . . . .			74,134,322	73,930,062	31,186	173,074	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	41,554,127	38,664,330	2,889,797	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,405,208	1,342,579	62,629	0
<b>9</b> Other employee benefits.	7,104,124	6,529,100	575,024	0
<b>10</b> Payroll taxes.	3,246,242	3,028,267	217,975	0
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	225,355	0	225,355	0
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	35,070,334	33,921,910	1,148,424	0
<b>12</b> Advertising and promotion.	2,536	0	2,536	0
<b>13</b> Office expenses.	1,204,659	794,244	410,415	0
<b>14</b> Information technology.	137,108	132,607	4,501	0
<b>15</b> Royalties.				
<b>16</b> Occupancy.	2,829,887	2,787,277	42,610	0
<b>17</b> Travel.	70,075	59,187	10,888	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	220,072	203,758	16,314	0
<b>20</b> Interest.	19,496	0	19,496	0
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	2,466,996	1,395,472	1,071,524	0
<b>23</b> Insurance.	4,444,191	3,899,900	544,291	0
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	5,614,521	5,614,521	0	0
<b>b</b> EQUIPMENT RENTAL	1,164,095	1,145,853	18,242	0
<b>c</b> DUES/SUBSCRIPTIONS/LICENSES	282,837	279,431	3,406	0
<b>d</b> BANK FEES	164,621	0	164,621	0
<b>e</b> All other expenses	10,616	7,846	2,770	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	107,237,100	99,806,282	7,430,818	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,645	<b>1</b>	9,145
	<b>2</b> Savings and temporary cash investments . . . . .	729,753	<b>2</b>	3,527,039
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	14,392,846	<b>4</b>	15,275,294
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	142,623	<b>7</b>	208,412
	<b>8</b> Inventories for sale or use . . . . .	27,978	<b>8</b>	31,912
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,320,613	<b>9</b>	1,422,779
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	35,992,912		
	<b>b</b> Less accumulated depreciation	9,780,167		
		24,237,282	<b>10c</b>	26,212,745
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	14,237,394	<b>14</b>	13,525,116
<b>15</b> Other assets See Part IV, line 11 . . . . .	1,492,499	<b>15</b>	2,132,133	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	56,589,633	<b>16</b>	62,344,575	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	15,327,774	<b>17</b>	14,865,892
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	52,271,545	<b>25</b>	89,914,139
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	67,599,319	<b>26</b>	104,780,031
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	-11,009,686	<b>27</b>	-42,435,456
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	-11,009,686	<b>33</b>	-42,435,456
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	56,589,633	<b>34</b>	62,344,575

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	74,134,322
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	107,237,100
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-33,102,778
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	-11,009,686
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	1,677,008
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-42,435,456

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> 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</p>			
<p><b>2a</b> 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</p>	<b>2a</b>		No
<p><b>b</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</p>	<b>2b</b>	Yes	
<p><b>c</b> 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</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>		No
<p><b>b</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</p>	<b>3b</b>		

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 20-5521741

**Name:** SOUTHERN ILLINOIS MEDICAL SERVICES NFP

Form 990 (2016)

---

### Form 990, Part III, Line 4a:

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 THIS REPORTING PERIOD, THE COMMUNITY PHYSICIAN PRACTICES OF SIMS RECORDED 161,417 ENCOUNTERS IN TREATING THIS POPULATION (CONTINUED IN SCHEDULE O)

---

**Form 990, Part III, Line 4b:**

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 283,741 ENCOUNTERS TREATING THIS POPULATION (CONTINUED IN SCHEDULE O)

---

**Form 990, Part III, Line 4c:**

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 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 THIS REPORTING PERIOD, THE HOSPITAL PHYSICIANS OF SIMS RECORDED 169,280 ENCOUNTERS IN TREATING THIS POPULATION (CONTINUED IN SCHEDULE O)

---

**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

SOUTHERN ILLINOIS MEDICAL SERVICES NFP

Employer identification number

20-5521741

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

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

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

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14</b>	<b>First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

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

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

**Part VI Supplemental Information.**

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

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SOUTHERN ILLINOIS MEDICAL SERVICES NFP

**Employer identification number**  
20-5521741

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

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

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		2,498,651		2,498,651
<b>b</b> Buildings		20,949,614	4,333,920	16,615,694
<b>c</b> Leasehold improvements		809,438	357,227	452,211
<b>d</b> Equipment . . . . .		10,812,400	5,089,020	5,723,380
<b>e</b> Other . . . . .		922,809		922,809
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				26,212,745

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

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

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Medical Professional Liability Insurance	3,474,651
Due to affiliates	82,732,308
Executive Benefits Liability	252,696
Asbestos Liability	77,745
Accrued Interest payable	13,174
Bond Liability payable to SIHS	3,363,565
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	89,914,139

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>The organization is included in consolidated financial statements. Below is the FIN 48 (ASC 740) footnote from those financial statements. SIHE and its affiliated organizations, with the exception of the Captive, HSSI and PSC, are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Corporation realized certain income which the Internal Revenue Service considers to be unrelated business income subject to income tax. For the years ended March 31, 2017 and 2016, no tax was due related to these operations. The Captive is incorporated under the laws of the Cayman Islands, which imposes no tax on income or capital gains. However, the Captive is subject to U.S. federal corporate taxation to the extent that it generates income that is effectively connected with a U.S. trade or business. The Captive is not engaged in any such trade or business in the U.S. PSC is a pass-through entity and its members separately account for their share of PSC's net income or loss which is allocated to the members based on the ownership percentage. Accordingly, income taxes are not provided for in the accompanying consolidated financial statements. When tax returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would be ultimately sustained. Examples of tax positions common to health systems include matters such as the tax exempt entity taking a tax position that an organization is tax exempt without observing corresponding proof of tax exemption from federal and state taxing authorities and there is material net income generated by the entity or egregious compensation paid to insiders that could result in revocation of exempt status (outside the scope of intermediate sanctions excise tax penalties). The tax position is to consider that these compensatory arrangements do not jeopardize tax exemption. The benefit of a tax position is recognized in the consolidated financial statements in the period during which, based on all available evidence, management believes it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any. Tax positions taken are not offset or aggregated with other positions. Tax positions that meet the "more-likely-than-not" recognition threshold are measured as the largest amount of tax benefit that is more than 50 percent likely of being realized upon settlement with the applicable taxing authority. There were no uncertain tax benefits identified and recorded at March 31, 2017 and 2016. The Corporation does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months. The Corporation would recognize interest and/or penalties related to income tax matters in miscellaneous expenses. There was no interest a</p>

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	and/or penalties related to income tax matters identified and recorded at March 31, 2017 and 2016. Tax returns filed by the Corporation are subject to examination by the Internal Revenue Service (IRS) up to three years from the extended due date of each return. Tax returns filed by the Corporation are no longer subject to examination for the years ended March 31, 2013 and prior.

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

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

**2015**  
**Open to Public Inspection**

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

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

**Part I Questions Regarding Compensation**

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

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

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

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

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



**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 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 4a Severance or change-of-control payment	DAVID HOLLAND, VP/INFORMATION SYSTEMS RECEIVED \$96,978 OF SEVERANCE PAY
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 - \$33,989 payment received, \$216,199 deferred compensation; Mike Kasser - No payment received, \$97,709 deferred compensation; William Sherwood - \$219,659 payment received, No deferred compensation; Phil Schaefer - \$94,537 payment received, \$99,605 deferred compensation; Dave Holland - \$154,377 payment received, \$65,327 deferred compensation; Shelly Pierce - \$27,631 payment received, \$32,624 deferred compensation; Marci Moore-Connelley - \$15,503 payment received, \$37,514 deferred compensation; Mack McCain - \$20,460 payment received, \$25,533 deferred compensation; Gerson Criste - \$22,002 payment received, \$21,999 deferred compensation; Nader Dababneh - \$16,800 payment received, \$32,500 deferred compensation; Mark Fleming - \$28,171 payment received, \$35,500 deferred compensation; Naresh Ahuja - \$22,204 payment received, \$24,325 deferred compensation; Gerald Mourey - No payment received, \$22,560 deferred compensation.

**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 20-5521741  
**Name:** SOUTHERN ILLINOIS MEDICAL SERVICES NFP

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Rex Budde President	(i)	0	0	0	0	0	0	0
	(ii)	596,065	80,516	49,618	226,799	23,285	976,283	33,989
<b>1</b> Mike Kasser VP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	371,451	58,938	13,957	108,309	38,897	591,552	0
<b>2</b> David Holland Former VP	(i)	0	0	0	0	0	0	0
	(ii)	0	0	252,411	65,327	1,291	319,029	154,377
<b>3</b> William Sherwood VP/General Counsel	(i)	0	0	0	0	0	0	0
	(ii)	278,042	49,150	236,294	10,600	36,361	610,447	219,659
<b>4</b> Philip Schaefer VP/Amb & Phys Services	(i)	0	0	0	0	0	0	0
	(ii)	326,283	54,373	109,307	110,205	34,003	634,171	94,537
<b>5</b> Shelly Pierce VP/Quality	(i)	0	0	0	0	0	0	0
	(ii)	219,312	42,370	39,240	40,534	13,871	355,327	27,631
<b>6</b> Daniel Skiles VP/Health as of 2/23/17	(i)	0	0	0	0	0	0	0
	(ii)	203,114	1,258	10,259	8,356	32,327	255,314	0
<b>7</b> Marci L Moore-Connelley MD VP/CMO	(i)	0	0	0	0	0	0	0
	(ii)	372,875	58,006	26,706	48,114	15,487	521,188	15,503
<b>8</b> Gerald Mourey VP/Info Systems	(i)	0	0	0	0	0	0	0
	(ii)	264,501	47,311	24,454	24,728	34,517	395,511	0
<b>9</b> Nader Dababneh MD Physician	(i)	624,849	321,200	18,241	43,100	32,311	1,039,701	16,800
	(ii)	0	0	0	0	0	0	0
<b>10</b> Mark Fleming MD Physician	(i)	744,317	1,366	34,201	46,100	22,430	848,414	28,171
	(ii)	0	0	0	0	0	0	0
<b>11</b> Naresh Ahuja MD Physician	(i)	498,899	460,768	23,537	34,925	28,494	1,046,623	22,204
	(ii)	6,490	0	0	0	0	6,490	0
<b>12</b> Gerson Criste MD Physician	(i)	430,238	323,923	23,108	29,504	41,044	847,817	22,002
	(ii)	0	0	0	0	0	0	0
<b>13</b> Mack McCain MD Physician	(i)	491,857	318,391	24,258	36,133	39,336	909,975	20,460
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SOUTHERN ILLINOIS MEDICAL SERVICES NFP

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**Employer identification number**

20-5521741

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 1 ORGANIZATION'S MISSION</p>	<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, HAN DICAP, 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 245,000 THESE COUNTIES ARE CHARACTERIZED BY - MEDIAN HOUSEHOLD INCOMES IN THE AREA THAT ARE SUBSTANTIALLY LESS THAN THE STATEWIDE AVERAGE - ALL SEVEN COUNTIES HAVE MORE RESIDENTS LIVING IN POVERTY THAN THE STATE AVERAGE 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 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, PULMONOLOGY AND NEUROLOGY THESE PRACTICES PROVIDE THE ONLY ACCESS TO SEVERAL OF THESE SPECIALTIES WITHIN OUR SERVICE AREA 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 HEALTH CARE TO THE POPULATION OF OUR SERVICE AREA AS MANY OF THE RESIDENTS DO NOT HAVE A PRIMARY CARE PHYSICIAN SERVICES PROVIDED DURING THE YEAR ENDED MARCH 31, 2017, SIMS' PHYSICIANS RECORDED 614,438 ENCOUNTERS IN TREATING THE POPULATION AREA THE PHYSICIAN CLINICS ACCOUNTED FOR 283,741 OF THESE ENCOUNTERS, COMMUNITY PHYSICIANS ACCOUNTED FOR 161,417 ENCOUNTERS AND HOSPITAL PHYSICIANS PROVIDED THE REMAINING 169,280 ENCOUNTERS APPROXIMATELY 55.07% OF THESE ENCOUNTERS PROVIDED CARE THAT WAS CLASSIFIED AS EITHER UNCOMPENSATED FINANCIAL ASSISTANCE OR UNCOMPENSATED GOVERNMENT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	RNMENT-SPONSORED HEALTH CARE AN ADDITIONAL 8 29% OF THE TOTAL CARE PROVIDED IN THESE ENCO UNTERS WAS WRITTEN OFF AS BAD DEBT COMMUNITY BENEFITS THE GOAL OF THE ORGANIZATION'S SOL E MEMBER'S, SOUTHERN ILLINOIS HOSPITAL SERVICES, IS TO RESPOND TO IDENTIFIED COMMUNITY HEA LTH NEEDS, INCREASE ACCESS TO CARE, LEAD AND SERVE AS AN EXAMPLE TO OTHERS IN SERVICE TO T HE COMMUNITY, AND IMPROVE THE OVERALL HEALTH STATUS OF THOSE IN THE COMMUNITIES SERVED TH ESE PROGRAMS EXTEND TO THE PATIENTS OF SIMS SOUTHERN ILLINOIS HEALTHCARE'S OVERALL APPROA CH IS TO TARGET THE INTERSECTIONS OF DOCUMENTED UNMET COMMUNITY HEALTH NEEDS AND THE ORGAN IZATION'S MISSION, VALUES AND KEY STRENGTHS COMMUNITY BENEFIT ACTIVITIES EMPHASIZE PRIMAR Y PREVENTATIVE HEALTH CARE SERVICES, HIGH IMPACT HEALTH SCREENING AND PROMOTION, CHRONIC D ISEASE PREVENTION AND MANAGEMENT, AND INCREASE ACCESS TO CARE ESPECIALLY FOR VULNERABLE AN D UNDERSERVED PEOPLE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a COMMUNITY PHYSICIAN PRACTICES	<p>(CONTINUED FROM PART III) THROUGH DAILY OPERATIONS, THE COMMUNITY PHYSICIAN PRACTICES OF SIMS PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED FINANCIAL ASSISTANCE AND UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE. THE PATIENT POPULATION OF THE COMMUNITY PHYSICIAN PRACTICES OF SIMS IS COMPRISED OF 38% MEDICARE, 20% MEDICAID, 4% SELF-PAY/FINANCIAL ASSISTANCE AND 38% COMMERCIAL/MANAGED CARE. UNCOMPENSATED HEALTH CARE: THE COMMUNITY PHYSICIAN PRACTICES OF SIMS HAVE PROVIDED \$10,478,216 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH CARE PROGRAM. INDIGENT HEALTH CARE: THE COMMUNITY PHYSICIAN PRACTICES OF SIMS HAVE PROVIDED \$6,882,819 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$289,118 OF INDIGENT FINANCIAL ASSISTANCE. BAD DEBTS: THE COMMUNITY PHYSICIAN PRACTICES OF SIMS WROTE OFF \$1,893,265 FROM PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED FINANCIAL ASSISTANCE. SIMS HAS DETERMINED THAT 20.6% OR \$275,306 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS FINANCIAL ASSISTANCE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b PHYSICIAN CLINICS	<p>(CONTINUED FROM PART III) CMA ENCOMPASSES NEARLY 60,000 SQUARE FEET OF SPACE, MAKING IT ONE OF THE AREA'S LARGEST HEALTH CARE FACILITIES A PROMPT CARE CLINIC IS AVAILABLE WITHIN THE CENTER TO MEET THE IMMEDIATE MEDICAL NEEDS OF PATIENTS ALONG WITH AN IMAGING CENTER AND LABORATORY SERVICES BOTH PRIMARY CARE AND SPECIALIZED MEDICAL CARE ARE PROVIDED INCLUDING FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS, GENERAL SURGERY, AND UROLOGY, AMONG OTHERS LPC HAS OPERATIONS IN TWO LOCATIONS AND ENCOMPASSES 40,000 SQUARE FEET 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 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 THERAPY AND OCCUPATIONAL THERAPY ARE ALSO PROVIDED IN THREE LOCAL COMMUNITIES THROUGH DAILY OPERATIONS, THE PHYSICIAN CLINICS PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED FINANCIAL ASSISTANCE AND UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE THE PATIENT POPULATION OF THE PHYSICIAN CLINICS IS COMPRISED OF 26% MEDICARE, 27% MEDICAID, 4% SELF-PAY/FINANCIAL ASSISTANCE AND 43% COMMERCIAL/MANAGED CARE UNCOMPENSATED HEALTH CARE THE PHYSICIAN CLINICS HAVE PROVIDED \$4,006,390 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH PROGRAM INDIGENT HEALTH CARE THE PHYSICIAN CLINICS HAVE PROVIDED \$3,176,768 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$143,742 OF INDIGENT FINANCIAL ASSISTANCE BAD DEBTS THE PHYSICIAN CLINICS WROTE OFF \$2,135,140 OF PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED FINANCIAL ASSISTANCE IT HAS BEEN DETERMINED THAT 20.6% OR \$309,565 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS FINANCIAL ASSISTANCE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4c HOSPITAL PHYSICIAN PRACTICES	(CONTINUED FROM PART III) THROUGH DAILY OPERATIONS, THE HOSPITAL PHYSICIAN PRACTICES OF SIMS PROVIDE SIGNIFICANT AMOUNTS OF UNCOMPENSATED FINANCIAL ASSISTANCE AND UNCOMPENSATED GOVERNMENT-SPONSORED HEALTH CARE THE PATIENT POPULATION OF THE HOSPITAL PHYSICIAN PRACTICES OF SIMS IS COMPRISED OF 32% MEDICARE, 23% MEDICAID, 4% SELF-PAY/FINANCIAL ASSISTANCE AND 41% COMMERCIAL/MANAGED CARE UNCOMPENSATED HEALTH CARE THE HOSPITAL PHYSICIANS OF SIMS PROVIDED \$7,331,245 OF UNCOMPENSATED HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICARE HEALTH CARE PROGRAM INDIGENT HEALTH CARE THE HOSPITAL PHYSICIANS OF SIMS HAVE PROVIDED \$7,977,865 OF INDIGENT HEALTH CARE THROUGH PARTICIPATION IN THE GOVERNMENT-SPONSORED MEDICAID HEALTH CARE PROGRAM AND \$297,192 OF INDIGENT FINANCIAL ASSISTANCE BAD DEBTS THE HOSPITAL PHYSICIAN PRACTICES OF SIMS WROTE OFF \$2,081,862 FROM PRIVATE PAY ACCOUNTS THAT WERE UNCOLLECTIBLE, BUT DID NOT MEET THE CRITERIA TO BE CONSIDERED FINANCIAL ASSISTANCE SIMS HAS DETERMINED THAT 20 6% OR \$422,552 OF THE AMOUNTS WRITTEN OFF AS BAD DEBT WOULD HAVE QUALIFIED AS FINANCIAL ASSISTANCE IF THE PATIENTS WOULD HAVE SUBMITTED THE REQUIRED DOCUMENTATION



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 8,094,855 including grants of \$ 0)(Revenue \$ 9,819,391) SOUTHERN ILLINOIS MEDICAL SERVICES, NFP (SIMS) ALSO PROVIDES OTHER ADMINISTRATIVE SERVICES AND LEASES SPACE TO ITS RELATED ORGANIZATIONS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS IS PAID BY SOUTHERN ILLINOIS HOSPITAL SERVICES, INC (SIHS), A RELATED TAX-EXEMPT ORGANIZATION THE BOARD OF TRUSTEES SETS THE EXECUTIVE COMPENSATION POLICY AND IS RESPONSIBLE FOR APPROVAL OF THE COMPENSATION THE GOVERNANCE COMMITTEE IS DESIGNATED BY THE BOARD TO ACT AS THE COMPENSATION COMMITTEE FOR MATTERS CONCERNING EXECUTIVE COMPENSATION EACH MEMBER OF THE COMMITTEE, WHILE CONSIDERING EXECUTIVE COMPENSATION ISSUES, MUST BE AN INDEPENDENT DIRECTOR, FREE FROM ANY CONFLICT OF INTEREST THE COMMITTEE SEEKS OUT AND CONTRACTS THE SERVICES OF AN OUTSIDE, INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT TO ADVISE THE COMMITTEE IN MATTERS OF MARKET VALUES OF COMPARABLE EXECUTIVE POSITIONS THE COMMITTEE ANNUALLY REVIEWS ALL COMPARABILITY DATA AND PREPARES A RECOMMENDATION AS TO THE COMPENSATION PACKAGE OF THE PRESIDENT/CEO FOR THE FULL BOARD ONLY THE FULL BOARD HAS THE AUTHORITY TO APPROVE THE COMPENSATION OF THE PRESIDENT/CEO THE DECISIONS AND DELIBERATIONS ARE DOCUMENTED IN THE GOVERNANCE COMMITTEE MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN JUNE 2016 BECAUSE THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS ARE NOT PAID BY THE FILING ORGANIZATION, THE FORM 990 INSTRUCTIONS REQUIRE THIS TO BE ANSWERED "NO"

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS IS PAID BY SOUTHERN ILLINOIS HOSPITAL SERVICES, INC (SIHS), A RELATED TAX-EXEMPT ORGANIZATION THE BOARD OF TRUSTEES SETS THE EXECUTIVE COMPENSATION POLICY AND IS RESPONSIBLE FOR APPROVAL OF THE COMPENSATION THE GOVERNANCE COMMITTEE IS DESIGNATED BY THE BOARD TO ACT AS THE COMPENSATION COMMITTEE FOR MATTERS CONCERNING EXECUTIVE COMPENSATION EACH MEMBER OF THE COMMITTEE, WHILE CONSIDERING EXECUTIVE COMPENSATION ISSUES, MUST BE AN INDEPENDENT DIRECTOR, FREE FROM ANY CONFLICT OF INTEREST THE COMMITTEE SEEKS OUT AND CONTRACTS THE SERVICES OF AN OUTSIDE, INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT TO ADVISE THE COMMITTEE IN MATTERS OF MARKET VALUES OF COMPARABLE EXECUTIVE POSITIONS THE COMMITTEE ANNUALLY REVIEWS ALL COMPARABILITY DATA AND PREPARES A RECOMMENDATION AS TO THE COMPENSATION PACKAGE OF ALL OFFICERS FOR THE FULL BOARD ONLY THE COMMITTEE WILL HAVE THE AUTHORITY TO APPROVE THE COMPENSATION OF ALL SENIOR MANAGEMENT AND WILL REPORT ITS ACTIONS TO THE BOARD THE DECISIONS AND DELIBERATIONS ARE DOCUMENTED IN THE GOVERNANCE COMMITTEE MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN JUNE 2016 BECAUSE THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS ARE NOT PAID BY THE FILING ORGANIZATION, THE FORM 990 INSTRUCTIONS REQUIRE THIS TO BE ANSWERED "NO"

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 1a Delegate broad authority to a committee	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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 6 Classes of members or stockholders	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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The organization's sole member, Southern Illinois Hospital Services, Inc , has the exclusive right to elect Trustees to the organization's Board of Trustees

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, 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. 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"><li>1 Capital expenditures in excess of \$500,000,</li><li>2 The buying, selling, leasing, mortgaging or disposing of real property belonging to the Corporation or any of its subsidiaries,</li><li>3 The establishment or discontinuance of any major services, including services requiring Certificates of Need,</li><li>4 Long-Range Strategic Plans,</li><li>5 Master Facilities and Site Plans,</li><li>6 The creation or dissolution of any corporation, the sole member or majority stockholder of which is the Corporation,</li><li>7 Joint venture or affiliation agreements,</li><li>8 The incurrence of indebtedness in excess of \$500,000,</li><li>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,</li><li>10 Delegation of the functions, powers, duties and responsibilities of any officer of the Corporation, and,</li><li>11 Any other matter which may be specified from time to time by the Corporate Member.</li></ol> <p>In addition, The Corporate Member retains the right to approve all changes to the organization's bylaws.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	A draft of the Form 990 and supplemental schedules was distributed to the CEO, CFO and certain Vice-Presidents of the corporation for their review and comments. A draft copy was presented to the Finance Committee by the CFO and the organization's tax advisors for review and comments. After the review and comment period, all suggestions and comments were considered and the Form 990 was updated as appropriate. The finalized Form 990 and supplemental schedules was then presented to the Board of Trustees and a copy of the return was made available to every member of the governing body before it was filed with the IRS.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12c Conflict of interest policy	<p>Annually, the General Counsel sends out a Conflict of Interest Questionnaire to each Trustee, Director, Officer, Manager and key employee to complete and return. The General Counsel then reviews these Questionnaires to determine what conflicts, real or perceived, exist. During every board meeting, the General Counsel reminds the Trustees that the Board has a conflict of interest policy, that the General Counsel has reviewed the agenda for any conflicts, but that the Trustees are obligated to give notice if a conflict has been over-looked or if a discussion or action comes before the Board which may involve or create a conflict of interest for someone. If a Trustee has a conflict of interest, the Trustee or the General Counsel discloses the conflict. The Trustee with the conflict is allowed to remain in the meeting to answer any question the Trustee may need to answer and then the conflicted Trustee is excused from the meeting. The remaining Trustees then discuss the matter further and action is taken on the matter. Finally, the conflicted Trustee is then invited back into the meeting. Interested persons may also be asked, in rare situations, to resign their position on the Board.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Required documents available to the public	The organization makes its conflict of interest policy available to the public on its website and upon request. Governing documents and financial statements are not required disclosures pursuant to Internal Revenue Code (IRC) Section 6104. These documents are not available to the public at this time.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	- Total Revenue 7494, Related or Exempt Function Revenue 7494, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 0, - Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IX, Line 11g Other Fees	CREDIT and COLLECTION FEES - Total Expense 978897, Program Service Expense 930863, Management and General Expenses 48034, Fundraising Expenses 0, CLINICAL SERVICE FEES - Total Expense 26330, Program Service Expense 26330, Management and General Expenses 0, Fundraising Expenses 0, ARCHITECT FEES - Total Expense 22076, Program Service Expense 18826, Management and General Expenses 3250, Fundraising Expenses 0, OTHER PROFESSIONAL FEES - Total Expense 351562, Program Service Expense 243644, Management and General Expenses 107918, Fundraising Expenses 0, OTHER PURCHASED SERVICES - Total Expense 972648, Program Service Expense 212161, Management and General Expenses 760487, Fundraising Expenses 0, PHYSICIAN SERVICES - Total Expense 32718521, Program Service Expense 32489786, Management and General Expenses 228735, Fundraising Expenses 0, CONSULTING FEES - Total Expense 300, Program Service Expense 300, Management and General Expenses 0, Fundraising Expenses 0,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part X, Line 25 Bond Liability payable to SIHS	The Series 2017A non-taxable bond is split between Southern Illinois Medical Services and Southern Illinois Hospital Services, a related tax exempt entity. The amount listed on line 25 represents the piece of the bond that Southern Illinois Medical Services holds.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	EQUITY TRANSFER FROM SIHS - 1677008,

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SOUTHERN ILLINOIS MEDICAL SERVICES NFP

Employer identification number

20-5521741

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

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

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" 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
<b>(1)</b> SOUTHERN ILLINOIS HOSPITAL SERVICES PO BOX 3988  CARBONDALE, IL 62902 37-0618939	HEALTHCARE	IL	501(c)(3)	3	SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES		No
<b>(2)</b> SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES INC PO BOX 3988  CARBONDALE, IL 62902 37-1136788	LEASING OF MEDICAL SPACE	IL	501(c)(3)	Type II	NA		No
<b>(3)</b> SIH FOUNDATION NFP 1239 EAST MAIN STREET  CARBONDALE, IL 62901 27-1933790	FUNDRAISING	IL	501(c)(3)	Type I	SOUTHERN ILLINOIS HOSPITAL SERVICES		No

**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	
<b>(1)</b> RIC AND SIHS REHABILITATION SERVICES LLC PO BOX 3988 CARBONDALE, IL 629023988 36-4566925	MEDICAL SERVICES	IL	NA	N/A	0	0			0			0 %
<b>(2)</b> PHYSICIANS' SURGERY CENTER LLC 2601 WEST MAIN STREET CARBONDALE, IL 62901 26-0425547	MEDICAL SERVICES	IL	NA	N/A	0	0			0			0 %

**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
<b>(1)</b> SIH CAYMAN SPC GROUP LTD PO BOX 1051 GRAND CAYMAN, CJ KY11102 CJ 98-0611605	FINANCING	CJ	NA	C Corporation					No
<b>(2)</b> HEALTH SERVICES OF SOUTHERN ILLINOIS INC PO BOX 3988 CARBONDALE, IL 62902 37-1115061	FITNESS CENTER	IL	NA	C Corporation					No
<b>(3)</b> HIDK PROPERTIES LAND TRUST 1239 EAST MAIN STREET CARBONDALE, IL 62902 46-6693066	RENTAL PROPERTIES	IL	NA	Trust					No



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

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

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

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

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



**Part VII** **Supplemental Information**

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

**Return Reference****Explanation**