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Form 990

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

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
OSF Healthcare System

Doing business as

Number and street (or P O box if mail is not delivered to street address) 800 NE GLEN OAK AVE
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Peoria, IL 61603

D Employer identification number
37-0813229

E Telephone number
(309) 655-2850

G Gross receipts $ 2,637,416,194

F Name and address of principal officer
MICHAEL M ALLEN
800 NE GLEN OAK AVE
Peoria, IL 61603

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW OSFHEALTHCARE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1880 **M** State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF Healthcare is to serve persons with the greatest care and love in a community that celebrates the gift of life

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	18,993
6	Total number of volunteers (estimate if necessary)	6	1,992
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,838,554
b	Net unrelated business taxable income from Form 990-T, line 34	7b	2,092,525

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	15,739,541	13,052,556
	9	Program service revenue (Part VIII, line 2g)	2,357,884,312	2,515,082,351
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,473,868	55,634,857
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,192,220	38,498,515
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,480,289,941	2,622,268,279
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,409,838	2,223,835
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,052,639,995	1,142,762,220
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,593,678		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,107,566,486	1,122,767,562
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,163,616,319	2,267,753,617
	19	Revenue less expenses Subtract line 18 from line 12	316,673,622	354,514,662

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,759,557,955	3,826,454,610
	21	Total liabilities (Part X, line 26)	2,237,524,751	2,363,576,634
	22	Net assets or fund balances Subtract line 21 from line 20	1,522,033,204	1,462,877,976

Part II Signature Block

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

Sign Here

****** 2020-08-13
Signature of officer Date

MICHAEL M ALLEN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01342224
Firm's name ▶ CROWE LLP			Firm's EIN ▶ 35-0921680	
Firm's address ▶ 225 West Wacker Drive Suite 2600 Chicago, IL 606061224			Phone no (312) 899-7000	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

OSF HEALTHCARE SYSTEM IS A CATHOLIC INTEGRATED HEALTH CARE DELIVERY SYSTEM WHICH DURING ITS FISCAL YEAR 2019 OPERATED 13 HOSPITALS, 5 HOME HEALTH AGENCIES, 4 HOSPICES, AND EMPLOYED APPROXIMATELY 979 PHYSICIANS ALL PATIENTS ARE ACCEPTED REGARDLESS OF THEIR ABILITY TO PAY ALL FACILITIES, SERVICES, PHYSICIANS AND OTHER PROFESSIONAL STAFF OF OSF HEALTHCARE SYSTEM SERVE ALL PATIENTS WITHOUT REGARD TO RACE, RELIGION, AGE, SEX, NATIONAL ORIGIN, PAYER SOURCE OR ABILITY TO PAY THE BOARD OF DIRECTORS HAS ADOPTED CHARITY CARE POLICIES AND PROCEDURES WHICH APPLY FOR ALL FACILITIES AND SERVICES OF THE CORPORATION THE AVAILABILITY OF CHARITY CARE IS COMMUNICATED TO PATIENTS IN NUMEROUS WAYS, INCLUDING USE OF FINANCIAL COUNSELORS, PATIENT INFORMATION BROCHURES, AND NOTICES ON PATIENT BILLINGS CHARITY CARE APPLICATIONS AND INSTRUCTIONS ARE AVAILABLE ON WEBSITES MAINTAINED BY THE CORPORATION AND UPON A REQUEST MADE TO ANY OF THE CORPORATION'S FACILITIES OR OFFICES

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 $ 754,295,153 including grants of $ 0) (Revenue $ 1,160,295,919)

See Additional Data

4b (Code) (Expenses $ 732,260,441 including grants of $ 0) (Revenue $ 1,086,270,454)

See Additional Data

4c (Code) (Expenses $ 104,842,166 including grants of $ 0) (Revenue $ 148,363,776)

See Additional Data

(Code) (Expenses $ 271,306,328 including grants of $ 2,223,835) (Revenue $ 151,621,728)

Other program services beyond outpatient, inpatient and emergency department services include Home Health Services - Five Agencies located in Illinois and Michigan Hospice Services - Four programs located in Illinois and Michigan Residency Programs - OSF Healthcare System is affiliated with the University of Illinois and provides support for teaching of residents and fellowship programs College of Nursing Programs - Two of the corporations hospitals operate accredited colleges of nursing that offer accredited baccalaureate, masters and doctoral degrees Trauma Services (Level 1) - Two hospitals in the system are designated as Level I Trauma (Highest Level) trauma centers and two have been designated as level II Trauma Centers EMS Flight and Ground Transportation services - The corporation provides helicopter and ground transports to patients in Northern and Central Illinois Community Clinic, Outreach and other educational programs - The corporation offers two uninsured and under insured community clinics in Bloomington and Peoria Outreach programs - The corporation provides outreach programs to the community with parish nursing, perinatal outreach, and a community training center All of these programs reach at risk populations to help them with specific and everyday healthcare needs Education - The corporation provides paramedic education, EMT education, medical tech education, radiology tech education and dietetic education programs

4d Other program services (Describe in Schedule O)

(Expenses $ 271,306,328 including grants of $ 2,223,835) (Revenue $ 151,621,728)

4e **Total program service expenses ▶** 1,862,704,088

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?*If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Line	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,838			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	18,993			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N .			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O .			**16**		No

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 . . . . .

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?		2		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?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	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?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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*		9	Yes	

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	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?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶MICHAEL ALLEN 800 NE GLEN OAK AVE PEORIA, IL 61603 (309) 655-7708

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			
See Additional Data Table										

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, **Section A** ▶			
d Total (add lines 1b and 1c) ▶	21,643,465	0	1,670,788

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 ▶ 740

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
University Of Illinois College of Medicine PO Box 4196 Springfield, IL 627084196	Teaching Physicians	8,573,815
Mayo Clinic PO Box 4006 Rochester, MN 55903	Laboratory Services	7,276,311
PointCore Network Services LLC 222 3rd Ave Suite 600 Cedar Rapids, IA 52401	IT Services	5,400,493
American Anesthesia of Illinois PO BOX 281034 Atlanta, GA 303841034	Anesthesiologists Services	4,337,412
Change Healthcare Solutions LLC 3055 Lebanon Pike Suite 1000 Nashville, TN 37214	Consulting	3,470,109

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 ▶ 107

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a	0				
b Membership dues	1b	0				
c Fundraising events	1c	0				
d Related organizations	1d	9,699,308				
e Government grants (contributions)	1e	2,776,496				
f All other contributions, gifts, grants, and similar amounts not included above	1f	576,752				
g Noncash contributions included in lines 1a - 1f $ 5,050						
h **Total.** Add lines 1a-1f ▶			13,052,556			
Program Service Revenue	Business Code					
2a Net Patient Service Revenue	621110		2,507,097,329	2,507,097,329	0	0
b Lab	523000		5,688,704	0	5,688,704	0
c Consulting Revenue	621500		1,243,135	1,243,135	0	0
d Affiliated Purchasing Program	561499		733,497	0	733,497	0
e Related Party Loan Interest	900099		319,686	0	319,686	0
f All other program service revenue			0	0	0	0
g **Total.** Add lines 2a–2f ▶			2,515,082,351			

Other Revenue

	(i)	(ii)	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
3 Investment income (including dividends, interest, and other similar amounts) ▶			58,139,249	0	0	58,139,249
4 Income from investment of tax-exempt bond proceeds ▶			0	0	0	0
5 Royalties ▶			0	0	0	0
	(i) Real	(ii) Personal				
6a Gross rents	2,618,400	0				
b Less rental expenses	2,427,965	0				
c Rental income or (loss)	190,435	0				
d Net rental income or (loss) ▶			190,435	0	0	190,435
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	0	10,215,558				
b Less cost or other basis and sales expenses	0	12,719,950				
c Gain or (loss)	0	-2,504,392				
d Net gain or (loss) ▶			-2,504,392	0	0	-2,504,392
8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a	0				
b Less direct expenses	b	0				
c Net income or (loss) from fundraising events ▶			0		0	0
9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses	b	0				
c Net income or (loss) from gaming activities ▶			0	0	0	0
10a Gross sales of inventory, less returns and allowances	a	0				
b Less cost of goods sold	b	0				
c Net income or (loss) from sales of inventory ▶			0	0	0	0
Miscellaneous Revenue	Business Code					
11a Tuition	524298		13,414,358	13,414,358	0	0
b Contract Pharmacy	621110		8,694,319	8,694,319	0	0
c Cafeteria	624200		2,995,154	2,995,154	0	0
d All other revenue			13,204,249	13,107,582	96,667	0
e **Total.** Add lines 11a–11d ▶			38,308,080			
12 **Total revenue.** See Instructions ▶			2,622,268,279	2,546,551,877	6,838,554	55,825,292

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,858,149	1,858,149		
2 Grants and other assistance to domestic individuals See Part IV, line 22	365,686	365,686		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	14,520,104	11,616,083	2,904,021	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	508,513	193,271	315,242	0
7 Other salaries and wages	870,344,948	681,241,915	188,973,537	129,496
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,533,024	31,992,490	14,540,534	
9 Other employee benefits	146,588,633	128,799,970	17,788,663	
10 Payroll taxes	64,266,998	44,956,512	19,310,486	
11 Fees for services (non-employees)				
a Management	0	0	0	
b Legal	3,213,856	0	3,213,856	
c Accounting	898,102	0	898,102	
d Lobbying	908,095	0	908,095	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	0	0	0	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	111,897,797	94,075,401	17,822,396	0
12 Advertising and promotion	6,315,419	281,550	6,033,057	812
13 Office expenses	13,753,259	4,924,278	8,827,354	1,627
14 Information technology	38,481,253	966,316	37,514,787	150
15 Royalties . .	0	0	0	
16 Occupancy	16,064,507	15,275,291	789,216	
17 Travel	8,216,831	5,615,060	2,601,494	277
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	
19 Conferences, conventions, and meetings	2,622,485	847,062	1,775,423	
20 Interest	48,074,841	14,307,533	33,767,308	
21 Payments to affiliates	0	0	0	
22 Depreciation, depletion, and amortization . .	87,109,822	66,337,146	20,772,676	
23 Insurance . . .	3,070,419	2,271,491	798,928	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	374,920,007	373,073,204	1,582,310	264,493
b Equip Rental & Maint	206,924,726	191,681,559	15,240,312	2,855
c Bad Debt	106,007,182	106,007,182	0	
d Medicaid Fees	84,688,343	84,688,343	0	
e All other expenses	9,600,618	1,328,596	2,078,054	6,193,968
25 **Total functional expenses.** Add lines 1 through 24e	2,267,753,617	1,862,704,088	398,455,851	6,593,678
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☑ if following SOP 98-2 (ASC 958-720)	7,383,166	6,837,756	545,410	0

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		174,383,682	2	136,224,904
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		448,040,909	4	403,514,487
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		46,238,403	8	49,442,021
	9	Prepaid expenses and deferred charges		48,000,136	9	46,649,539
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,590,010,790			
	b	Less accumulated depreciation	10b 1,335,240,906	1,187,984,896	10c	1,254,769,884
	11	Investments—publicly traded securities		1,232,348,785	11	1,331,126,969
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		115,358,042	13	128,199,790
	14	Intangible assets		34,414,226	14	50,810,490
	15	Other assets See Part IV, line 11		472,788,876	15	425,716,526
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,759,557,955	16	3,826,454,610
Liabilities	17	Accounts payable and accrued expenses		265,646,659	17	257,510,770
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		1,263,249,507	20	1,205,906,899
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		708,628,585	25	900,158,965
	26	**Total liabilities.** Add lines 17 through 25		2,237,524,751	26	2,363,576,634
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,402,496,116	27	1,312,386,350
	28	Temporarily restricted net assets		68,313,782	28	72,715,789
	29	Permanently restricted net assets		51,223,306	29	77,775,837
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,522,033,204	33	1,462,877,976
	34	Total liabilities and net assets/fund balances		3,759,557,955	34	3,826,454,610

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,622,268,279
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,267,753,617
3	Revenue less expenses Subtract line 2 from line 1	3	354,514,662
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,522,033,204
5	Net unrealized gains (losses) on investments	5	17,879,376
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-431,549,266
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,462,877,976

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0813229
Name: OSF Healthcare System

Form 990 (2018)

Form 990, Part III, Line 4a:

OUTPATIENT SERVICES THE ELEVEN ACUTE CARE HOSPITALS OWNED AND OPERATED BY OSF HEALTHCARE SYSTEM COLLECTIVELY PROVIDED 1,563,983 OUTPATIENT VISITS DURING THE REPORTING PERIOD ENDED SEPTEMBER 30, 2019, EXCLUDING EMERGENCY DEPARTMENT VISITS THE CORPORATION'S HOSPITALS OFFER A BROAD RANGE OF OUTPATIENT THERAPEUTIC AND DIAGNOSTIC SERVICES, INCLUDING OUTPATIENT SURGERY AND ADVANCED MEDICAL IMAGING

Form 990, Part III, Line 4b:

INPATIENT SERVICES   OSF HEALTHCARE SYSTEM OWNS AND OPERATES ACUTE CARE HOSPITALS IN ESCANABA, MICHIGAN, ROCKFORD, ILLINOIS, PONTIAC, ILLINOIS, BLOOMINGTON, ILLINOIS, PEORIA, ILLINOIS, GALESBURG, ILLINOIS, MONMOUTH, ILLINOIS, KEWANEE, ILLINOIS, ALTON, ILLINOIS, URBANA, ILLINOIS, AND DANVILLE,ILLINOIS AS OF THE CLOSE OF THE REPORTING PERIOD ON SEPTEMBER 30, 2019, THESE ELEVEN FACILITIES HAD A COMBINED TOTAL OF 1,732 LICENSED INPATIENT AND RESIDENT BEDS THEY HAD COMBINED TOTALS OF 70,732 INPATIENT AND RESIDENT DISCHARGES AND 332,529 INPATIENT AND RESIDENT DAYS, INCLUDING 19,839 NEWBORN INPATIENT DAYS THE NINE ACUTE CARE HOSPITALS COLLECTIVELY SERVED 57 COUNTIES PONTIAC, ILLINOIS IS A SOLE COMMUNITY HOSPITAL AND ESCANABA, MICHIGAN, KEWANEE, ILLINOIS, AND MONMOUTH, ILLINOIS ARE CRITICAL ACCESS HOSPITALS THE CORPORATION'S HOSPITALS OFFER A BROAD RANGE OF INPATIENT SERVICES THREE OF THE HOSPITALS PROVIDE OPEN HEART SURGERY SERVICES, TWO OFFER LEVEL II NEONATAL SERVICES, ONE OFFERS LEVEL III NEONATAL SERVICES (HIGHEST LEVEL), AND ONE OFFERS KIDNEY AND PANCREAS ORGAN TRANSPLANT SERVICES THE CORPORATION HAS ORGANIZED AND OPERATES COMPREHENSIVE CARDIAC AND STROKE CARE NETWORKS IN CENTRAL AND NORTHERN ILLINOIS AND OPERATES THE ONLY COMPREHENSIVE CHILDREN'S HOSPITAL IN CENTRAL ILLINOIS

Form 990, Part III, Line 4c:

All of the eleven acute care hospitals of the corporation provide 24-hour emergency department services All are staffed by physicians who are predominantly (but not entirely) certified in emergency medicine by national specialty boards The emergency departments of the corporation's acute care hospitals provided 287,746 patient visits during the reporting period ended September 30, 2019

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Sister Diane Marie McGrew OSF President and Treasurer	40 0 4 0	X		X				5,280	0	0
Sister Judith Ann Duvall OSF Chairperson	40 0 4 0	X		X				5,280	0	0
Robert C Sehring Vice Chairperson CEO	40 0 4 0	X		X				1,660,098	0	67,133
Sister Theresa Ann Brazeau OSF Secretary	40 0 4 0	X		X				5,280	0	0
Sister Agnes Joseph Williams OSF Assistant Secretary	40 0 4 0	X		X				5,280	0	0
Sister Rose Therese Mann OSF Board Member	40 0 4 0	X						0	0	0
Gerald J McShane MD Board Member	40 0 3 0	X						382,453	0	75,243
Sister M Mikela Meidl FSGM Board Member	40 0 4 0	X						0	0	0
Brian Silverstein MD Board Member	1 0 3 0	X						45,000	0	0
Chad E Boore Chief Executive Officer Eastern Region	40 0 2 0			X				489,065	0	46,488

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Divya-Devi Joshi CEO Children SL	40 0 2 0			X				654,128	0	27,672
Dwight D Stapleton Vice President Clinical Specialty Services	40 0 2 0			X				502,198	0	31,423
James J Mormann Chief Information Officer	40 0 2 0			X				749,665	0	67,244
Jeffry M Tillery SVP Chief Transformation Officer	40 0 2 0			X				709,263	0	72,449
John R Evancho SVP Chief Compliance Officer	40 0 2 0			X				334,877	0	48,158
John C Horne SVP Chief Supply Chain Officer	40 0 2 0			X				445,187	0	62,583
Leon A Yeh MD VP CMO Emergency Serv	40 0 2 0			X				591,246	0	64,894
Lori L Wiegand Chief Nursing Officer	40 0 2 0			X				504,267	0	72,769
Mark A Nafziger CEO Ambulatory Care	40 0 2 0			X				757,602	0	32,595
Michael M Allen CFO	40 0 3 0			X				783,568	0	60,528

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael A Cruz MD Chief Executive Officer Central Region	40 0 2 0			X				776,655	0	78,958
Michelle D Conger Chief Strategy Officer	40 0 2 0			X				587,557	0	41,654
Ralph R Velazquez MD System Chief Medical Officer	40 0 3 0			X				611,021	0	71,108
Robert L Brandfass SVP Chief Legal Officer	40 0 2 0			X				678,404	0	67,458
Roxanna Crosser Chief Executive Officer Western Region	40 0 2 0			X				475,072	0	50,580
Stephen E Hippler MD Chief Clinical Officer	40 0 2 0			X				749,430	0	78,944
Thomas G Hammerton President OSF Healthcare Foundation Chief Development Officer	40 0 4 0			X				460,304	0	60,184
Anthony C Zalduendo MD Physician	40 0 0					X		663,159	0	68,300
Ekanka Mukhopadhyay MD Physician	40 0 0					X		666,823	0	61,119
Iftekhar U Ahmad MD Physician	40 0 0					X		840,445	0	40,550

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James L McGee MD Physician	40 0 0					X		942,606	0	63,502
Mete Korkmaz MD Oncologist	40 0 0					X		738,659	0	65,442
Anthony M Avellino MD Former - CEO NSSL/INI	0 0 0 0						X	498,495	0	38,364
David A Schertz Former - CEO Northern Region	0 0 0 0						X	825,174	0	50,342
Kenneth E Berkovitz MD Former - CEO CVSL	0 0 0 0						X	489,523	0	42,199
Kenneth J Natzke Former CEO East Region	0 0 0 0						X	160,000	0	20,250
Kevin D Schoeplein Former - Vice Chairperson CEO	0 0 0 0						X	2,850,403	0	42,655

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OSF Healthcare System

Employer identification number
37-0813229

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

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

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

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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)*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

a ☐ The organization satisfied the Activities Test Complete **line 2** below

b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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*	**2a**		
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? *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*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	**3b**		

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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0813229
Name: OSF Healthcare System

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

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
OSF Healthcare System	37-0813229

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		0
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		589,974
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		318,121
j Total Add lines 1c through 1i			908,095
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-A, Line 1b, Column (a) SCH C, PART II-B LINE 1B	THE ONLY COST OF MAILING RELATED TO LOBBYING EXPENSES IS RELATED TO THE COST OF STAMPS THE TOTAL EXPEDITURES RELATED TO MAILING IS MINOR AND THE ACTUAL DOLLAR AMOUNT IS NOT READILY AVAILABLE
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINE 1I INCLUES LOBBYING EXPENSES PAID TO VARIOUS NATIONAL HEALTH ASSOCIATIONS AS PART OF DUES AND SUBSCRIPTIONS IN THE AMOUNT OF $318,121 LINE 1G INCLUDES DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, AND LEGISLATIVE BODIES RELATING TO THE HOSPITAL, PHYSICIAN PAYMENT REFORM, CRITICAL ACCESS, MDH HOSPITAL RATE PROTECTION, ACO ACTIVITIES AND ADOPTION IN MEDICARE THIS AMOUNTED TO $589,974

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OSF Healthcare System

Employer identification number
37-0813229

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ ____________

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	110,842,618	87,218,699	73,130,258	58,445,819	51,788,138
b Contributions	10,571,244	18,736,098	5,667,852	8,839,845	9,619,258
c Net investment earnings, gains, and losses	5,896,184	6,534,121	9,778,204	7,180,954	-1,943,315
d Grants or scholarships	540,428	188,034	231,331	619,990	81,000
e Other expenditures for facilities and programs	4,169,237	1,458,266	1,126,284	716,370	937,262
f Administrative expenses					
g End of year balance	122,600,381	110,842,618	87,218,699	73,130,258	58,445,819

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

a Board designated or quasi-endowment ▶ 48 3 %

b Permanent endowment ▶ 41 57 %

c Temporarily restricted endowment ▶ 10 13 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,209,342		44,209,342
b Buildings		1,505,503,007	680,309,507	825,193,500
c Leasehold improvements		32,333,306	24,277,174	8,056,132
d Equipment		876,820,829	630,654,225	246,166,604
e Other		131,144,306		131,144,306
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,254,769,884

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

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

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

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

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

(a) Description	(b) Book value
(1) WORKERS COMP ESCROW DEPOSITS	0
(2) THIRD PARTY WITHHOLDINGS	20,430,247
(3) DUE FROM FOUNDATION	1,360,178
(4) ASSETS - LIMITED OR RESTRICTED	150,491,626
(5) FUNDS LIMITED AS TO USE	159,884,302
(6) OTHER ACCOUNTS	31,043,329
(7) 457B DEFERRED COMPENSATION	62,506,844
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	425,716,526

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED SELF INSURANCE LIABILITIES	135,827,907
ASSET RETIREMENT OBLIGATION	13,960,515
ACCRUED BENEFIT LIABILITY	536,885,283
MARKET VALUATION OF SWAP	51,153,648
ESTIMATED THIRD-PARTY PAYOR SETTLEMENT	99,424,769
457B DEFERRED COMPENSATION	62,906,843
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	900,158,965

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0813229
Name: OSF Healthcare System

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Lıne 4 Intended uses of endowment funds	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO PROVIDE SCHOLARSHIPS TO NURSING STUDENTS, A CQUIRE EQUIPMENT AND SUPPORT PROGRAMS OF VARIOUS MEDICAL DEPARTMENTS OF THE OSF HEALTHCARE SYSTEM HOSPITALS

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	OSF IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED BY SECTION 501(c)(3) OF THE INTERNAL REVE NUE CODE AND IS EXEMPTED FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 5 01(C)(3) OF THE CODE UNDER ASC SUBTOPIC 740-10,ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES -AN INTERPRETATION OF FASB STATEMENT NO 109, OSF MUST RECOGNIZE THE TAX BENEFIT FROM AN U NCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUS TAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSI TION THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POS ITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT AS OF SEPTEMBER 30, 2019 AND 2018, OSF AND PCI DO ES NOT HAVE ANY UNCERTAIN TAX POSITIONS ON DECEMBER 22, 2017, THE PRESIDENT SIGNED INTO L AW H R 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACT THE NEW LAW (PUBLIC LAW NO 115-97) INCLUDES SUBSTANTIAL CHANGES TO THE TAXATION OF INDIVIDUALS, BUSINESSES, MULTINATIONAL ENTERPRISES, AND OTHERS IN ADDITION TO MANY GENERALLY APPLICABLE PROVISIONS, THE LAW CON TAINS SEVERAL SPECIFIC PROVISIONS THAT RESULT IN CHANGES TO THE TAX TREATMENT OF TAX-EXEMP T ORGANIZATIONS AND THEIR DONORS OSF HAS REVIEWED THESE PROVISIONS AND THE POTENTIAL IMPA CT AND CONCLUDED THE ENACTMENT OF H R 1 WILL NOT HAVE A MATERIAL EFFECT OF THE OPERATIONS OF THE ORGANIZATION

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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OSF Healthcare System

Employer identification number
37-0813229

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	**1a**	Yes	
b	If "Yes," was it a written policy?	**1b**	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 12500 %	**3a**	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 %	**3b**	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	**4**	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	**5a**	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	**5b**		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	**5c**		
6a	Did the organization prepare a community benefit report during the tax year?	**6a**	Yes	
b	If "Yes," did the organization make it available to the public?	**6b**	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			35,384,209	0	35,384,209	1 56 %
b Medicaid (from Worksheet 3, column a)			470,292,492	399,643,794	70,648,698	3 12 %
c Costs of other means-tested government programs (from Worksheet 3, column b)				0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	505,676,701	399,643,794	106,032,907	4 68 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			14,241,102	1,047,844	13,193,258	0 58 %
f Health professions education (from Worksheet 5)			77,093,363	32,465,094	44,628,269	1 97 %
g Subsidized health services (from Worksheet 6)			160,146,531	128,031,527	32,115,004	1 42 %
h Research (from Worksheet 7)			2,544,661	1,339,295	1,205,366	0 05 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,835,624	0	2,835,624	0 13 %
j Total. Other Benefits	0	0	256,861,281	162,883,760	93,977,521	4 14 %
k Total. Add lines 7d and 7j	0	0	762,537,982	562,527,554	200,010,428	8 82 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy			1,040,174		1,040,174	0 05 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	1,040,174	0	1,040,174	0 05 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	20,972,400		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	547,345,386
6	Enter Medicare allowable costs of care relating to payments on line 5	6	647,465,535
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-100,120,149

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 None				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **11** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SAINT FRANCIS MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Line	Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SAINT FRANCIS MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
	b ☑ Income level other than FPG (describe in Section C)			
	c ☐ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☐ Underinsurance discount			
	g ☑ Residency			
	h ☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	b ☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group SAINT FRANCIS MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group SAINT FRANCIS MEDICAL CENTER

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	**23**		No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	**24**		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SAINT ANTHONY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
	a ☑ A definition of the community served by the hospital facility			
	b ☑ Demographics of the community			
	c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d ☑ How data was obtained			
	e ☑ The significant health needs of the community			
	f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h ☑ The process for consulting with persons representing the community's interests			
	i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	j ☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
	a ☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/			
	b ☐ Other website (list url)			
	c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
	d ☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SAINT ANTHONY MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
	b ☑ Income level other than FPG (describe in Section C)			
	c ☐ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☐ Underinsurance discount			
	g ☑ Residency			
	h ☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	b ☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

SAINT ANTHONY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

SAINT ANTHONY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ST JOSEPH MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
	a ☑ A definition of the community served by the hospital facility			
	b ☑ Demographics of the community			
	c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d ☑ How data was obtained			
	e ☑ The significant health needs of the community			
	f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h ☑ The process for consulting with persons representing the community's interests			
	i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	j ☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
	a ☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/			
	b ☐ Other website (list url)			
	c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
	d ☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST JOSEPH MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
	b ☑ Income level other than FPG (describe in Section C)			
	c ☐ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☐ Underinsurance discount			
	g ☑ Residency			
	h ☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	b ☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group ST JOSEPH MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group ST JOSEPH MEDICAL CENTER

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group OSF HEART OF MARY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 17			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group OSF HEART OF MARY MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
	b ☑ Income level other than FPG (describe in Section C)			
	c ☐ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☐ Underinsurance discount			
	g ☑ Residency			
	h ☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	b ☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group OSF HEART OF MARY MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group OSF HEART OF MARY MEDICAL CENTER

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
	a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
	b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
	c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
	d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group OSF SACRED HEART MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	Yes	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 17			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: OSF SACRED HEART MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
	b ☑ Income level other than FPG (describe in Section C)			
	c ☐ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☐ Underinsurance discount			
	g ☑ Residency			
	h ☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	b ☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

OSF SACRED HEART MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group OSF SACRED HEART MEDICAL CENTER

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ST MARY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST MARY MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
b	☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group ST MARY MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ST MARY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group OSF SAINT ANTHONY'S HEALTH CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7

		Line	Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: OSF SAINT ANTHONY'S HEALTH CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
b	☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group OSF SAINT ANTHONY'S HEALTH CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group OSF SAINT ANTHONY'S HEALTH CENTER

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☐ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ST FRANCIS HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	

If "Yes," indicate what the CHNA report describes (check all that apply)

- a ☑ A definition of the community served by the hospital facility
- b ☑ Demographics of the community
- c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d ☑ How data was obtained
- e ☑ The significant health needs of the community
- f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h ☑ The process for consulting with persons representing the community's interests
- i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j ☐ Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA 20 19

			Yes	No
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	

If "Yes," indicate how the CHNA report was made widely available (check all that apply)

- a ☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/
- b ☐ Other website (list url)
- c ☑ Made a paper copy available for public inspection without charge at the hospital facility
- d ☐ Other (describe in Section C)

			Yes	No
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST FRANCIS HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
b	☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group ST FRANCIS HOSPITAL

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ST FRANCIS HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SAINT JAMES HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 9

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
	a ☑ A definition of the community served by the hospital facility			
	b ☑ Demographics of the community			
	c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d ☑ How data was obtained			
	e ☑ The significant health needs of the community			
	f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h ☑ The process for consulting with persons representing the community's interests			
	i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	j ☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
	a ☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/			
	b ☐ Other website (list url)			
	c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
	d ☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V **Facility Information** *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SAINT JAMES HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
b	☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group SAINT JAMES HOSPITAL

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group SAINT JAMES HOSPITAL

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
	a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
	b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
	c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
	d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group OSF SAINT LUKE MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 10

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . .	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . .	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . .	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
	a ☑ A definition of the community served by the hospital facility			
	b ☑ Demographics of the community			
	c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d ☑ How data was obtained			
	e ☑ The significant health needs of the community			
	f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h ☑ The process for consulting with persons representing the community's interests			
	i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	j ☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . .	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . .	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C . . .	6b		No
7	Did the hospital facility make its CHNA report widely available to the public? . . .	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
	a ☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/			
	b ☐ Other website (list url)			
	c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
	d ☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . .	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . .	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . .	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . .	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . .	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group OSF SAINT LUKE MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
	b ☑ Income level other than FPG (describe in Section C)			
	c ☐ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☐ Underinsurance discount			
	g ☑ Residency			
	h ☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	b ☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group OSF SAINT LUKE MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

OSF SAINT LUKE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	☐ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . If "Yes," explain in Section C	**23**		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . If "Yes," explain in Section C	**24**		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group OSF HOLY FAMILY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 11

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
	a ☑ A definition of the community served by the hospital facility			
	b ☑ Demographics of the community			
	c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d ☑ How data was obtained			
	e ☑ The significant health needs of the community			
	f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h ☑ The process for consulting with persons representing the community's interests			
	i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	j ☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
	a ☑ Hospital facility's website (list url) https //www osfhealthcare org/about/community-health/			
	b ☐ Other website (list url)			
	c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
	d ☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group OSF HOLY FAMILY MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 125 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
	b ☑ Income level other than FPG (describe in Section C)			
	c ☐ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☐ Underinsurance discount			
	g ☑ Residency			
	h ☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	b ☑ The FAP application form was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) https //www osfhealthcare org/billing/financial-assistance/			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group OSF HOLY FAMILY MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group OSF HOLY FAMILY MEDICAL CENTER

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
	a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
	b ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
	c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
	d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **51**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c FACTORS OTHER THEN FPG	-CATASTROPHIC CHARITY ASSISTANCE REGARDLESS OF INCOME OR ASSET LEVELS FOR MEDICALLY NECESSARY SERVICES WHICH EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT DUE IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES CATASTROPHIC CHARITY IS MORE GENEROUS -PRESUMPTIVE CHARITY PROVIDES A FINANCIAL DISCOUNT OF 100% OF BILLED CHARGES WHEN THERE ARE NO INSURANCE BENEFITS AND THE PATIENT SATISFIES ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON PATIENT'S BEHALF, DECEASED WITH NO ESTATE, AND HOMELESS FOR OSF HOSPITALS THAT ARE NOT CRITICAL ACCESS OR RURAL HOSPITALS, ENROLLMENT IN ANY ONE OF THE FOLLOWING PROGRAMS WITH CRITERIA AT OR BELOW 200% OF FEDERAL POVERTY INCOME GUIDELINES ESTABLISHES A PRESUMPTIVE CHARITY CATEGORY, WIC, SNAP, IL FREE LUNCH AND BREAKFAST PROGRAM, LIHEAP, RECEIPT OF GRANT ASSISTANCE FOR MEDICAL SERVICES, AND ENROLLMENT IN AN ORGANIZED COMMUNITY-BASED PROGRAM PROVIDING ACCESS TO MEDICAL CARE THAT ASSESSES AND DOCUMENTS LIMITED LOW-INCOME FINANCIAL STATUS AS CRITERIA FOR MEMBERSHIP -ALL PATIENTS RECEIVE THE GREATEST DISCOUNT AVAILABLE UNDER ANY OF THE OSF PROGRAMS NO ASSET TESTS ARE USED -EXCEPT AS OTHERWISE NOTED, THESE POLICIES APPLY BOTH TO UNINSURED PATIENTS AND TO INSURED PATIENTS WITH RESPECT TO THE PATIENT RESPONSIBILITY AMOUNT

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 COMMUNITY INFORMATION	OSF ST FRANCIS HOSPITAL IS A CRITICAL ACCESS HOSPITAL LOCATED ON THE WEST SIDE OF ESCANAB A, MICHIGAN OSF ST FRANCIS HOSPITAL IS CURRENTLY LICENSED FOR AND OPERATES 25 INPATIENT BEDS OSF ST FRANCIS HOSPITAL IS SITUATED ON APPROXIMATELY 82 ACRES OF LAND AT THE WEST E ND OF THE ESCANABA CITY LIMITS AS THE ONLY HOSPITAL IN DELTA COUNTY, MICHIGAN, OSF ST FR ANCIS HOSPITAL PROVIDES A RANGE OF INPATIENT AND OUTPATIENT HOSPITAL, DIAGNOSTIC, THERAPEU TIC AND ANCILLARY SERVICES AS NOTED IN THE CHNA, ST FRANCIS HOSPITAL IS LOCATED IN DELTA COUNTY DELTA COUNTY IS A METROPOLITAN STATISTICAL AREA AND ITS POPULATION IN 2017 WAS 36 ,395 FOR DELTA COUNTY, THE PERCENTAGE OF INDIVIDUALS LIVING IN POVERTY BETWEEN 2013 AND 2 017 DECREASED BY 2 0% THE POVERTY RATE FOR INDIVIDUALS IS 14 4%, WHICH IS HIGHER THAN THE STATE OF ILLINOIS INDIVIDUAL POVERTY RATE OF 13 5% OSF HEART OF MARY MEDICAL CENTER IS A 206-BED COMPREHENSIVE HEALTH CARE FACILITY SERVING CHAMPAIGN-URBANA, ILLINOIS ITS ROOTS DATE BACK TO 1919 WHEN IT WAS FOUNDED BY THE SERVANTS OF THE HOLY HEART OF MARY THE STAFF OF NEARLY 700 PROVIDES STATE-OF-THE-ART THERAPEUTIC, DIAGNOSTIC, MEDICAL, SURGICAL, AND S UPPORT SERVICES OSF HEART OF MARY HAS BEEN RECOGNIZED FOR ITS TREATMENT OF HEART FAILURE, STROKE, PERINATAL CARE AND TOTAL KNEE AND HIP PLACEMENT, IN ADDITION TO BEING HOME TO THE AREA'S ONLY ADULT BEHAVIORAL HEALTH UNIT IN A HOSPITAL SETTING ITS DESIGN INCORPORATES A HOLISTIC APPROACH TO CARE, MUCH LIKE ITS BLESSED BEGINNINGS BIRTHING CENTER THAT INCLUDES HOME-LIKE BIRTHING SUITS AS NOTED IN THE CHNA, THE CENSUS BUREAU ESTIMATED THE POPULATIO N TO BE 208,419 RESIDENTS, A 3 6% INCREASE SINCE 2010 CLOSE TO 20% OF CHAMPAIGN COUNTY RE SIDENTS LIVE IN POVERTY, AND 54% OF CHILDREN ATTENDING PUBLIC SCHOOLS WERE ELIGIBLE FOR FR EE OR REDUCED PRICE LUNCHES VIOLENT CRIME IN CHAMPAIGN COUNTY IS MUCH HIGHER THAN THE STA TE AND NATIONAL AVERAGES THE LEADING CAUSE OF DEATH IN CHAMPAIGN COUNTY IS CANCER, WITH A RATE OF 129 8 PER 100,000 POPULATIONS OSF SACRED HEART MEDICAL CENTER IS A 174-BED COMPR EHENSIVE HEALTH CARE FACILITY SERVING DANVILLE, ILLINOIS IT WAS ESTABLISHED IN 1882 BY TH E FRANCISCAN SISTERS OF THE SACRED HEART THE STAFF OF NEARLY 500 PROVIDES STATE-OF-THE AR T THERAPEUTIC, DIAGNOSTIC, MEDICAL, SURGICAL, AND SUPPORT SERVICE TO PATIENTS AND THEIR FA MILIES PERFORMANCE ON NATIONAL PATIENT SAFETY GOALS, AND JOINT COMMISSION CORE MEASURES A RE CONSISTENTLY EXAMINED, WITH DATA REPORTED PUBLICLY KEY SERVICES INCLUDE A 24-HOUR PHYS ICIAN-STAFFED EMERGENCY DEPARTMENT, THE ONLY FULL-SERVICE CANCER CENTER IN VERMILION COUNT Y, CARDIOVASCULAR TESTING, DIAGNOSTICS, TREATMENT, AND REHABILITATION, BIRTHING CENTER, SL EEP CENTER, PRIMARY STROKE CENTER, AND MORE AS NOTED IN THE CHNA, VERMILION COUNTY'S POPU LATION CONTINUES TO DROP THERE WAS A 5 5% DECREASE IN TOTAL POPULATION FROM 2000-2015 VE RMILION COUNTY HAS A HIGHER PERCENTAGE OF PERSONS WITH DISABILITIES THAN ILLINOIS AND THE UNITED STATES ACCORDING TO THE 2016 ILLINOIS POVERTY REPORT, 19% OF VERMILION COUNTY'S PO PULATION WAS LIVING AT OR ABOVE POVERTY LEVEL IN 2014 FOR THE SCHOOL YEAR 2015-2016, VERM ILION COUNTY HAD A VERY HIGH PERCENTAGE OF 64 48% OF CHILDREN WHO QUALIFIED FOR FREE AND R EDUCED LUNCH OSF SAINT LUKE MEDICAL CENTER ("SAINT LUKE"), FORMERLY KNOWN AS KEWANEE HOSP ITAL, IS A CRITICAL ACCESS HOSPITAL LOCATED IN KEWANEE, ILLINOIS THE CORPORATION COMMENCE D OPERATIONS AT SAINT LUKE ON MAY 1, 2014 SAINT LUKE IS CURRENTLY LICENSED FOR AND OPERAT ES 25 INPATIENT BEDS, PROVIDING BASIC, PRIMARY CARE, ANCILLARY SERVICES, CLINICS AND SPECI ALTY CLINICS SAINT LUKE'S SERVICE AREAS ARE LOCATED PRIMARILY IN HENRY COUNTY BUT EXTEND INTO PORTIONS OF STARK AND BUREAU COUNTIES, APPROXIMATELY 50 MILES NORTHWEST OF PEORIA AS NOTED IN THE CHNA, OSF SAINT LUKE MEDICAL CENTER IS LOCATED IN HENRY COUNTY ITS POPULATI ON IN 2017 WAS 49,328 FOR HENRY COUNTY, THE PERCENTAGE OF INDIVIDUALS LIVING IN POVERTY B ETWEEN 2013 AND 2017 INCREASED BY 2 0% THE POVERTY RATE FOR INDIVIDUALS IS 12 5%, WHICH I S LOWER THAN THE STATE OF ILLINOIS INDIVIDUAL POVERTY RATE OF 13 5% OSF SAINT ANTHONY'S H EALTH CENTER ("SAINT ANTHONY'S - ALTON") IS LOCATED IN ALTON, ILLINOIS THE HEALTH CENTER PROVIDES GENERAL HEALTH SERVICES TO RESIDENTS WITHIN ITS GEOGRAPHIC COMMUNITY, INCLUDING A CUTE INPATIENT SERVICES AND AMBULATORY SERVICES SUCH AS CANCER CARE, SURGICAL SERVICES, CA RDIAC CARE AND REHABILITATION SAINT ANTHONY'S - ALTON 140-LICENSED ACUTE CARE BED SAINT ANTHONY'S - ALTON SERVES THE FOLLOWING COMMUNITIES IN MADISON COUNTY IN SOUTHWESTERN ILLIN OIS ALTON, BETHALTO, EAST ALTON, FOSTER TOWNSHIP, GODFREY, HARTFORD, ROXANA, SOUTH ROXANA , WOOD RIVER AND WOOD RIVER TOWNSHIP THE CORPORATION COMMENCED OWNERSHIP AND OPERATIONS O F SAINT ANTHONY'S - ALTON ON NOVEMBER 1, 2014 AS NOTED IN THE CHNA, OSF SAINT ANTHONY'S H EALTH CENTER IS LOCATED IN MADISON COUNTY IN ILLINOIS MADISON COUNTY IS A PART OF THE MET RO-EAST REGION OF THE ST LOUIS METRO AREA AND ITS

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 COMMUNITY INFORMATION	POPULATION IN 2017 WAS 265,428 FOR MADISON COUNTY, THE PERCENTAGE OF INDIVIDUALS LIVING IN POVERTY BETWEEN 2013 AND 2017 SLIGHTLY DECREASED BY 0 5% THE POVERTY RATE FOR INDIVIDU ALS IS 13 5%, WHICH IS EQUAL TO THE STATE OF ILLINOIS POVERTY RATE OF 13 5%

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 8 Adoption of Implementation Strategy	OSF Sacred Heart Medical Center The Organization commenced operating the Hospital on February 1, 2018 The Organization will adopt implementation strategies on or before February 15, 2021 related to the Community Health Needs Assessment to be conducted on or before September 30, 2020 A copy of the Community Health Plan prepared in 2017 by Presence United Samaritans Medical Center in Vermillion County, Illinois, and now known as OSF Sacred Heart Medical Center, is published on the Hospital facility's website and includes a 5-year strategic plan developed in collaboration with the Vermilion County Board of Health and the community partners on the Community Advisory Committee prior to the date the Organization commenced operating the Hospital HTTPS //WWW OSFHEALTHCARE ORG/ABOUT/COMMUNITY-HEALTH/ OSF Heart of Mary Medical Center The Organization commenced operating the Hospital on February 1, 2018 The Organization will adopt implementation strategies on or before February 15, 2021 related to the Community Health Needs Assessment to be conducted on or before September 30, 2020 A copy of the Community Health Plan prepared in 2018 by Presence Covenant Medical Center in Champaign County, Illinois, and now known as OSF Heart of Mary Medical Center, is published on the Hospital facility's website and includes objectives and strategies adopted prior to the date the Organization commenced operating the Hospital HTTPS //WWW OSFHEALTHCARE ORG/ABOUT/COMMUNITY-HEALTH/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 10 most recently adopted implementation strategy	OSF Sacred Heart Medical Center THE PRIOR HEALTH SYSTEM ADOPTED IT'S IMPLEMENTATIONS STRATEGY IN 2017 OSF HEALTHCARE SYSTEM WILL ADOPT IMPLEMENTATION STRATEGIES RELATED TO THIS COMMUNITY HEALTH NEEDS ASSESSMENT ON OR BEFORE FEBRUARY 15, 2021 TO MEET OUR REGULATORY REQUIREMENTS OSF Heart of Mary Medical Center THE PRIOR HEALTH SYSTEM ADOPTED IT'S IMPLEMENTATIONS STRATEGY IN 2017 OSF HEALTHCARE SYSTEM WILL ADOPT IMPLEMENTATION STRATEGIES RELATED TO THIS COMMUNITY HEALTH NEEDS ASSESSMENT ON OR BEFORE FEBRUARY 15, 2021 TO MEET OUR REGULATORY REQUIREMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Saint Francis Medical Center	CONTINUED THE GARDEN OF HOPE, A COMMUNITY GARDEN, IS A COLLABORATIVE EFFORT BETWEEN ST ANN'S CATHOLIC CHURCH, OSF SAINT FRANCIS MEDICAL CENTER AND OTHER COMMUNITY PARTNERS LOCATED ON THE CITY OF PEORIA'S SOUTH SIDE, THE COMMUNITY GARDEN SERVES A DUAL PURPOSE OF GROWING NUTRITIOUS FOODS FOR PEOPLE IN NEED WHILE ALSO IMPROVING AND BEAUTIFYING THE COMMUNITY THE GARDEN ALSO SERVES AS A HOST TO COMMUNITY EVENTS AND NUTRITION EDUCATION ST ANN'S AND ST MATTHEW'S GARDENS EXIST TO ENGAGE AND INVEST IN THE COMMUNITY BY SERVING THE PHYSICAL AND SPIRITUAL NEEDS OF THE NEIGHBORHOOD THROUGH FOOD AND EDUCATION THAT INSPIRES, ENGAGES, BEAUTIFIES THE SURROUNDINGS, AND CONNECTS VOLUNTEERS IN THE PROMOTION OF HEALTHY LIFESTYLES THE GARDENS WERE CREATED THROUGH A PARTNERSHIPS WITH THE CITY OF PEORIA, ST ANN'S CONGREGATION, PEORIA PARK DISTRICT, U OF I EXTENSION, PEORIA CITY/COUNTY HEALTH DEPARTMENT, ICC, LOCAL SCHOOLS, AND OTHER COMMUNITY AGENCIES IN 2019, THE GARDENS PRODUCED 10,478 POUNDS OF FRESH FRUITS AND VEGETABLES WHICH WERE DISTRIBUTED DIRECTLY TO RESIDENTS AND TO LOCAL COMMUNITY AGENCIES THIS PAST SEASON VOLUNTEERS FROM OSF, LOCAL COLLEGES, SCHOOLS, AND CHURCHES VOLUNTEERED THEIR TIME TO TEND TO THE GARDEN OUR OSF MISSION PARTNERS HAVE ALSO TAKEN AN ACTIVE ROLE IN FUNDRAISING FOR THIS INITIATIVE OVER 1,000 VOLUNTEER HOURS HAVE BEEN LOGGED THIS PAST SEASON MENTAL HEALTH GOALS IMPROVE MENTAL HEALTH WITHIN THE TRI-COUNTY POPULATIONS, INCREASE THE PERCENTAGE OF ADULTS WHO SELF-REPORTED GOOD OR BETTER MENTAL HEALTH FROM 72% TO 75% WITH A STRETCH GOAL OF 80% (HP2020 HEALTH RELATED QUALITY OF LIFE/WELL-BEING OBJECTIVE 1 2), DECREASE THE PERCENTAGE OF PEOPLE WITH POOR HEALTH DAYS, CURRENT IS 35%, INCREASE SCREENING AND INTERVENTION IN MENTAL HEALTH ISSUES INCLUDING DEPRESSION AND (SAFE HOME) ABUSE MENTAL HEALTH'S MEASUREMENT AND IMPACT OSF SAINT FRANCIS MEDICAL CENTER INCREASED SCREENINGS AND INTERVENTIONS FOR MENTAL HEALTH CONCERNS, INCLUDING DEPRESSION AND (SAFE HOME) ABUSE THE FOLLOWING ACTIVITIES AND INITIATIVES HELPED TO SUPPORT THE IDENTIFIED GOALS FOR MENTAL HEALTH FROM 2017 TO 2019 DEPRESSION SCREENING TOOLS WERE IMPLEMENTED * A DEPRESSION SCREENING TOOL WAS UTILIZED IN THE OSF MEDICAL GROUP OFFICES THIS TOOL WAS USED FOR SCREENING PURPOSES ON ALL INPATIENTS IF THIS TOOL SCREEN WAS POSITIVE, AN ADDITIONAL LEVEL OF SCREENING WAS COMPLETED BASELINES WERE ESTABLISHED FOR PATIENTS TREATED FOR MENTAL HEALTH PATIENTS TREATED BY OSF SAINT FRANCIS MEDICAL CENTER ADULT BEHAVIORAL HEALTH PROGRAM INCLUDE * 6,155 IN FY17, * 7,023 IN FY18, * 14,810 IN FY19 PATIENTS TREATED WITHIN OSF MEDICAL GROUP PSYCH OFFICES INCLUDE * 11,952 IN FY17, * 11,272 IN FY18, * 11 483 IN FY19 THE BEHAVIORAL HEALTH OPERATIONS COUNCIL FOR THE OSF SYSTEM MEETS MONTHLY TO PLAN AND IMPLEMENT TACTICS RELATED TO BEHAVIORAL HEALTH CARE COORDINATION AND TELE-PSYCH A WEB BASED RESOURCE CALLED SILVER CLOUD WAS LAUNCHED IN 2017 SILVER CLOUD OFFERS SECURE, IMMEDIATE ACCESS TO ONLINE SUPPORTED COGNITIVE BEHAVIORAL THERAPY PROGRAMS, TAILORED TO THE INDIVIDUAL'S SPECIFIC NEEDS SINCE ITS LAUNCH IN APRIL 2017, THERE WERE 547 SILVER CLOUD USERS IN THE PEORIA REGION IN COLLABORATION WITH HEARTLAND HEALTH SERVICES, TELE-PSYCHIATRY SERVICES HAVE BEEN PROVIDED TO HEARTLAND HEALTH CLINIC AND OSF COMMUNITY CLINIC PATIENTS FROM OCTOBER 2017 TO DECEMBER 2018, 150+ TELE-PSYCH VISITS OCCURRED AND 100+ REFERRALS RECEIVED THERE WAS A SIGNIFICANT INCREASE IN VISITS IN 2019, WITH 591 VISITS COMPLETED A STRIVE TRAUMA RECOVERY PROGRAM PROVIDED FREE, COMPREHENSIVE PSYCHOLOGICAL SERVICES AS WELL AS RESOURCE MANAGEMENT AND SUPPORT SERVICES FOR INDIVIDUALS 14 AND OLDER WHO HAVE BEEN A VICTIM OF TRAUMA FROM A CRIME THAT HAS OCCURRED IN THE PREVIOUS 3 YEARS THE PROGRAM OFFERS ASSESSMENTS, COUNSELING AND CASE MANAGEMENT FOR BOTH INPATIENTS AND OUTPATIENTS THIS WAS A GRANT-FUNDED PROGRAM PROVIDED IN COLLABORATION WITH PEORIA PUBLIC SCHOOLS, CHILDREN'S HOME, AREA POLICE DEPARTMENTS, LOCAL DOMESTIC VIOLENCE SHELTERS, LEGAL SERVICES AND OTHER COMMUNITY AGENCIES THE PROGRAM WAS IMPLEMENTED IN THE FALL OF 2018 SINCE ITS IMPLEMENTATION, 52 PATIENT ENCOUNTERS HAVE OCCURRED IN 2018 THE PROGRAM HAS GROWN SIGNIFICANTLY TO 269 PATIENT ENCOUNTERS BEING COMPLETED IN THE FIRST TWO QUARTERS OF 2019 FY19, OSF STRIVE COMPLETED 1169 PATIENT ENCOUNTERS (138 INPATIENT CRISIS INTERVENTION SERVICES, 275 CASE MANAGEMENT ENCOUNTERS, AND 756 THERAPY VISITS) IN Q1 OF FY20, 350 PATIENT ENCOUNTERS HAVE BEEN COMPLETED (34 CRISIS INTERVENTION, 99 CASE MANAGEMENT VISITS, AND 217 THERAPY VISITS) OSF STRIVE TRAUMA RECOVERY PROGRAM IS FUNDED BY VICTIMS OF CRIME ACT (VOCA) TRAUMA RECOVERY CENTERS WITH FUNDS ADMINISTERED THROUGH THE ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY VARIOUS OTHER COMMUNITY EVENTS FOCUSING ON MENTAL HEALTH OCCURRED INCLUDING PARENT TRAINING ON SUICIDE AWARENESS AND MENTAL HEALTH TRAINING FOR STAFF OF DISTRICT 150

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	COSTS REPORTED ON LINES 7A, B and C ARE CALCULATED USING THE RATIO OF PATIENT CARE COST TO CHARGES DERIVED FROM WORKSHEET 2 COSTS REPORTED ON LINES 7 E, F, G, H AND I ARE COSTS DERIVED FROM GENERAL LEDGER ACCOUNTS AND HOSPITAL DEPARTMENTS COST CENTER REPORTS WHICH INCLUDE BOTH DIRECT AND INDIRECT COSTS LESS REVENUE LINE 7G REPRESENTS ALL PAYERS EXCLUDING MEDICARE, MEDICAID AND SELF PAY PART I, LINE 7G NET COSTS (TOTAL EXPENSE LESS REVENUE) OF PHYSICIAN CLINICS ARE INCLUDED AS SUBSIDIZED HEALTH SERVICES ON PART I, LINE 7G PART I, LINE 7, COLUMN F BAD DEBT EXPENSE IN THE AMOUNT OF $106,007,182 IS INCLUDED ON FORM 990, PART IX, LINE 24C, COLUMN (A), BUT WAS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN SCHEDULE H, PART I, LINE 7, COLUMN (F)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	THESE COSTS INCLUDE THE DEDICATED STAFF TIME WORKING WITH COMMUNITY AGENCIES TO SUPPORT POLICIES AND PROGRAMS THAT IMPROVE THE HEALTH CARE ACCESS AND TRANSPORTATION OF RESOURCES TO ITS COMMUNITY MEMBERS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	IN GENERAL, AND IN ACCORDANCE WITH MEDICARE REGULATIONS, PATIENT ACCOUNT BALANCES ARE WRITTEN OFF TO BAD DEBT EXPENSE AFTER REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED AND THE ACCOUNT HAS BEEN SENT TO A COLLECTION AGENCY OR LAW FIRM PATIENTS' ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENTS' ACCOUNTS RECEIVABLE, OSF ANALYZES PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, OSF ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH PATIENT RESPONSIBILITY (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE PATIENTS ARE SCREENED AGAINST THE OSF FINANCIAL ASSISTANCE POLICY AND UNINSURED DISCOUNT POLICY FOR ANY REMAINING PATIENT RESPONSIBILITY BALANCE, OSF RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BAD DEBT EXPENSE OF $106,007,182 ON FORM 990, PART IX, LINE 24C IS BASED UPON ACCRUAL ACCOUNTING REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THIS AMOUNT CONSEQUENTLY DIFFERS FROM THE BAD DEBT EXPENSE OF $20,972,400 ON SCHEDULE H, PART III, LINE 2 WHICH REQUIRES THE ORGANIZATION TO REPORT AGGREGATE BAD DEBT AT COST BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS THEREFORE CALCULATED BY MULTIPLYING GROSS CHARGES WRITTEN OFF TO BAD DEBT EXPENSE TIMES THE RATIO OF PATIENT CARE COST-TO-CHARGES DERIVED FROM WORKSHEET 2 DISCOUNTS, INCLUDING ANY APPLICABLE THIRD PARTY PAYER CONTRACTUAL ALLOWANCES AND ANY CHARITY CARE DISCOUNTS (VALUED AT GROSS CHARGES), ARE APPLIED TO PATIENT ACCOUNT GROSS CHARGES TO DETERMINE THE ACCOUNT BALANCE BEFORE PATIENT PAYMENTS THE AGGREGATE AMOUNT OF ALL PATIENT PAYMENTS IS THEN APPLIED TO THE ACCOUNT BALANCE WHEN DETERMINATION IS MADE THAT NO FURTHER AMOUNTS CAN BE COLLECTED IN ACCORDANCE WITH THE CORPORATION'S BAD DEBT POLICY, THE REMAINING BALANCE IS WRITTEN OFF TO BAD DEBT EXPENSE PRESUMPTIVE CHARITY CHARGES MAY BE ADJUSTED TO PROVIDE FOR A CHARITY DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO AN UNINSURED PATIENT WHO ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA PRESUMPTIVE CHARITY CATEGORIES FOR ALL OSF HOSPITALS -HOMELESSNESS, -DECEASED WITH NO ESTATE, -MENTAL INCAPACITATION WITH NO ONE TO ACT ON PATIENT'S BEHALF, OR -CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE FOR OSF HOSPITAL'S THAT ARE NOT CRITICAL ACCESS HOSPITALS OR RURAL HOSPITALS, ENROLLMENT IN ANY OF THE FOLLOWING PROGRAMS WITH CRITERIA AT OR BELOW 200% OF THE FEDERAL POVERTY INCOME GUIDELINES SHALL ESTABLISH A PRESUMPTIVE CHARITY CATEGORY -WOMEN, INFANTS AND CHILDREN NUTRITION PROGRAM (WIC), -SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), -ILLINOIS FREE LUNCH AND BREAKFAST PROGRAM, -LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP), -ENROLLMENT IN AN ORGANIZED COMMUNITY-BASED PROGRAM PROVIDING ACCESS TO MEDICAL CARE THAT ASSESSES AND DOCUMENTS LIMITED LOW-INCOME FINANCIAL STATUS AS CRITERION FOR MEMBERSHIP, OR -RECEIPT OF GRANT ASSISTANCE FOR MEDICAL SERVICES THEREFORE, THE CORPORATION DOES NOT BELIEVE THAT BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 INCLUDES ANY AMOUNTS THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY UNDER THE CORPORATION'S FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	PLEASE SEE PAGE 19 OF NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	100% OF THE MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT OSF IS COMMITTED TO SERVING PATIENTS, REGARDLESS OF ABILITY TO PAY OR IF THE PAYMENTS TO BE RECEIVED WILL BE LESS THAN THE COST TO PROVIDE THE SERVICE, WHICH IS THE CASE FOR MEDICARE AND MEDICAID PATIENTS THE MEDICARE ALLOWABLE COSTS ON LINE 6 PART III HAVE BEEN CALCULATED BY MULTIPLYING MEDICARE CHARGES BY THE PATIENT CARE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 THE AMOUNT IS COMPARED TO TOTAL MEDICARE PAYMENTS RECEIVED INCLUDING DSH AND IME PAYMENTS THIS SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT SINCE IT REFLECTS UNREIMBURSED COSTS TO THE HEALTH SYSTEM FOR PROVIDING MEDICAL SERVICES TO THE MEDICARE RESIDENTS OF THE COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	THE CORPORATION HAS A FAIR BILLING/COLLECTION POLICY WHICH APPLIES FOR ALL PATIENTS THE POLICY INCLUDES -REQUIRED INFORMATION PROVIDED IN BILLS TO PATIENTS (INCLUDING A REQUIREMENT THAT INFORMATION BE PROVIDED ON HOW THE PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE) -PROCESS FOR PATIENTS TO INQUIRE ABOUT OR DISPUTE A BILL, INCLUDING TOLL-FREE TELEPHONE NUMBER, ADDRESS, CONTACT NAME, AND E-MAIL ADDRESS -REQUIREMENTS FOR TIMELY RESPONSE TO PATIENT INQUIRIES -CONDITIONS WHICH MUST BE SATISFIED BEFORE PATIENT MAY BE SENT TO A COLLECTION AGENCY OR ATTORNEY -LEGAL ACTION FOR NON-PAYMENT OF A PATIENT BILL MAY NOT BE INITIATED UNTIL AN AUTHORIZED HOSPITAL OFFICIAL HAS DETERMINED THAT ALL CONDITIONS IN THE CORPORATION'S POLICY (INCLUDING ALL OF THE FOREGOING POLICY PROVISIONS) HAVE BEEN SATISFIED FOR INITIATING LEGAL ACTION -LEGAL ACTION MAY NOT BE PURSUED AGAINST UNINSURED PATIENTS WHO HAVE CLEARLY DEMONSTRATED THAT THEY HAVE NEITHER SUFFICIENT INCOME NOR ASSETS TO MEET THEIR FINANCIAL OBLIGATIONS - EVEN IF SUCH PATIENTS DO NOT APPLY FOR FINANCIAL ASSISTANCE -THE CORPORATION SHALL NOT OBTAIN A BODY ATTACHMENT AGAINST ANY PATIENT OR GUARANTOR -THE CORPORATION SHALL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS, SUCH AS SUBMITTING REPORTS TO CREDIT AGENCIES BEFORE REASONABLE EFFORTS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE HAVE BEEN COMPLETED -IF A PATIENT RECEIVES AN APPLICATION FOR FINANCIAL ASSISTANCE BUT FAILS TO RETURN IT, OSF WILL TRY TO USE SECONDARY SOURCES TO DETERMINE THE PATIENT'S ELIGIBILITY FOR NONCOMPLIANT CHARITY BEFORE PURSUING LEGAL ACTION FOR NONPAYMENT IF A COMPLETE APPLICATION IS RECEIVED DURING THE APPLICATION PERIOD, OSF WILL SUSPEND EXTRAORDINARY COLLECTION ACTIONS AND MAKE A DETERMINATION OF ELIGIBILITY FOR ASSISTANCE IF THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, OSF WILL ISSUE APPROPRIATE REFUNDS AND REVERSE ANY EXTRAORDINARY COLLECTION ACTIONS TAKEN, AS MORE FULLY DESCRIBED IN THE OSF FAIR BILLING - COLLECTION POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- SAINT FRANCIS MEDICAL CENTER Line 16a URL https //www osfhealthcare org/billing/financial-assistance/, - SAINT ANTHONY MEDICAL CENTER Line 16a URL https //www osfhealthcare org/billing/financial-assistance/, - ST JOSEPH MEDICAL CENTER Line 16a URL https //www osfhealthcare org/billing/financial-assistance/, - OSF HEART OF MARY MEDICAL CENTER Line 16a URL https //www osfhealthcare org/billing/financial-assistance/, - OSF SACRED HEART MEDICAL CENTER Line 16a URL https //www osfhealthcare org/billing/financial-assistance/, - ST MARY MEDICAL CENTER Line 16a URL https //www osfhealthcare org/billing/financial-assistance/, - OSF SAINT ANTHONY'S HEALTH CENTER Line 16a URL https //www osfhealthcare org/billing/financial-assistance/, - ST FRANCIS HOSPITAL Line 16a URL https //www osfhealthcare org/billing/financial-assistance/, - SAINT JAMES HOSPITAL Line 16a URL https //www osfhealthcare org/billing/financial-assistance/, - OSF SAINT LUKE MEDICAL CENTER Line 16a URL https //www osfhealthcare org/billing/financial-assistance/, - OSF HOLY FAMILY MEDICAL CENTER Line 16a URL https //www osfhealthcare org/billing/financial-assistance/,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- SAINT FRANCIS MEDICAL CENTER Line 16b URL https //www osfhealthcare org/billing/financial-assistance/, - SAINT ANTHONY MEDICAL CENTER Line 16b URL https //www osfhealthcare org/billing/financial-assistance/, - ST JOSEPH MEDICAL CENTER Line 16b URL https //www osfhealthcare org/billing/financial-assistance/, - OSF HEART OF MARY MEDICAL CENTER Line 16b URL https //www osfhealthcare org/billing/financial-assistance/, - OSF SACRED HEART MEDICAL CENTER Line 16b URL https //www osfhealthcare org/billing/financial-assistance/, - ST MARY MEDICAL CENTER Line 16b URL https //www osfhealthcare org/billing/financial-assistance/, - OSF SAINT ANTHONY'S HEALTH CENTER Line 16b URL https //www osfhealthcare org/billing/financial-assistance/, - ST FRANCIS HOSPITAL Line 16b URL https //www osfhealthcare org/billing/financial-assistance/, - SAINT JAMES HOSPITAL Line 16b URL https //www osfhealthcare org/billing/financial-assistance/, - OSF SAINT LUKE MEDICAL CENTER Line 16b URL https //www osfhealthcare org/billing/financial-assistance/, - OSF HOLY FAMILY MEDICAL CENTER Line 16b URL https //www osfhealthcare org/billing/financial-assistance/,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- SAINT FRANCIS MEDICAL CENTER Line 16c URL https //www osfhealthcare org/billing/financial-assistance/, - SAINT ANTHONY MEDICAL CENTER Line 16c URL https //www osfhealthcare org/billing/financial-assistance/, - ST JOSEPH MEDICAL CENTER Line 16c URL https //www osfhealthcare org/billing/financial-assistance/, - OSF HEART OF MARY MEDICAL CENTER Line 16c URL https //www osfhealthcare org/billing/financial-assistance/, - OSF SACRED HEART MEDICAL CENTER Line 16c URL https //www osfhealthcare org/billing/financial-assistance/, - ST MARY MEDICAL CENTER Line 16c URL https //www osfhealthcare org/billing/financial-assistance/, - OSF SAINT ANTHONY'S HEALTH CENTER Line 16c URL https //www osfhealthcare org/billing/financial-assistance/, - ST FRANCIS HOSPITAL Line 16c URL https //www osfhealthcare org/billing/financial-assistance/, - SAINT JAMES HOSPITAL Line 16c URL https //www osfhealthcare org/billing/financial-assistance/, - OSF SAINT LUKE MEDICAL CENTER Line 16c URL https //www osfhealthcare org/billing/financial-assistance/, - OSF HOLY FAMILY MEDICAL CENTER Line 16c URL https //www osfhealthcare org/billing/financial-assistance/,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	THE CORPORATION COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2019 AS PREVIOUSLY STATED THE CHNA IS UPDATED EVERY 3 YEARS AND CORRESPONDING IMPLEMENTATION STRATEGY IS REFRESHED YEARLY NOT ONLY DOES THE IMPLEMENTATION STRATEGY PLAN GET REFRESHED YEARLY, BUT EACH ACTION ITEM HAS A RESPONSIBLE PARTY INVOLVED TO GET THE WORK ASSOCIATED WITH THE NEED ACCOMPLISHED LEADERSHIP WITHIN OSF SIT ON VARIOUS COMMUNITY ADVISORY BOARDS TO STAY CONNECTED TO THE OTHER AGENCIES WITHIN THE COMMUNITY THIS WORK ALIGNS WITH OUR MISSION STATEMENT TO SERVE PERSONS WITH THE GREATEST CARE AND LOVE IN A COMMUNITY THAT CELEBRATES THE GIFT OF LIFE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	THE CORPORATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO ARE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER GOVERNMENT PROGRAMS AND THE CORPORATION'S FINANCIAL ASSISTANCE POLICY, IN ENGLISH AND IN ANY OTHER LANGUAGE SPOKEN BY POPULATIONS WITH LIMITED ENGLISH PROFICIENCY THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE COMMUNITY OF THE HOSPITAL, IN THE FOLLOWING WAYS -SIGNS ARE POSTED IN PATIENT REGISTRATION AREAS (INCLUDING EMERGENCY DEPARTMENT REGISTRATION) INFORMING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE, THE AVAILABILITY OF FINANCIAL ASSISTANCE COUNSELORS, AND HOW TO OBTAIN A COPY OF THE OSF FINANCIAL ASSISTANCE POLICY AND APPLICATION -A PLAIN LANGUAGE SUMMARY OF THE OSF FINANCIAL ASSISTANCE POLICY IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS AND INCLUDED IN THE BILLING STATEMENT MAILED PRIOR TO INITIATING EXTRAORDINARY COLLECTION ACTIONS IN ADDITION, THE PLAIN LANGUAGE SUMMARY AND APPLICATION ARE PROVIDED TO REFERRING STAFF PHYSICIANS -OSF MAKES REASONABLE EFFORTS TO ORALLY NOTIFY PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY AND HOW TO OBTAIN ASSISTANCE IN APPLYING -A NOTICE OF AVAILABILITY OF THE CORPORATION'S FINANCIAL ASSISTANCE AND UNINSURED PATIENT DISCOUNT POLICIES IS PROMINENTLY AVAILABLE ON THE CORPORATION'S WEB SITE (AND SEPARATE WEB SITES OF ITS HOSPITAL FACILITIES) THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM AND INSTRUCTIONS WITH THE PLAIN LANGUAGE SUMMARY ARE AVAILABLE FOR DOWNLOAD -A NOTE REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE (TOGETHER WITH CONTACT PHONE NUMBERS) APPEARS ON EVERY PATIENT BILLING STATEMENT AS WELL AS THE WEBSITE WHERE COPIES OF THE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY MAY BE OBTAINED -FINANCIAL ASSISTANCE COUNSELORS ARE AVAILABLE IN PERSON AND BY PHONE TO ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AND IN DETERMINING ELIGIBILITY AND APPLYING FOR GOVERNMENT PROGRAM BENEFITS, INCLUDING MEDICAID -THE CORPORATION'S FINANCIAL ASSISTANCE POLICY IS FILED WITH THE ILLINOIS ATTORNEY GENERAL AND IS AVAILABLE TO THE PUBLIC

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	OSF HEALTHCARE IS AN INTEGRATED HEALTH SYSTEM OWNED AND OPERATED BY THE SISTERS OF THE THI RD ORDER OF ST FRANCIS (OSF), PEORIA, ILLINOIS OUR MISSION STATES THAT, "IN THE SPIRIT O F CHRIST AND THE EXAMPLE OF FRANCIS OF ASSISI, THE MISSION OF OSF HEALTHCARE IS TO SERVE P ERSONS WITH THE GREATEST CARE AND LOVE IN A COMMUNITY THAT CELEBRATES THE GIFT OF LIFE" AN D GUIDES THE ORGANIZATION ON A DAILY BASIS THE OSF HEALTHCARE VISION "EMBRACING GOD'S GRE AT GIFT OF LIFE, WE ARE ONE OSF MINISTRY TRANSFORMING HEALTH CARE TO IMPROVE THE LIVES OF THOSE WE SERVE" IS THE GOAL EACH MISSION PARTNER WORKS TOWARD OSF HEALTHCARE EMPLOYS NEAR LY 21,500 MISSION PARTNERS IN 124 LOCATIONS, INCLUDING NOW 13 HOSPITALS WITH 1,786 LICENSE D ACUTE CARE BEDS, 18 URGENT CARE LOCATIONS, 11 CENTERS FOR HEALTH, AND TWO COLLEGES OF NU RSING THROUGHOUT ILLINOIS AND MICHIGAN ON FEBRUARY 1, 2018, OSF HEALTHCARE SYSTEM WELCOME D TWO NEW HOSPITALS TO OUR MINISTRY OSF HEART OF MARY MEDICAL CENTER LOCATED IN URBANA, I L AND OSF SACRED HEART MEDICAL CENTER LOCATED IN DANVILLE, IL IN ADDITION, THE OSF HEALTH CARE PHYSICIAN NETWORK EMPLOYS 1,500 PRIMARY CARE, SPECIALIST AND ADVANCED PRACTICE PROVID ERS OSF HEALTHCARE, THROUGH OSF HOME CARE SERVICES, OPERATES AN EXTENSIVE NETWORK OF HOME HEALTH SERVICES, INCLUDING EIGHT HOME HEALTH AGENCIES AND EIGHT HOSPICE PROGRAMS POINTCO RE, INC , FORMERLY OSF SAINT FRANCIS INC , A WHOLLY OWNED SUBSIDIARY OF OSF HEALTHCARE IS COMPOSED OF HEALTH CARE-RELATED BUSINESSES, OSF HEALTHCARE FOUNDATION IS THE PHILANTHROPIC ARM FOR THE ORGANIZATION, AND OSF VENTURES PROVIDES INVESTMENT CAPITAL FOR PROMISING HEAL TH CARE INNOVATION STARTUPS THE MINISTRY SERVICES OFFICE IN PEORIA PROVIDES CORPORATE MAN AGEMENT SERVICES, AS WELL AS DIRECTION, CONSULTATION AND ASSISTANCE TO THE ADMINISTRATION OF THE HEALTH CARE FACILITIES AS OF SEPTEMBER 30, 2019, THE 13 HOSPITAL FACILITIES OPERAT ED BY OSF HEALTHCARE HAD A TOTAL OF 1,854 LICENSED ACUTE AND SKILLED CARE BEDS THE LARGES T HOSPITAL, OSF HEALTHCARE SAINT FRANCIS MEDICAL CENTER IN PEORIA, ILLINOIS, IS A 649-LICE NSED BED TERTIARY CARE TEACHING CENTER PROVIDING NUMEROUS SPECIALTY SERVICES AND EXTENSIVE RESIDENCY PROGRAMS FOR PHYSICIANS SAINT FRANCIS MEDICAL CENTER, WITH 629 BEDS, IS THE FI FTH-LARGEST MEDICAL CENTER IN ILLINOIS A MAJOR TEACHING AFFILIATE OF THE UNIVERSITY OF IL LINOIS COLLEGE OF MEDICINE AT PEORIA, IT IS THE AREA'S ONLY LEVEL I TRAUMA CENTER, THE HIG HEST LEVEL DESIGNATED IN TRAUMA CARE IT SERVES AS THE RESOURCE HOSPITAL FOR EMERGENCY MED ICAL SERVICES FOR NORTH-CENTRAL ILLINOIS IT IS HOME TO OSF CHILDREN'S HOSPITAL OF ILLINOI S AND THE OSF ILLINOIS NEUROLOGICAL INSTITUTE OSF SAINT FRANCIS AND CHILDREN'S HOSPITAL H AVE BEEN DESIGNATED MAGNET STATUS FOR EXCELLENCE IN NURSING CARE SINCE 2004 THE POPULATIO N OF PEORIA COUNTY IN 2017 REPORTED AT 183,011 THE POPULATION OF TAZEWELL COUNTY IN 2017 REPORTED 133,526 AND THE POPULATION OF WOODFORD COUNTY IN 2017 REPORTED AS 38, 726 TOTAL FOR THE TRI-COUNTY REPORTED 355,263 IN 2017 DATA FROM THE LAST CENSUS INDICATE THE POPULA TION OF PEORIA COUNTY HAS DECREASED (2 9%) BETWEEN 2013 AND 2017 DURING THE SAME TIME PER IOD, THE POPULATIONS OF TAZEWELL COUNTY AND WOODFORD COUNTY ALSO DECREASED 2 0% AND 0 8% R ESPECTIVELY AS NOTED IN THE CHNA, SAINT FRANCIS MEDICAL CENTER PRIMARILY SERVES THOSE IN THE COUNTIES OF PEORIA, TAZEWELL, AND WOODFORD THE POVERTY RATE FOR INDIVIDUALS DECREASED ACROSS ALL COUNTIES IN THE TRI-COUNTY AREA BETWEEN 2013 AND 2017 IN PEORIA COUNTY, THE P ERCENTAGE OF INDIVIDUALS LIVING IN POVERTY BETWEEN 2013 AND 2017 DECREASED BY 1 3% THE PO VERTY RATE FOR INDIVIDUALS IS 15 9%, WHICH IS HIGHER THAN THE STATE OF ILLINOIS INDIVIDUAL POVERTY RATE OF 13 5% IN TAZEWELL COUNTY, THE PERCENTAGE OF INDIVIDUALS LIVING IN POVERT Y BETWEEN 2013 AND 2017 DECREASED BY 1 1% THE POVERTY RATE FOR INDIVIDUALS LIVING IN TAZE WELL COUNTY IS 8 0%, WHICH IS SIGNIFICANTLY LOWER THAN THE STATE OF ILLINOIS POVERTY RATE OF 13 5% IN WOODFORD COUNTY, THE PERCENTAGE OF INDIVIDUALS LIVING IN POVERTY BETWEEN 2013 AND 2017 DECREASED BY 1 4% THE POVERTY RATE FOR INDIVIDUALS LIVING IN WOODFORD COUNTY IS 7 4%, WHICH IS ALSO SIGNIFICANTLY LOWER THAN THE STATE OF ILLINOIS POVERTY RATE OF 13 5% POVERTY HAS A SIGNIFICANT IMPACT ON THE DEVELOPMENT OF CHILDREN AND YOUTH IN 2017 THE PO VERTY RATE FOR FAMILIES LIVING IN PEORIA COUNTY (11 3%) WAS HIGHER THAN THE STATE OF ILLIN OIS FAMILY POVERTY RATE (9 8%) TAZEWELL COUNTY AND WOODFORD COUNTY REPORTED SIGNIFICANTLY LOWER FAMILY POVERTY RATES IN 2017 (5 6% AND 5 8%, RESPECTIVELY) COMPARED TO THE STATE OF ILLINOIS FAMILY POVERTY RATE (9 8%) SAINT ANTHONY MEDICAL CENTER ("SAINT ANTHONY") IS A 254 LICENSED BED ACUTE CARE HOSPITAL LOCATED ON THE NORTHEAST SIDE OF ROCKFORD, ILLINOIS IT IS THE REGION'S RESOURCE CENTER FOR EMERGENCY SERVICES SAINT ANTHONY - ROCKFORD PROVID ES PRIMARY, SECONDARY AND TERTIARY CARE, INCLUDING OPEN HEART SURGERY AND IS DESIGNATED BY THE STATE OF ILLINOIS AS A LEVEL I (HIGHEST LEVEL

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	) TRAUMA CENTER AND A REGIONAL BURN UNIT SAINT ANTHONY COLLEGE OF NURSING IS AN INTEGRAL PART OF THE HOSPTIAL IT'S A FULLY ACCREDITED COLLEGE OF NURSING GRANTING BACCALAUREATE, M ASTERS AND DOCTORATE OF NURSING PRACTICE DEGREES AS NOTED IN THE CHNA, SAINT ANTHONY MEDI CAL CENTER IS LOCATED IN WINNEBAGO COUNTY WINNEBAGO COUNTY IS A METROPOLITAN STATISTICAL AREA AND ITS POPULATION IN 2017 WAS 284,778 IN WINNEBAGO COUNTY, THE PERCENTAGE OF INDIVI DUALS LIVING IN POVERTY BETWEEN 2013 AND 2017 DECREASED BY 2 2% THE POVERTY RATE FOR INDI VIDUALS IS 15 3%, WHICH IS HIGHER THAN THE STATE OF ILLINOIS INDIVIDUAL POVERTY RATE OF 13 5% POVERTY HAS A SIGNIFICANT IMPACT ON THE DEVELOPMENT OF CHILDREN AND YOUTH IN 2017 TH E POVERTY RATE FOR FAMILIES LIVING IN WINNEBAGO COUNTY (11 5%) WAS HIGHER THAN THE STATE O F ILLINOIS FAMILY POVERTY RATE (9 8%) OSF ST JOSEPH MEDICAL CENTER ("ST JOSEPH") IN BLO OMINGTON, ILLINOIS, AND OSF SAINT JAMES-JOHN W ALBRECHT MEDICAL CENTER ("SAINT JAMES") IN PONTIAC, ILLINOIS ARE LOCATED APPROXIMATELY 35 MILES APART AND SERVE PARTIALLY OVERLAPPIN G MARKETS RESIDENTS OF PONTIAC AND ITS SURROUNDING AREAS FREQUENTLY TRAVEL TO BLOOMINGTON TO RECEIVE HEALTH CARE SERVICES ST JOSEPH IS A 137-LICENSED ACUTE CARE BED AND 12 BED S KILLED NURSING CARE HOSPITAL LOCATED ON THE EAST SIDE OF BLOOMINGTON, ILLINOIS ST JOSEPH IS A COMMUNITY-SIZED HOSPITAL THAT PROVIDES A NUMBER OF HIGH LEVEL TERTIARY SERVICES INCL UDING OPEN HEART SURGERY, ENDOVASCULAR SURGERY AND INTERVENTIONAL NEURORADIOLOGY MCLEAN C OUNTY CONSISTS OF A TOTAL POPULATION OF 172,052 BLOOMINGTON HAS THE LARGEST POPULATION IN THE COUNTY WITH 78,368 AND NORMAL HAS THE SECOND LARGEST POPULATION WITH 54,534 THE POPU LATION IN MCLEAN COUNTY INCREASED BY 1 46 PERCENT FROM 2010 TO 2019 IN MCLEAN COUNTY, THE PERCENT OF PEOPLE LIVING BELOW THE FEDERAL POVERTY LINE IS 14 5 PERCENT IN BLOOMINGTON Z IP CODE 61701, 22 2 PERCENT OF PEOPLE LIVE BELOW THE POVERTY LEVEL SAINT JAMES HOSPITAL I S LOCATED IN LIVINGSTON COUNTY IN ILLINOIS LIVINGSTON COUNTY IS A METROPOLITAN STATISTICA L AREA AND ITS POPULATION IN 2017 WAS 36,518 SAINT JAMES HOSPITAL HAS 42 LICENSED ACUTE C ARE BEDS THIS HOSPITAL FACILITY IS LOCATED ON THE WEST SIDE OF PONTIAC, ILLINOIS, NEAR IN TERSTATE 55 AND WAS COMPLETED IN SEPTEMBER 2002 SAINT JAMES IS THE ONLY ACUTE CARE HOSPIT AL LOCATED IN LIVINGSTON COUNTY, ILLINOIS THE NEAREST COMPETING HOSPITAL TO SAINT JAMES I S ADVOCATE BROMENN MEDICAL CENTER IN NORMAL, ILLINOIS, WITH 198 (STAFFED) ACUTE CARE BEDS, LOCATED APPROXIMATELY 37 MILES FROM SAINT JAMES AS NOTED IN THE CHNA, THE PERCENTAGE OF INDIVIDUALS LIVING IN POVERTY BETWEEN 2013 AND 2017 INCREASED BY 3 0% THE POVERTY RATE FO R INDIVIDUALS IS 13 3%, WHICH IS SLIGHTLY LOWER THAN THE STATE OF ILLINOIS INDIVIDUAL POVE RTY RATE OF 13 5% POVERTY HAS A SIGNIFICANT IMPACT ON THE DEVELOPMENT OF CHILDREN AND YOU TH IN 2017 THE POVERTY RATE FOR FAMILIES LIVING IN LIVINGSTON COUNTY (9 2%) WAS LOWER THA N THE STATE OF ILLINOIS FAMILY POVERTY RATE (9 8%) OSF ST MARY MEDICAL CENTER ("ST MARY ") IN GALESBURG, ILLINOIS, AND OSF HOLY FAMILY MEDICAL CENTER ("HOLY FAMILY") IN MONMOUTH, ILLINOIS ARE LOCATED APPROXIMATELY 19 MILES APART AND SERVE PARTIALLY OVERLAPPING MARKETS RESIDENTS OF MONMOUTH AND ITS SURROUNDING AREAS FREQUENTLY TRAVEL TO GALESBURG TO RECEIV E HEALTH CARE SERVICES THE CORPORATION HAS COMBINED MANAGEMENT AND REPORTING FOR ST MARY AND HOLY FAMILY IN ORDER TO GAIN OPERATING EFFICIENCIES AND EXECUTE THE SYSTEM'S STRATEGI C PLANS ACROSS THIS ENTIRE SERVICE AREA AS NOTED IN THE CHNA, ST MARY IS AN 81 LICENSED BED ACUTE CARE HOSPITAL LOCATED ON THE NORTHEAST SIDE OF GALESBURG, ILLINOIS AS NOTED IN THE CHNA, ST MARY MEDICAL CENTER IS LOCATED IN KNOX COUNTY IN ILLINOIS AND PRIMARILY SERV ES RESIDENTS LIVING IN KNOX AND WARREN COUNTIES THE CHNA SHOWS 83% OF PATIENTS COME FROM KNOX AND WARREN COUNTIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	THE CORPORATION'S SPONSORING ORGANIZATION IS A RELIGIOUS CONGREGATION OF THE ROMAN CATHOLIC CHURCH KNOWN AS THE SISTERS OF THE THIRD ORDER OF ST FRANCIS IN ACCORDANCE WITH CANON LAW OF THE ROMAN CATHOLIC CHURCH AND FEDERAL TAX LAW APPLICABLE TO SUPPORTING ORGANIZATIONS, A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION ARE PROFESSED MEMBERS OF THE SPONSORING RELIGIOUS CONGREGATION EACH HOSPITAL OPERATED BY THE CORPORATION HAS A COMMUNITY ADVISORY BOARD CONSISTING OF MEMBERS OF THE COMMUNITY WHO ARE NOT DIRECTORS, OFFICERS, OR CONTRACTORS OF THE CORPORATION EXCEPT FOR HOSPITAL DEPARTMENTS WHICH HAVE BEEN CLOSED, OR IN WHICH CLINICAL PRIVILEGES HAVE BEEN RESTRICTED, FOR CLINICAL OR QUALITY OF CARE REASONS BY ACTIONS OF THE HOSPITAL'S MEDICAL STAFF AND THE BOARD OF DIRECTORS, THE CORPORATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITIES THE CORPORATION'S SURPLUS FUNDS WERE USED DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2018 FOR IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH IN THE FOLLOWING WAYS -CAPITAL EXPENDITURES OF APPROXIMATELY $3,032,000 WERE MADE DURING THE FISCAL YEAR FOR CONSTRUCTION AND RENOVATION OF PATIENT CARE FACILITIES AND ACQUISITION OF MEDICAL EQUIPMENT AND OTHER EQUIPMENT USED IN PATIENT CARE AND RELATED SUPPORT SERVICES -THE CORPORATION INCURRED NET COSTS (EXPENSES MINUS REVENUES) OF APPROXIMATELY $38,074,109 DURING THE FISCAL YEAR FOR ACCREDITED PHYSICIAN RESIDENCY PROGRAMS AND NET COSTS OF APPROXIMATELY $6,913,839 FOR UNDERGRADUATE AND GRADUATE NURSING EDUCATION PROGRAMS AND OTHER MEDICAL EDUCATION PROGRAMS SEE SCHEDULE O, FORM 990, PART III, LINE 4D FOR A DESCRIPTION OF SUCH PROGRAMS -THE CORPORATION INCURRED NET COSTS (EXPENSES MINUS REVENUES) OF APPROXIMATELY $1,205,366 DURING THE FISCAL YEAR FOR CLINICAL RESEARCH PROGRAMS AND ACTIVITIES ALL OF THE CORPORATION'S HOSPITALS MEET THE REQUIREMENTS OF REVENUE RULING 69-545 BY -OPERATING EMERGENCY DEPARTMENTS WHICH ARE STAFFED 24 HOURS PER DAY BY QUALIFIED PHYSICIANS AND OTHER MEDICAL PERSONNEL AND WHICH ARE OPEN TO ALL PERSONS WITHOUT REGARD TO ABILITY TO PAY -HAVING MEDICAL STAFFS WHICH ARE OPEN TO ALL QUALIFIED PHYSICIANS, MID-LEVEL PROVIDERS, PODIATRISTS, AND DENTISTS IN THE COMMUNITY (EXCEPT WHERE RESTRICTED IN RARE CASES FOR CLINICAL QUALITY REASONS BY ACTION OF THE MEDICAL STAFF AND THE BOARD OF DIRECTORS) -ACCEPTING MEDICARE, MEDICAID AND OTHER GOVERNMENT PROGRAM PATIENTS -ACCEPTING ALL PATIENTS, INCLUDING UNINSURED PATIENTS, WITHOUT REGARD TO THEIR ABILITY TO PAY -USING SURPLUS FUNDS TO IMPROVE THEIR FACILITIES, EQUIPMENT, PATIENT CARE, MEDICAL TRAINING, EDUCATION, AND RESEARCH AS DESCRIBED ABOVE SEE SCHEDULE H, PART VI, LINE 4 COMMUNITY INFORMATION FOR A SUMMARY OF SERVICES EACH OSF HOSPITAL PROVIDES OSF HEALTHCARE SYSTEM IS CHARGED WITH PROMOTING COMMUNITY HEALTH THE OSF CENTER FOR HEALTH IN STREATOR IS BEING TRANSFORMED INTO A HUB THAT NOT ONLY TAKES CARE OF THE PHYSICAL HEALTH OF INDIVIDUALS, BUT ENDEAVORS TO POSITIVELY SHAPE THE ENVIRONMENT, SOCIAL AND ECONOMIC STATUS AND LIFESTYLE CHOICES OF THE ENTIRE COMMUNITY THE ORGANIZATION IS ENLISTING A VARIETY OF COMMUNITY-BASED ORGANIZATIONS TO CO-LOCATE WITHIN THE CENTER FOR HEALTH, MAKING THE FACILITY A CONVENIENT SPACE FOR HEALTH AND WELLNESS NEEDS OSF IS UTILIZING SOFTWARE DEVELOPED BY PIECE TECHNOLOGIES, A PART OF THE OSF VENTURES PORTFOLIO, TO BRIDGE THE INFORMATION GAP THAT IS TYPICALLY PREVALENT AMONG SOCIAL SERVICE ORGANIZATIONS AND HEALTH CARE PROVIDERS COMMUNITY-BASED GROUPS AND OSF WILL HAVE THE ABILITY TO BETTER COMMUNICATE ABOUT PATIENTS' WELL-BEING AND INTERVENE SOONER IN THEIR HEALTH CARE OSF PARTNERS WITH INCUBATORS, ACCELERATORS, CORPORATIONS AND UNIVERSITIES OUTSIDE OF THE MINISTRY TO DISCOVER TECHNOLOGY, PRODUCTS AND SERVICES WE CAN FURTHER DEVELOP TO MEET OUR NEEDS, TEST, PILOT AND/OR IMPLEMENT THROUGHOUT THE HEALTH CARE SYSTEM ONE OF THESE PARTNERSHIPS INCLUDES PATIENT WISDOM PATIENT WISDOM IS A DIGITAL PLATFORM THAT COLLECTS AND SHARES PATIENT STORIES TO IMPROVE HEALTH AND THE EXPERIENCE OF CARE FOR THE PHYSICIAN/PATIENT RELATIONSHIP OSF IS FOCUSING EFFORTS AND RESOURCES FOR ADDITIONAL INNOVATION PROJECTS IN THE FOLLOWING AREAS "ADVANCING SIMULATION, "MORE FOR THOSE WITH LESS", "RADICAL ACCESS TO CARE AND AGING IN PLACE" MORE ON THIS CAN BE FOUND HERE HTTPS //WWW OSFHEALTHCARE ORG/INNOVATION/ OSF HAS CREATED A BEHAVIORAL HEALTH UNIT AT THE SYSTEM LEVEL TO HELP CLOSE GAPS WITH BEHAVIORAL HEALTH NEEDS THROUGH THE COMMUNITIES WE SERVE OSF NOW OFFERS ON CALL 24/7 ONLINE ACCESS TO MEDICAL CARE VIA SMART PHONE, TABLET OR COMPUTER THE ABOVE ARE JUST A FEW EXAMPLES OF HOW OSF HEALTHCARE SYSTEM IS PROMOTING COMMUNITY HEALTH

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	The Corporation is part of an affiliated health care system (the "OSF System"), which is an integrated health system that operates acute care hospitals, home health care services, two colleges of nursing, a medical training simulation center, emergency medical transportation, and other health care facilities in Illinois and Michigan The OSF System includes many other entities which are controlled, directly or indirectly by the Sisters of the Third Order of St Francis (the "Congregation") All affiliated entities apply and follow the charity care policies of the Corporation and are operated in furtherance of the mission to provide comprehensive, integrated quality care to the communities served by the Corporation The OSF System's corporate office in Peoria, Illinois (the "Corporate Office"), provides corporate management services as well as direction, consultation and assistance to the administration of the OSF System's health care facilities and subsidiary corporations The primary affiliated corporations of the OSF System are the following The Congregation, which works exclusively in the health care apostolate, holds the assets of the religious congregation and directs all other corporations in the affiliated health care system through board representation and the exercise of reserved powers OSF Multi-Specialty Group was incorporated in 2011 Virtually all physicians and advance practice providers providing professional services through the OSF System's acute care hospital facilities and ambulatory practice settings (with a few limited exceptions) provide services pursuant to employment agreements or professional service agreements with the Multi-Specialty Group OSF Medical Group is a d/b/a of Multi-Specialty Group Pointcore, Inc , formerly known as OSF Saint Francis, Inc , was originally incorporated in 1986 and is engaged in the following lines of business retail pharmacies, retail shops, a mobile medical system, durable medical equipment, home therapeutics, real estate, equipment technology services, telecommunications, electronic health records, telehealth services, and consulting services Pointcore, Inc also participates in various health related joint ventures OSF Healthcare Foundation was incorporated in 1989 to conduct fundraising and other activities for the benefit of OSF Healthcare System and in support of the mission of the Congregation Ottawa Regional Hospital & Healthcare Center, formerly known as Community Hospital of Ottawa was incorporated in 1964 OSF Healthcare System became the sole member of Ottawa Regional Hospital & Healthcare Center in 2012, and the hospital was renamed as d/b/a/ OSF Saint Elizabeth Medical Center Mendota Community Hospital, formerly known as Mendota Hospital Foundation, was incorporated in 1944 OSF Healthcare System became the sole member of Mendota Community Hospital in 2015, and the hospital was renamed as d/b/a/ OSF Saint Paul Medical Center

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0813229
Name: OSF Healthcare System

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 11	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children s hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVENUE PEORIA, IL 61637 https //www osfhealthcare org/saint-francis/ IL0002394	X	X	X	X		X	X	X		
2	SAINT ANTHONY MEDICAL CENTER 5666 EAST STATE STREET ROCKFORD, IL 61108 https //www osfhealthcare org/saint-anthony/ IL0002253	X	X		X		X	X			
3	ST JOSEPH MEDICAL CENTER 2200 EAST WASHINGTON STREET BLOOMINGTON, IL 61701 https //www osfhealthcare org/st-joseph/ IL0002535	X	X					X			
4	OSF HEART OF MARY MEDICAL CENTER 1400 W PARK STREET URBANA, IL 61801 https //www osfhealthcare org/heart-of-mary/ IL0006080	X	X		X			X			
5	OSF SACRED HEART MEDICAL CENTER 812 N LOGAN AVENUE DANVILLE, IL 61832 https //www osfhealthcare org/sacred-heart/ IL0006072	X	X					X			

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 11 Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
6	ST MARY MEDICAL CENTER 3333 NORTH SEMINARY STREET GALESBURG, IL 61401 https //www osfhealthcare org/st-mary/ IL0002675	X	X					X			
7	OSF SAINT ANTHONY'S HEALTH CENTER 1 ST ANTHONYS WAY ALTON, IL 62002 https //www osfhealthcare org/saint-anthonys/ IL0005942	X	X					X			
8	ST FRANCIS HOSPITAL 3401 LUDINGTON STREET ESCANABA, MI 49829 https //www osfhealthcare org/st-francis/ MI1060000051	X	X			X		X			
9	SAINT JAMES HOSPITAL 2500 W REYNOLDS STREET PONTIAC, MI 61764 https //www osfhealthcare org/saint-james/ IL0005264	X	X					X			
10	OSF SAINT LUKE MEDICAL CENTER 1051 W SOUTH STREET KEWANEE, IL 61443 https //www osfhealthcare org/saint-luke/ IL0005926	X	X			X		X			

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **11** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children s hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
11	OSF HOLY FAMILY MEDICAL CENTER 1000 W HARLEM AVENUE MONMOUTH, IL 61462 https //www osfhealthcare org/holy-family/ IL0005439	X	X			X		X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SAINT FRANCIS MEDICAL CENTER FOR THE 2019 CHNA, OSF HEALTHCARE CENTER d/b/a OSF FRANCIS MEDICAL CENTER SOLICITED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING SOURCES 1) ADMINISTRATORS FROM THE PEORIA, WOODFORD AND TAZEWELL COUNTY HEALTH DEPARTMENTS 2) PRIMARY DATA WAS COLLECTED FROM THE AT-RISK AND ECONOMICALLY DISADVANTAGED POPULATION BY COLLECTING A STRATIFIED SAMPLE OF SURVEYS DISTRIBUTED IN ENGLISH AND SPANISH AT ALL HOMELESS SHELTERS, FOOD PANTRIES AND SOUP KITCHENS 3) THE 2013 AND 2016 CHNA'S WERE AND STILL ARE MADE WIDELY AVAILABLE TO THE COMMUNITY FEEDBACK RECEIVED FROM COMMUNITY SERVICE ORGANIZATIONS HAS BEEN TAKEN INTO ACCOUNT 4) ADDITIONAL SOURCES OF INPUT WAS RECEIVED FROM A COLLABORATIVE TEAM CREATED TO ENGAGE THE ENTIRE TRI-COUNTY COMMUNITY IN CONDUCTING THE 2019 CHNA AND TO IMPROVE POPULATION HEALTH THE COLLABORATIVE TEAM INCLUDED CONSUMER ADVOCATES, REPRESENTATIVES FROM NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS, HEALTH CARE PROVIDERS THE TRI-COUNTY CHNA WAS A COLLABORATIVE UNDERTAKING SPEARHEADED BY THE PARTNERSHIP FOR A HEALTHY COMMUNITY, A MULTISECTOR COMMUNITY PARTNERSHIP WORKING TO IMPROVE POPULATION HEALTH AN AD HOC COMMITTEE WITHIN THE PFHC FORMED A COLLABORATIVE TEAM TO FACILITATE THE CHNA THIS COLLABORATIVE TEAM INCLUDED MEMBERS FROM OSF SAINT FRANCIS MEDICAL CENTER, UNITYPOINT HEALTH - CENTRAL IL, PEORIA CITY/COUNTY HEALTH DEPARTMENT, TAZEWELL COUNTY HEALTH DEPARTMENT, WOODFORD COUNTY HEALTH DEPARTMENT, ADVOCATE EUREKA HOSPITAL, HOPEDALE MEDICAL COMPLEX, HEART OF ILLINOIS UNITED WAY, HEARTLAND HEALTH SERVICES AND BRADLEY UNIVERSITY MEMBERS OF THE COLLABORATIVE TEAM BY NAME, AFFILIATIONS, TITLE AND EXPERTISE ARE LISTED IN APPENDIX 1 TO THE 2019 CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SAINT FRANCIS MEDICAL CENTER THE TRI-COUNTY CHNA FOR PEORIA, WOODFORD AND TAZEWELL COUNTIES WAS COMPLETED AS A COLLABORATIVE UNDERTAKING SPEARHEADED BY THE PARTNERSHIP FOR A HEALTHY COMMUNITY (PFHC), A MULTISECTOR COMMUNITY PARTNERSHIP WORKING TO IMPROVE POPULATION HEALTH AN AD HOC COMMITTEE WITHIN THE PFHC FORMED A COLLABORATIVE TEAM TO FACILITATE THE CHNA THIS COLLABORATIVE TEAM INCLUDED MEMBERS FROM OSF SAINT FRANCIS MEDICAL CENTER (OSF), UNITYPOINT HEALTH - CENTRAL IL (UNITYPOINT), PEORIA CITY/COUNTY HEALTH DEPARTMENT, TAZEWELL COUNTY HEALTH DEPARTMENT, WOODFORD COUNTY HEALTH DEPARTMENT, ADVOCATE EUREKA HOSPITAL, HOPEDALE MEDICAL COMPLEX, HEART OF ILLINOIS UNITED WAY, HEARTLAND HEALTH SERVICES AND BRADLEY UNIVERSITY THE CHNA THAT WAS CONDUCTED IN 2019 WAS APPROVED AND ADOPTED BY THE OSF BOARD OF DIRECTORS ON JULY 29, 2019 THE COLLABORATIVE TEAM BY NAME, AFFILIATIONS, TITLE AND EXPERTISE ARE LISTED IN APPENDIX 1 TO THE 2019 CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SAINT FRANCIS MEDICAL CENTER THE TRI-COUNTY CHNA FOR PEORIA, WOODFORD AND TAZEWELL COUNTIES WAS COMPLETED AS A COLLABORATIVE UNDERTAKING SUPPORTED BY THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITALS PEORIA CITY/COUNTY HEALTH DEPARTMENT, TAZEWELL COUNTY HEALTH DEPARTMENT, WOODFORD COUNTY HEALTH DEPARTMENT, HEART OF ILLINOIS UNITED WAY, HEARTLAND HEALTH SERVICES AND BRADLEY UNIVERSITY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - SAINT FRANCIS MEDICAL CENTER OSF SAINT FRANCIS MEDICAL CENTER COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2019 AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVED AND ADOPTED BY THE SYSTEM'S BOARD OF DIRECTORS ON JULY 29, 2019 THIS CHNA IS EFFECTIVE FOR FISCAL YEA RS 2020, 2021 AND 2022 THE FOLLOWING INFORMATION CONTAINS DATA AND STATISTICS SPECIFIC TO THE PRIORITIZED HEALTH NEEDS AND THOSE ACCOMPLISHMENTS FROM THE 2016 CHNA ACTIVE FOR FIS CAL YEARS ENDING 2017, 2018 & 2019 THE 2016 TRI COUNTY CHNA (PEORIA, WOODFORD AND PEORIA COUNTIES) WAS DONE AS A COLLABORATIVE UNDERTAKING TO HIGHLIGHT THE HEALTH NEEDS AND WELL B EING OF RESIDENTS IN THE COUNTY AREA THE COLLABORATIVE TEAM IDENTIFIED THE FOLLOWING SIGN IFICANT COMMUNITY HEALTH NEEDS AS A PRIORITY HEALTHY BEHAVIORS AND BEHAVIORAL HEALTH HEA LTHY BEHAVIORS IS DEFINED AS ACTIVE LIVING AND HEALTHY EATING AND THEIR IMPACT ON OBESITY BEHAVIORAL HEALTH ADDRESSES MENTAL HEALTH AND SUBSTANCE ABUSE IN RESPONSE TO THESE PRIOR ITY HEALTH NEEDS, THE HOSPITAL DEVELOPED AN IMPLEMENTATION STRATEGY DESCRIBING THE ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS BOTH PRIORITY HEALTH NEEDS, THE RESOURCES THE HOS PITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEEDS, AND ANY PLANNED COLLABORATIONS WITH OTH ER HOSPITALS OR ORGANIZATIONS TO ADDRESS THE HEALTH NEEDS THE HOSPITAL REVIEWS ITS IMPLEM ENTATION STRATEGY AT LEAST ANNUALLY AND MAKES REVISIONS AS NEEDED TO MAXIMIZE THE IMPACT O N IDENTIFIED PRIORITY HEALTH NEEDS A SUMMARY OF HOW THE HOSPITAL HAS ADDRESSED BOTH PRIOR ITY HEALTH NEEDS IS PROVIDED BELOW HEALTHY BEHAVIORS - ACTIVE LIVING, HEALTHY EATING AND OBESITY GOALS INCREASE PERCENTAGE OF ADULTS CONSUMING THREE OR MORE SERVINGS OF FRUITS AN D VEGETABLES PER DAY, INCREASE THE PERCENTAGE OF INDIVIDUALS EXERCISING WITH IN THE LAST W EEK, MONITOR SLEEP HYGIENE, NUTRITION, EXERCISE, HEALTHY WEIGHT, SAFETY, SPIRITUALITY, AND AVOIDANCE OF SUBSTANCE USE THE 2016 GOALS IDENTIFIED FOR HEALTHY BEHAVIORS WERE ACHIEVED * THE PERCENTAGE OF ADULTS CONSUMING THREE OR MORE SERVINGS OF FRUITS AND VEGETABLES PER DAY INCREASED BY 5% FROM 2017 TO 2019 * THE PERCENTAGE OF INDIVIDUALS EXERCISING IN THE LAST WEEK INCREASED FROM 2017 TO 2019 THE NUMBER OF RESPONDENTS INDICATING THEY EXERCISED ONE OR MORE TIMES IN THE LAST WEEK INCREASED BY 11% * SLEEP HYGIENE, NUTRITION, EXERCISE , HEALTHY WEIGHT, SAFETY, SPIRITUALTY AND AVOIDANCE OF SUBSTANCE ABUSE WAS MONITORED THROU GH STRATEGIC INITIATIVES OF THE FAITH COMMUNITY NURSING PROGRAM (FCN), CARE-A-VAN AND OTHE R PROGRAMING THE FOLLOWING ACTIVITIES AND INITIATIVES HELPED TO SUPPORT THE GOALS FOR HEA LTHY BEHAVIORS FROM 2017 TO 2019 OSF'S FCN PROGRAM OFFERS A UNIQUE PARTNERSHIP BETWEEN TW O HEALING ENTITIES, OUR HOSPITALS AND THE FAITH COMMUNITY THE FOCUS OF THE PROGRAM IS ON PREVENTATIVE HEALTHCARE AND INDIVIDUALS ARE HELPED TO LEAD HEALTHIER LIVES THROUGH EDUCATI ON, SCREENING AND REFERRALS TO

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	COMMUNITY RESOURCES THE FCNS ALSO STAFF THE OSF CARE-A-VAN, WHICH IS A MOBILE HEALTH CEN TER THAT CONNECTS RESIDENTS WITH SCREENINGS, IMMUNIZATION, EDUCATION, HEALTH RISK ASSESSME NTS, SIGNING UP FOR HEALTHCARE COVERAGE, EXPLORING ADVANCED CARE PLANNING AND MORE STRATE GIC INITIATIVES OF THE FCN PROGRAM AND CARE-A-VAN WERE EXECUTED AND BASELINE UTILIZATION T O PROVIDE HEALTHY BEHAVIORS EDUCATION TO NEIGHBORHOODS AND SCHOOLS WITH THE GREATEST PERCE NTAGE OF POVERTY WAS ESTABLISHED SINCE ESTABLISHED IN 2016, THE CARE-A-VAN HAS SERVED THE FOLLOWING COMMUNITY MEMBERS * 538 IN FY17, * 929 IN FY18 *5273 IN FY19 CONTINUED CONNECT IONS WITH VOLUNTEER NURSES AND FAITH-BASED ORGANIZATIONS HELPED THE FCN PROGRAM TO EXPAND COMMUNITY OUTREACH FCN PARTNERSHIPS AND OUTREACH INCLUDED * 29 FAITH-BASED ORGANIZATIONS , 22 NURSES AND 23,000 OUTREACH CONTACTS IN FY17 * 27 FAITH-BASED ORGANIZATIONS, 21 NURSES AND 28,000 OUTREACH CONTACTS IN FY18 * 23 FAITH-BASED ORGANIZATIONS, 16 NURSES AND 24,987 OUTREACH CONTACTS IN FY19 ADDITIONAL COMMUNITY OUTREACH ACTIVITIES FOR THE CARE-A-VAN AND FCNS INCLUDED, BUT WERE NOT LIMITED TO, EDUCATION AT * THE RIVERFRONT MARKET, * SENIOR A ND CAREGIVER EXPO, * WALK WITH THE CARE-A-VAN EVENT, * HY-VEE HEART HEALTHY EVENT ADDITION AL SERVICES WERE PROVIDED IN CONJUNCTION WITH OUR PARTNER ORGANIZATIONS, SUCH AS SOPHIA'S KITCHEN, SOUTHSIDE MISSION, CATHOLIC CHARITIES, NEIGHBORHOOD HOUSE, FRIENDSHIP HOUSE, SALV ATION ARMY, DREAM CENTER AND OTHERS OSF PROVIDED NUTRITION AND EXERCISE EDUCATION AIMED A T HEALTHY BEHAVIORS AND A BASELINE RELATING TO PARTICIPATION RATES WAS ESTABLISHED NUTRIT ION AND EXERCISE ACTIVITIES AND INITIATIVES FROM 2017 TO 2019 ARE AS FOLLOWS, BUT ARE NOT LIMITED TO * ANNUAL OSF WOMEN'S LIFESTYLE SHOW, WHICH HAD 3,000 ATTENDEES IN 2017, 3,250 IN 2017 AND 3,000 IN 2018 AND 2,800 IN 2019 * OVER 1200 CHILDREN PARTICIPATED IN NATIONAL WALK TO SCHOOL DAY * ASTHMA AND HEALTH SCREENINGS WERE PROVIDED HYGIENE KITS DISTRIBUTED DURING BASKETBALL CAMPS FOR UNDERPRIVILEGED YOUTH * 100+ NUTRITION EDUCATION EVENTS AND C OOKING DEMONSTRATIONS, REACHING OVER 10,000 INDIVIDUALS, WHICH INCLUDED COOKING CLASS IN P ARTNERSHIPS WITH THE PEORIA RIVERPLEX, RIVERPLEX HEART HEALTHY MONTH FAIR, UFS STROKE FAIR , CITY OF EAST PEORIA SMART SNACKING FAIR * MEDICAL NUTRITION THERAPY WAS PROVIDED BY A D IETITIAN TO 66 PATIENTS AT HEARTLAND HEALTH SERVICES * DIETETIC INTERNS WORKED WITH CHILDR EN TO MAKE HEALTHY FAMILY-FRIENDLY SNACKS AND A CAMPAIGN WAS CREATED TO SHARE THIS WORK ON SOCIAL MEDIA THE CAMPAIGN WAS VIEWED 1,847 TIMES * OSF CHILDREN'S ADVOCACY ATTENDED 80 O THER EVENTS TO PROMOTE NUTRITION AND EXERCISE AND INTERACTED WITH OVER 11,000 COMMUNITY ME MBERS * OVER 2,500 FITNESS TRACKERS WERE DISTRIBUTED TO CHILDREN * BACK TO SCHOOL AND HEA LTHY LIVES 4 KIDS EVENTS SERVING THOUSANDS OF CHILDREN * OSF HEALTHCARE CHILDREN'S HOSPIT AL OF ILLINOIS AND KOHL'S CARES HOLD HEALTHY LIVES 4 KIDS DAYS THESE EVENTS WERE PACKED W ITH INTERACTIVE GAMES AND ACTI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	VITIES THAT FAMILIES ENJOYED WHICH PROMOTED HEALTH AND WELLNESS IN CHILDREN EACH CHILD RE CEIVED A VARIETY OF GIVEAWAYS RELATED TO WELLNESS AT THE EVENTS * SPONSORED POSTS PROMOTI NG HEALTHY LIVES 4 KIDS EVENTS IN PEORIA AND TAZEWELL COUNTY WHICH WERE VIEWED 75,308 TIME S VIA FACEBOOK AND INSTAGRAM * PEORIA FARM TO TABLE FOOD SAMPLES WERE GIVEN TO OVER 250 C OMMUNITY MEMBERS MEDIA AND SOCIAL MEDIA INTERACTION WAS USED TO HELP OSF IMPROVE COMMUNIC ATION AND EDUCATION OF HEALTHY BEHAVIORS BETWEEN 2017 AND 2019 * APPROXIMATELY 40 HEALTH Y RECIPES WERE SHARED VIA OSF SOCIAL MEDIA * OVER 50 ARTICLES FROM OSF DIETITIANS WERE POS TED ON THE PEORIA JOURNAL STAR FIT FOR LIFE BLOG * OSF DIETITIANS APPEARED OVER 100 TIMES ON LOCAL TELEVISION AND RADIO OSF4LIFE, OSF'S WORKSITE WELLNESS PROGRAM, WAS ROLLED OUT IN MAY, 2016 THROUGH THIS PROGRAM A BASELINE FOR OSF EMPLOYEES ENGAGED WELLNESS WAS ESTABLI SHED PARTICIPATION CONTINUES TO INCREASE, WITH THE FOLLOWING NUMBER OF EMPLOYEES (MISSION PARTNERS) ENROLLED IN THE PROGRAM EACH YEAR * 405 IN FY17, * 1,349 IN FY18, 2,083 IN FY1 9 IN ADDITION TO WORKING WITH OSF MISSION PARTNERS, OSF4LIFE'S TEAM PARTICIPATED IN 12 CO MMUNITY OUTREACH EVENTS SPONSORED BY LOCAL BUSINESSES AND PROVIDED HEALTHY BEHAVIORS EDUCA TION AND PRESENTATIONS FOR EMPLOYERS THE WHOLESOME FOOD FUND (WFF) IS A PARTNERSHIP FORME D IN 2010 BETWEEN OSF SAINT FRANCIS MEDICAL CENTER, THE PEORIA RIVERFRONT MARKET, AND COMM UNITY FOUNDATION OF CENTRAL IL WFF ALLOWS PEOPLE TO DOUBLE THEIR DOLLARS TO PURCHASE FRES H, LOCALLY GROWN PRODUCE AT THE MARKET, BENEFITTING LOCAL FARMERS, RESIDENTS AND THE ENVIR ONMENT DIETITIANS PROVIDED EDUCATION ON NUTRITION AND FOOD PREP TO WFF CUSTOMERS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - SAINT FRANCIS MEDICAL CENTER CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENEROUS ASSISTANCE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - SAINT FRANCIS MEDICAL CENTER PRESUMPTIVE FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDES FOR A DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO A PATIENT WITH NO INSURANCE BENEFITS, WHEN THE PATIENT ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA HOMELESSNESS, DECEASED WITH NO ESTATE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON THE PATIENT'S BEHALF, AND CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE IN ADDITION, ENROLLMENT IN ANY ONE OF THE FOLLOWING PROGRAMS WITH CRITERIA AT OR BELOW 200% OF THE FEDERAL POVERTY INCOME GUIDELINES ESTABLISHES ELIGIBILITY FOR PRESUMPTIVE CHARITY WIC, SNAP, LIHEAP, IL FREE LUNCH AND BREAKFAST PROGRAM, RECEIPT OF GRANT ASSISTANCE FOR MEDICAL SERVICES, OR ENROLLMENT IN AN ORGANIZED COMMUNITY BASED PROGRAM PROVIDING ACCESS TO MEDICAL CARE THAT ASSESSES AND DOCUMENTS LIMITED LOW INCOME FINANCIAL STATUS AS CRITERION FOR MEMBERSHIP

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - Saint Francis Medical Center THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - SAINT FRANCIS MEDICAL CENTER A PLAIN LANGUAGE SUMMARY THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS, INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SAINT ANTHONY MEDICAL CENTER FOR THE 2019 CHNA, OSF HEALTHCARE CENTER d/b/a OSF SAINT ANTHONY MEDICAL CENTER SOLICITED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING SOURCES 1) PUBLIC HEALTH ADMINISTRATORS FROM THE WINNEBAGO COUNTY HEALTH DEPARTMENT 2) PRIMARY DATA WAS COLLECTED FROM THE AT-RISK AND ECONOMICALLY DISADVANTAGED POPULATION BY COLLECTING A STRATIFIED SAMPLE OF SURVEYS DISTRIBUTED IN ENGLISH AND SPANISH AT ALL HOMELESS SHELTERS, FOOD PANTRIES AND SOUP KITCHENS 3) THE 2013 & 2016 CHNA'S ARE STILL MADE WIDELY AVAILABLE TO THE COMMUNITY AND FEEDBACK RECEIVED FROM COMMUNITY SERVICE ORGANIZATIONS WAS TAKEN INTO ACCOUNT 4) ADDITIONAL SOURCES OF INPUT WERE RECEIVED FROM A COLLABORATIVE TEAM CREATED TO ENGAGE THE ENTIRE COMMUNITY IN CONDUCTING THE 2019 CHNA AND TO IMPROVE POPULATION HEALTH THE COLLABORATIVE TEAM INCLUDED CONSUMER ADVOCATES, REPRESENTATIVES FROM NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS, YWCA LA VOZ LATINA, AND HEALTH CARE PROVIDERS INCLUDING THE CHIEF MEDICAL OFFICER AND CHIEF SURGICAL OFFICER OF THE FACILITY, AND THE FOUNDER OF PHYSICIANS' IMMEDIATE CARE MEMBERS OF THE COLLABORATIVE TEAM BY NAME, AFFILIATIONS, TITLE AND EXPERTISE ARE LISTED IN APPENDIX 1 TO THE 2019 CHNA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - SAINT ANTHONY MEDICAL CENTER OSF SAINT ANTHONY MEDICAL CENTER COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2019 AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVED AND ADOPTED BY THE SYSTEM'S BOARD OF DIRECTORS ON JULY 29, 2019 THIS CHNA IS EFFECTIVE FOR FISCAL YEA RS 2020, 2021 AND 2022 THE FOLLOWING INFORMATION CONTAINS DATA AND STATISTICS SPECIFIC TO THE PRIORITIZED HEALTH NEEDS AND THOSE ACCOMPLISHMENTS FROM THE 2016 CHNA ACTIVE FOR FIS CAL YEARS ENDING 2017, 2018 & 2019 THE WINNEBAGO COUNTY CHNA WAS DONE AS A COLLABORATIVE UNDERTAKING TO HIGHLIGHT THE HEALTH NEEDS AND WELL BEING OF RESIDENTS IN THE WINNEBAGO COU NTY AREA THE COLLABORATIVE COMMUNITY PARTNERS IDENTIFIED THE FOLLOWING SIGNIFICANT COMMUN ITY HEALTH NEEDS AS A PRIORITY ACCESS TO HEALTH SERVICES, MENTAL HEALTH AND OBESITY IN R ESPONSE TO THESE PRIORITY HEALTH NEEDS, THE HOSPITAL DEVELOPED AN IMPLEMENTATION STRATEGY DESCRIBING THE ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS ALL THREE PRIORITY HEALTH N EEDS, THE RESOURCES THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEEDS, AND ANY PLAN NED COLLABORATIONS WITH OTHER HOSPITALS OR ORGANIZATIONS TO ADDRESS THE HEALTH NEEDS THE HOSPITAL REVIEWS ITS IMPLEMENTATION STRATEGY AT LEAST ANNUALLY AND MAKES REVISIONS AS NEED ED TO MAXIMIZE THE IMPACT ON IDENTIFIED PRIORITY HEALTH NEEDS A SUMMARY OF HOW THE HOSPIT AL HAS ADDRESSED THESE PRIORITY HEALTH NEEDS IS PROVIDED BELOW FY2017 - 2019 ACCESS TO HE ALTH SERVICES GOAL *FACILITATE ACCESS TO APPROPRIATE MEDICAL SERVICES FOR RESIDENTS OF WIN NEBAGO COUNTY ACCESS TO HEALTH SERVICES MEASUREMENT AND KEY ACCOMPLISHMENTS (1) TRACKING OF THIRTY DAY ALL-CAUSE READMISSION RATE FOR PATIENTS DISCHARGED TO A SKILLED NURSING FACI LITY -CREATED METRICS TO IMPROVE READMISSION RATES OF PATIENTS DISCHARGED TO A SKILLED NU RSING FACILITY ACHIEVED IMPROVEMENTS IN METRICS MAKING ONGOING TARGET 8% FY19 PROMPT CAR E VISITS 9688 VS ED VISITS 5907 (2) TRACKED RATIO OF CAMPUS PROMPT CARE VISITS TO EMERGEN CY DEPARTMENT AT LEVELS ONE, TWO AND THREE -THE PROMPT CARE OPENED APRIL OF 2018 FY19 48 74% (3) TRACKED PERCENTAGE OF NEW PRIMARY CARE PATIENT APPOINTMENTS MADE WITHIN SEVEN DAY S -PERCENTAGE RANGED FROM 40-50% OSF HEALING PATHWAYS CANCER RESOURCE CENTER HAD UNIQUE CLIENTS ACCESSING FREE SERVICES IN ALL YEARS WITH AT LEAST 12 NEW CLIENTS PER QUARTER (4) TRACKED NUMBER OF UNIQUE PRIMARY CARE PATIENTS -PATIENT NUMBER INCREASED EACH YEAR WITH OVER 250,000 THROUGH THE THREE YEARS (5) TRACKED THE GROWTH RATE OF THE OSF ON-CALL VIRTU AL EMERGENCY DEPARTMENT/PROMPT CARE VISITS -SERVED OVER 3500 ANNUALLY IN THE OSF ON-CALL FY19 3,605 PARTNERED TO PROVIDE THE PARISH NURSING PROGRAM FOR COMMUNITY ENGAGEMENT -TH REE PARISH NURSES SERVE APPROXIMATELY 1540 CLIENTS IN OUR COMMUNITY EACH YEAR ALL SERVICE S ARE PROVIDED FREE OF CHARGE AND INCLUDE HOME, HOSPITAL, NURSING HOME VISITS, OFFICE VISI TS, EDUCATION EVENTS, BLOOD PR

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ESSURE SCREENINGS AND PROVIDING OVER 70 PARTICIPANTS WITH FREE SKIN CHECKS ANNUALLY AND RE FERRALS TO SPECIALISTS FOR SUSPICIOUS LESIONS -ADVANCED CARE PLANNING HAS BEEN INVOLVED I N THE ANNUAL CENTER FOR CANCER CARE SKIN CHECKS THAT WERE HELD FY2017 - 2019 MENTAL HEALT H GOAL *TO IMPROVE THE MENTAL HEALTH OF INDIVIDUALS LIVING WITHIN WINNEBAGO COUNTY MENTAL HEALTH MEASUREMENT AND KEY ACCOMPLISHMENTS (1) TRACKED READMISSION RATE OF PATIENTS WITH A MENTAL HEALTH ICD-10 DX CODES -READMISSION RATES OF PATIENTS WITH A MENTAL HEALTH DIAGN OSIS AVERAGE 10% FY19 7 55% (2) TRACKED PERCENTAGE OF COMPLETED ANNUAL DEPRESSION SCREENS PERFORMED AT PRIMARY CARE OFFICE -ACTIVE PARTICIPATION IN SYSTEM-WIDE BEHAVIORAL HEALTH INITIATIVE, THE GOAL OF WHICH IS THE DEVELOPMENT OF THE OSF FUTURE STATE BEHAVIORAL HEALTH DELIVERY NETWORK THAT TAKES INTO ACCOUNT THE NEEDS OF THE COMMUNITY WE SERVE AND THE COMM UNITY RESOURCES THAT ARE ALREADY IN PLACE PERFORMED A CONTINUUM OF CARE FUNCTIONAL ASSESS MENT OF MENTAL HEALTH SCREENING AT ALL ACCESS POINTS EVALUATED AND ENHANCED PRIMARY PEDIA TRIC ANXIETY AND DEPRESSION SCREENING TOOLS AND INTERVENTIONS THROUGHOUT THE PEDIATRIC SER VICE LINE TARGET OF 80% HAS BEEN MADE EACH YEAR (3) TRACKED GROWTH RATE OF THE ON CALL V IRTUAL EMERGENCY DEPARTMENT AND PROMPT CARE VISITS -HAVE BEEN ABLE TO SERVE OVER 10,000 P ATIENTS (4) TRACKED THE NUMBER OF SOCIAL SERVICE PLACEMENTS FACILITATED THROUGH ROSECRANC E, THE LOCAL MENTAL HEALTH PROVIDER -EXCEEDED TARGETS BY INCORPORATING MENTAL HEALTH SCRE ENING TOOLS INTO DISEASE SPECIFIC SUPPORT GROUPS (5) RATIO OF PARTICIPANTS IN POST-PARTUM CLINICS TO DELIVERIES, INCLUDING SCREENINGS WERE TRACKED -TARGET OF 90% WAS MET EACH YEA R CANCER CARE PROVIDED OVER 70 PARTICIPANTS WITH FREE SKIN CHECKS EACH YEAR AND REFERRALS TO SPECIALISTS FOR SUSPICIOUS LESIONS SEE THE PARISH NURSING PROGRAM FOR ADDITIONAL DETA IL FY2017 - 2019 OBESITY GOAL *TO PROVIDE OPPORTUNITIES IN ORDER TO COMBAT ADULT AND CHIL DHOOD OBESITY OBESITY MEASUREMENT AND KEY ACCOMPLISHMENTS (1) TRACKED NUMBER OF RESIDENTS RECEIVING NUTRITIONAL CONSULTS BY A LICENSED PROVIDER -EDUCATED OVER 3,000 COMMUNITY MEM BERS ON NUTRITIONAL CONSULTS IN THREE YEARS (2) TRACKED NUMBER OF PARTICIPANTS ACCESSING BASIC HEALTH SCREENING TESTS AT COMMUNITY EVENTS -EDUCATED OVER 1,200, EXCEEDING TARGETS (3) INCREASED COLLABORATION WITH COMMUNITY PARTNERS -PARTNERED WITH LOCAL PLANT-A-ROW FO R COLLECTION OF EXCESS FRESH PRODUCE FROM LOCAL GARDENS TOTAL COLLECTION WAS APPROXIMATEL Y 4000LBS OF FRESH PRODUCE INCREASED OUR PARTICIPATION EACH YEAR (4) TRACKED PARTICIPANT S WHO MET OR EXCEEDED NATIONAL CRITERIA EACH QUARTER IN A 3-4 WEEK WEIGHT LOSS PROGRAMS - DECISION FREE DIET PROGRAM HAD 89% MEET THEIR GOAL (GOLD STANDARD 86% NATIONAL AVERAGE 59%) -HEALTHY SOLUTIONS PROGRAM HAD 63% MEET THEIR GOAL (GOLD STANDARD 77% NATIONAL AVERAGE 58%) -PHASE 2 PROGRAM HAD 67% MET THEIR GOAL (GOLD STANDARD 82% NATIONAL AVERAGE 62%) PA RTICIPATED IN HEALTH FAIRS AND

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	EVENTS A PRE AND POST SURVEY WAS COMPLETED AFTER RECEIVING EDUCATIONAL INFORMATION AND ANSWERING ALL THE QUESTIONS, OVER 50% OF THOSE INDIVIDUALS STATED THAT THEY WOULD CHANGE T HEIR DIET AND/OR ACTIVITY AND WOULD CONTACT THEIR PRIMARY CARE PHYSICIAN TO DETERMINE THEI R ELIGIBILITY FOR FIT TESTING

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - SAINT ANTHONY MEDICAL CENTER CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENEROUS ASSISTANCE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - SAINT ANTHONY MEDICAL CENTER PRESUMPTIVE FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDES FOR A DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO A PATIENT WITH NO INSURANCE BENEFITS, WHEN THE PATIENT ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA HOMELESSNESS, DECEASED WITH NO ESTATE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON THE PATIENT'S BEHALF, AND CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE IN ADDITION, ENROLLMENT IN ANY ONE OF THE FOLLOWING PROGRAMS WITH CRITERIA AT OR BELOW 200% OF THE FEDERAL POVERTY INCOME GUIDELINES ESTABLISHES ELIGIBILITY FOR PRESUMPTIVE CHARITY WIC, SNAP, LIHEAP, IL FREE LUNCH AND BREAKFAST PROGRAM, RECEIPT OF GRANT ASSISTANCE FOR MEDICAL SERVICES, OR ENROLLMENT IN AN ORGANIZED COMMUNITY BASED PROGRAM PROVIDING ACCESS TO MEDICAL CARE THAT ASSESSES AND DOCUMENTS LIMITED LOW INCOME FINANCIAL STATUS AS CRITERION FOR MEMBERSHIP

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - SAINT ANTHONY MEDICAL CENTER THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - SAINT ANTHONY MEDICAL CENTER A PLAIN LANGUAGE SUMMARY OF THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS, INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - ST JOSEPH MEDICAL CENTER OSF HEALTHCARE CENTER d/b/a ST JOSEPH MEDICAL CENTER, ADVOCATE BROMENN MEDICAL CENTER, THE McLEAN COUNTY HEALTH DEPARTMENT, AND CHESTNUT HEALTH SYSTEMS, WITH THE GUIDANCE OF THE McLEAN COUNTY COMMUNITY HEALTH COUNCIL, COLLABORATED TOGETHER TO CONDUCT THE 2019 McLEAN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT THIS EFFORT IN 2016 LED TO THE DEVELOPMENT OF THE McLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN THE PURPOSE OF THE McLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN IS TO IMPROVE THE HEALTH OF McLEAN COUNTY RESIDENTS BY DEVELOPING AND MAINTAINING PARTNERSHIPS TO IMPLEMENT INTERVENTIONS, ENCOURAGE HEALTH AND HEALTHCARE ACCESS AWARENESS, AND PROMOTE HEALTHY LIFESTYLE CHOICES THAT CAN IMPROVE HEALTH AND REDUCE THE RISK OF DEATH AND DISABILITY FOR THE 2019 CHNA, THE COLLABORATIVE SOLICITED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING SOURCES 1) McLEAN COUNTY HEALTH DEPARTMENT 2) PRIMARY DATA WAS COLLECTED FROM THE AT-RISK AND ECONOMICALLY DISADVANTAGED POPULATION BY COLLECTING A STRATIFIED SAMPLE OF SURVEYS DISTRIBUTED IN ENGLISH AND SPANISH AT SOCIAL SERVICE ORGANIZATIONS, FOOD PANTRIES AND SOUP KITCHENS 3) THE 2013 & 2016 CHNA'S ARE STILL MADE WIDELY AVAILABLE TO THE COMMUNITY AND FEEDBACK RECEIVED FROM COMMUNITY SERVICE ORGANIZATIONS WAS TAKEN INTO ACCOUNT 4) ADDITIONAL SOURCES OF INPUT WERE RECEIVED THROUGH THE FORMATION OF THE McLEAN COUNTY COMMUNITY HEALTH COUNSEL THIS COLLABORATIVE TEAM WAS CREATED TO ENGAGE THE ENTIRE COMMUNITY IN CONDUCTING THE 2019 CHNA AND TO IMPROVE POPULATION HEALTH THE McLEAN COUNTY COMMUNITY HEALTH COUNSEL INCLUDED 7 REPRESENTATIVES FROM THE McLEAN COUNTY HEALTH DEPARTMENT, CONSUMER ADVOCATES, REPRESENTATIVES FROM NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS INCLUDING CHESTNUT HEALTH SYSTEMS, ECONOMIC DEVELOPMENT COUNSEL, AND THE McLEAN COUNTY CENTER FOR HUMAN SERVICES, LOCAL GOVERNMENT OFFICIALS, REPRESENTATIVES FROM McLEAN COUNTY AND BLOOMINGTON SCHOOL DISTRICTS AS WELL AS A REPRESENTATIVE FROM THE REGIONAL OFFICE OF EDUCTION AND FROM THE IL STATE UNIVERSITY SCHOOL OF SOCIAL WORK, AND HEALTH CARE PROVIDERS INCLUDING A COMMUNITY HEALTH CARE CLINIC AND IMMANUEL HEALTH CENTER MEMBERS OF THE McLEAN COUNTY COMMUNITY HEALTH COUNCIL IDENTIFIED BY NAME, AFFILIATION, AND ROLE ARE LISTED ON PAGES 7 AND 8 OF THE 2019 CHNA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - ST JOSEPH MEDICAL CENTER THE CHNA THAT WAS CONDUCTED IN 2019 WAS APPROVED AND ADOPTED BY THE OSF BOARD OF DIRECTORS ON JULY 29, 2019 THE MCLEAN COUNTY CHNA WAS A COLLABORATIVE UNDERTAKING BY ST JOSEPH MEDICAL CENTER AND BROMENN MEDICAL CENTER

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - ST JOSEPH MEDICAL CENTER THE MCLEAN COUNTY CHNA WAS A COLLABORATIVE UNDERTAKING CONDUCTED WITH ORGANIZATIONS OTHER THAN HOSPITALS MCLEAN COUNTY HEALTH DEPARTMENT AND THE UNITED WAY OF MCLEAN COUNTY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - ST JOSEPH MEDICAL CENTER OSF ST JOSEPH MEDICAL CENTER ("SJMC") COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2019 AS REQUIRED BY INTERN AL REVENUE CODE SECTION 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVED AND ADOPTE D BY THE SYSTEM'S BOARD OF DIRECTORS ON JULY 29, 2019 THIS CHNA IS EFFECTIVE FOR FISCAL Y EARS 2020, 2021 AND 2022 THE FOLLOWING INFORMATION CONTAINS DATA AND STATISTICS SPECIFIC TO THE PRIORITIZED HEALTH NEEDS AND THOSE ACCOMPLISHMENTS FROM THE 2016 CHNA ACTIVE FOR F ISCAL YEARS ENDING 2017, 2018 & 2019 THE COLLABORATIVE TEAM CONDUCTING THE CHNA IDENTIFIE D THE FOLLOWING SIGNIFICANT COMMUNITY HEALTH NEEDS AS A PRIORITY ACCESS TO APPROPRIATE HE ALTH CARE FOR THE UNDERSERVED AND AREAS OF HIGH SOCIOECONOMIC NEED, BEHAVIORAL HEALTH (INC LUDING MENTAL HEALTH AND SUBSTANCE ABUSE) AND OBESITY IN RESPONSE TO THESE PRIORITY HEALT H NEEDS, THE COLLABORATIVE TEAM DEVELOPED A JOINT IMPLEMENTATION STRATEGY, WHICH DESCRIBES THE ACTIONS SJMC INTENDS TO TAKE TO ADDRESS THE THREE PRIORITY HEALTH NEEDS, THE RESOURCE S THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEEDS, AND ANY PLANNED COLLABORATIONS WITH OTHER HOSPITALS OR ORGANIZATIONS TO ADDRESS THE HEALTH NEEDS THE HOSPITAL REVIEWS I TS IMPLEMENTATION STRATEGY AT LEAST ANNUALLY AND MAKES REVISIONS AS NEEDED TO MAXIMIZE THE IMPACT ON IDENTIFIED PRIORITY HEALTH NEEDS A SUMMARY OF HOW THE HOSPITAL HAS ADDRESSED T HESE PRIORITY HEALTH NEEDS IS PROVIDED BELOW ACCESS TO APPROPRIATE HEALTHCARE FOR THE UND ERSERVED AND AREAS OF HIGH SOCIOECONOMIC NEED GOAL *BY 2020, DECREASE BARRIERS TO UTILIZI NG PRIMARY CARE IN 61701 IN ORDER TO REDUCE USE OF HOSPITAL EMERGENCY DEPARTMENTS (ER) FOR NON-EMERGENT CONDITIONS MEASUREMENT AND PROGRESS FOR FY 2019 (1) NUMBER OF LOCATIONS WH ERE FLYERS REGARDING THE APPROPRIATE USE OF THE EMERGENCY ROOM ARE DISTRIBUTED AND/OR THE IMPORTANCE OF HAVING A MEDICAL HOME -PROGRESS TWENTY-SEVEN LOCATIONS OFFER INFORMATION R EGARDING WHEN TO USE AN URGENT CARE VS AN ER, INCLUDING FOUR OSF PROMPT CARE SITES INFOR MATION ALSO DISTRIBUTED THROUGH OSF DIRECT MAIL CAMPAIGNS TO LOCAL RESIDENTS FY19, 7 LOCA TIONS (2) ESTABLISH A BASELINE FOR THE NUMBER OF ORGANIZATIONS RECEIVING PATIENT - CENTERE D MEDICAL HOME (PCMH) RECOGNITION -PROGRESS FOUR ORGANIZATIONS WITH 11 SITES IN MCLEAN C OUNTY HAVE PCMH DESIGNATION, INCLUDING EIGHT OSF MEDICAL GROUP SITES (3) ESTABLISH A BASE LINE FOR THE # OF LOW ACUITY VISITS TO SJMC'S EMERGENCY DEPARTMENT BY PATIENTS WITH MEDICA ID OR SELF-PAY AS PAYER -PROGRESS BASELINE ESTABLISHED WITH OVER 2,500 VISITS AT THE MED ICAL CENTER FY19, 1,000 (4) EXPLORE UTILIZING COMMUNITY HEALTH WORKERS IN MCLEAN COUNTY -PROGRESS COORDINATED APPROPRIATE ACCESS TO COMPREHENSIVE CARE (CAATCH) PILOT AT COMMUNIT Y HEALTH CARE CLINIC TWO HUNDRED AND SIXTY-FIVE REFERRALS WERE MADE FROM SJMC TO ESTABLIS H PATIENTS WITH PRIMARY CARE PROVIDERS FY19, 280 TOTAL REFERRALS -OSF HEALTHCARE MEDICAL GROUP CONTINUES AN INTEGRATED

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	CARE MODEL IN ALL LOCAL PRIMARY CARE OFFICES TO IMPROVE ACCESS TO CARE THIS IS ACCOMPLISH ED THROUGH TEAM-BASED CARE, IN WHICH PHYSICIANS, ADVANCED CARE PROVIDERS, NURSES, BEHAVIOR AL HEALTH SPECIALISTS, DIETICIANS, PHARMACISTS AND SOCIAL WORKERS COORDINATE PROVIDING THE MOST APPROPRIATE LEVEL OF CARE FOR PATIENTS -SJMC EMPLOYS AN ED NAVIGATOR WHO ASSISTS PA TIENTS WITH REFERRALS TO PRIMARY CARE PROVIDERS AND OTHER SERVICES IN THE COMMUNITY OSF M EDICAL GROUP OPENED A NEW PRIMARY CARE SITE WITH URGENT CARE ACCESS IN NORTH NORMAL, NEAR RAAB ROAD, GIVING NEW MEDICAL ACCESS TO THOSE IN THAT AREA OSF URGO OPENED A NEW SITE WIT H URGENT CARE ACCESS IN BLOOMINGTON, NEAR BRADFORD LANE, GIVING NEW MEDICAL ACCESS TO THOS E IN THAT AREA BEHAVIORAL HEALTH GOAL *BY 2020, REDUCE BEHAVIORAL HEALTH STIGMA TO INCRE ASE EARLIER ACCESS TO CARE MEASUREMENT AND PROGRESS (1) NUMBER OF MENTAL HEALTH FIRST AID COURSES SPONSORED BY SJMC -PROGRESS SJMC HOSTED FOUR COURSES IN FY19 FOR COMMUNITY MEMB ERS AND FOUR COURSES FOR EMPLOYEES (2)NUMBER OF MCLEAN COUNTY COMMUNITY MEMBERS TRAINED I N MENTAL HEALTH FIRST AID PER YEAR -PROGRESS APPOXIMATELY 300 COMMUNITY MEMBERS TRAINED AT EVENTS HOSTED AT SJMC IN THREE YEARS (3) # OF CAMPAIGN MESSAGES, AND TYPES, AIMED AT R EDUCING BEHAVIORAL HEALTH STIGMA - -PROGRESS FY19, 11,443 PEOPLE REACHED ON FACEBOOK AND 6,159 ON TWITTER -THERE WERE 565 PARTICIPANTS AT SJMC COMMUNITY PRESENTATIONS RELATED TO STRESS MANAGEMENT -OSF HEALTHCARE IMPLEMENTED SILVERCLOUD, A SECURE, IMMEDIATE ACCESS TO ON-LINE SUPPORTED COGNITIVE BEHAVIORAL THERAPY PROGRAMS FOR THE COMMUNITY SILVERCLOUD FOC USES ON IMPROVING DEPRESSION AND ANXIETY LEVELS AMONG ADULT INDIVIDUALS IN 2019, THERE WE RE 257 WHO UTILIZED THE PROGRAM FROM MCLEAN COUNTY OBESITY GOAL *BY 2020, PURSUE POLICY, SYSTEM AND ENVIRONMENTAL CHANGES TO MAINTAIN OR INCREASE THE PERCENTAGE OF PEOPLE LIVING A T A HEALTHY BODY WEIGHT IN MCLEAN COUNTY MEASUREMENT AND PROGRESS (1) ESTABLISH A BASELI NE FOR THE # OF FREE PROGRAMS/EVENTS PROMOTING PHYSICAL ACTIVITY IN THE COMMUNITY BY THE M CLEAN COUNTY WELLNESS COALITION (MCWC) -PROGRESS OVER 80 EVENTS (2) ESTABLISH A BASELINE FOR THE # OF COMMUNITY MEMBERS PARTICIPATING IN FREE PROGRAMS/EVENTS PROMOTING PHYSICAL A CTIVITY IN THE COMMUNITY BY THE MCWC -PROGRESS 17,000 MEMBERS THIS INCLUDED OVER 4,000 PARTICIPANTS AT SJMC COMMUNITY PRESENTATIONS RELATED TO PHYSICAL ACTIVITY 7,403 PARTICIPA TED IN FY19 (3) ESTABLISH A BASELINE FOR THE # OF PROGRAMS PROMOTING PHYSICAL ACTIVITY IN THE WORKPLACE BY THE MCWC -PROGRESS OVER 90 PROGRAMS PER YEAR (4) ESTABLISH A BASELINE FOR THE NUMBER OF EMPLOYEES PARTICIPATING IN PROGRAMS PROMOTING PHYSICAL ACTIVITY IN THE W ORKPLACE BY THE MCWC -PROGRESS 11,858 EMPLOYEES IN FY18, 17,672 IN FY19 (5) WALK SCORES (BASELINE BLOOMINGTON - 35, NORMAL - 36, WALKSCORE COM, 2016) -PROGRESS BLOOMINGTON - 3 5, NORMAL - 38 (6) COORDINATE FOOD ACCESS SUMMIT IN 2017 PROGRESS FY2017 COMPLETED MARCH 2017 SJMC STAFF PLAYED A ROL

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	E IN PLANNING AND ORGANIZING THE EVENT OVER 80 ATTENDED (7)NUMBER OF POUNDS OF PRODUCE DI STRIBUTED AT VEGGIE OASIS -PROGRESS OVER 18,000 POUNDS DISTRIBUTED IN THREE YEARS (8) N UMBER OF EVENTS WHERE HEALTHY VEGETABLE RECIPES ARE PROVIDED (BASELINE 6 EVENTS, MCWC, 20 16 -PROGRESS 30 EVENTS SJMC CONTRIBUTED IN LARGE PORTION INCLUDING PROVIDING REGISTRED DIEITION AND NEWLY DEVELOPED RECEIPES -SJMC HAS TEN RAISED BEDS AND DONATED OVER 420 POUN DS OF FRESH VEGETABLES TO HOME SWEET HOME MINISTRIES, SUMMER 2019, TO USE AT THE BREAD FOR LIFE CO-OP -4,689 PARTICIPANTS IN SJMC COMMUNITY PRESENTATIONS RELATED TO NUTRITION -HO ME SWEET HOME MINISTRIES AND THE COMMUNITY HEALTH CARE CLINIC LAUNCHED A FOOD FARMACY PILO T PROGRAM IN AUGUST 2017 THE PROGRAM PROVIDES PATIENTS AT THE CLINIC WHO HAVE DIABETES OR HEART DISEASE A PRESCRIPTION PASS, WHICH CAN BE USED TO OBTAIN FREE PRODUCE THROUGH 12 VI SITS TO THE BREAD FOR LIFE FOOD CO-OP IN 2017, 19 INDIVIDUALS PARTICIPATED, 61 SHOPPING T RIPS WERE TAKEN, AND FAR MORE FRESH PRODUCE AND HEALTHY ITEMS ARE BEING TAKEN THAN BEFORE THE FOOD FARMACY PROGRAM WAS INITIATED IN 2019, SJMC STAFF ASSISTED WITH PROVIDING HEALTH Y FOOD RECIPES FOR THE PARTICIPANTS IN THE PROGRAM THROUGH THE SMARTMEALS PROGRAM -SJMC D EVELOPED A PROGRAM CALLED SMARTMEALS IN WHICH INGREDIENTS, RECIPES AND EDUCATION MATERIALS ARE GIVEN TO THE COMMUNITY SJMC DEVELOPED THE RECIPES, BOUGHT THE FOOD, BAGGED THE FOOD, AND PROMOTED THE SERVICE TO THE COMMUNITY APPROXIMATELY 1000 PEOPLE RECEIVED A SMARTMEAL S FOR FREE IN 2018 IN 2019, 1324 SMARTMEALS WERE DONATED -THE CENTER FOR HEALTHY LIFESTY LES AT SJMC PARTNERED WITH THE BOYS AND GIRLS CLUB TO OFFER A NUTRITION PROGRAM FOR THE 4T H GRADE MEMBERS TO HELP EDUCATE AND BRING AWARENESS (THROUGH TASTE-TESTING NEW FOODS, UNDE RSTANDING IMPORTANCE OF EATING THESE FOODS, AND SIMPLE WAYS TO PREPARE THEM) THREE 4-WEEK SESSIONS WERE HELD IN 2019 -OSF HEALTHCARE SJMC SPONSORED PROJECT FIT AMERICA ($20,000 G RANT) TO HEYWORTH HIGH SCHOOL - IMPLEMENTED FALL 2017 PROJECT FIT AMERICA ENHANCES PHYSIC AL EDUCATION THROUGH CURRICULUM, INDOOR AND OUTDOOR FITNESS EQUIPMENT

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - ST JOSEPH MEDICAL CENTER CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENEROUS ASSISTANCE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - ST JOSEPH MEDICAL CENTER PRESUMPTIVE FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDES FOR A DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO A PATIENT WITH NO INSURANCE BENEFITS, WHEN THE PATIENT ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA HOMELESSNESS, DECEASED WITH NO ESTATE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON THE PATIENT'S BEHALF, AND CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE IN ADDITION, ENROLLMENT IN ANY ONE OF THE FOLLOWING PROGRAMS WITH CRITERIA AT OR BELOW 200% OF THE FEDERAL POVERTY INCOME GUIDELINES ESTABLISHES ELIGIBILITY FOR PRESUMPTIVE CHARITY WIC, SNAP, LIHEAP, IL FREE LUNCH AND BREAKFAST PROGRAM, RECEIPT OF GRANT ASSISTANCE FOR MEDICAL SERVICES, OR ENROLLMENT IN AN ORGANIZED COMMUNITY BASED PROGRAM PROVIDING ACCESS TO MEDICAL CARE THAT ASSESSES AND DOCUMENTS LIMITED LOW INCOME FINANCIAL STATUS AS CRITERION FOR MEMBERSHIP

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - ST JOSEPH MEDICAL CENTER THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - ST JOSEPH MEDICAL CENTER A PLAIN LANGAGE SUMMARY OF THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS, INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 2	The Organization executed an Asset Purchase Agreement dated September 11, 2017 with Presence Health Network, Presence Central and Suburban Hospitals Network and Presence Healthcare Services d/b/a Presence Medical Group ("Presence Entities") Under the transaction that closed on February 1, 2018, the Presence Entities sold to the Organization the facilities, furniture, furnishings, equipment and supplies used in and related to the operation of two hospitals and Presence physician practice sites, and the Organization commenced operating the hospitals on February 1, 2018 The hospitals acquired were Presence United Samaritans Medical Center in Vermillion County, Illinois, and now known as OSF Sacred Heart Medical Center, and Presence Covenant Medical Center in Champaign County, Illinois, and now known as OSF Heart of Mary Medical Center Effective February 1, 2018, the hospitals adopted and implemented the Organization's Financial Assistance Policy, Fair Billing - Collection Policy, and EMTALA Policy Pursuant to Â§1 501(r)-3(d), the Organization will satisfy the requirements of Â§501(r)-3 governing Community Health Needs Assessments with respect to the hospitals by September 30, 2020, which is the last day of the Organization's second taxable year beginning after the date on which the hospital facilities were acquired The Organization will adopt implementation strategies related to the Community Health Needs Assessments on or before February 15, 2021

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See facility CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3 Facility , 1	Facility , 1 - OSF HEART OF MARY MEDICAL CENTER THE ORGANIZATION COMMENCED OPERATING THE HOSPITAL ON FEBRUARY 1, 2018 PURSUANT TO Â§1 501(R)-3(D), THE ORGANIZATION WILL SATISFY THE REQUIREMENTS OF Â§501(R)-3 GOVERNING COMMUNITY HEALTH NEEDS ASSESSMENTS WITH RESPECT TO THE HOSPITAL BY SEPTEMBER 30, 2020, WHICH IS THE LAST DAY OF THE ORGANIZATION'S SECOND TAXABLE YEAR BEGINNING AFTER THE DATE ON WHICH THE HOSPITAL FACILITY WAS ACQUIRED THE ORGANIZATION WILL ADOPT IMPLEMENTATION STRATEGIES RELATED TO THIS COMMUNITY HEALTH NEEDS ASSESSMENT ON OR BEFORE FEBRUARY 15, 2021

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - OSF HEART OF MARY MEDICAL CENTER THE ORGANIZATION COMMENCED OPERATING THE HOSPITAL ON FEBRUARY 1, 2018 THE ORGANIZATION WILL SATISFY THE REQUIREMENTS GOVERNING COMMUNITY HEALTH NEEDS ASSESSMENTS BY SEPTEMBER 30, 2020 A COPY OF THE CHNA REPORT FOR THE CHNA CONDUCTED IN 2018 BY PRESENCE COVENANT MEDICAL CENTER IN CHAMPAIGN COUNTY, ILLINOIS, AND NOW KNOWN AS OSF HEART OF MARY MEDICAL CENTER, IS PUBLISHED ON THE HOSPITAL FACILITY'S WEBSITE HTTPS //WWW OSFHEALTHCARE ORG/ABOUT/COMMUNITY-HEALTH/ The CHNA Report for the CHNA conducted in 2018 reports input was obtained from surveys including surveys completed by hand at the public health district and at various local community organizations, surveys completed by 89 Community Agency Representatives, and surveys completed by county residents The 89 Community Agency Representatives represented more than 55 different agencies

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - OSF HEART OF MARY MEDICAL CENTER PRESENCE COVENANT MEDICAL CENTER IN CHAMPAIGN COUNTY, ILLINOIS, AND NOW KNOWN AS OSF HEART OF MARY MEDICAL CENTER, PARTNERED WITH CARLE FOUNDATION HOSPITAL TO CONDUCT AND DOCUMENT ITS COMMUNITY HEALTH NEEDS ASSESSMENT

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - OSF HEART OF MARY MEDICAL CENTER PRESENCE COVENANT MEDICAL CENTER IN CHAMPAIGN COUNTY, ILLINOIS, AND NOW KNOWN AS OSF HEART OF MARY MEDICAL CENTER, PARTNERED WITH THE CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT AND UNITED WAY OF CHAMPAIGN COUNTY TO CONDUCT AND DOCUMENT ITS COMMUNITY HEALTH NEEDS ASSESSMENT

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - OSF HEART OF MARY MEDICAL CENTER THE ORGANIZATION COMMENCED OPERATING THE HOSPITAL ON FEBRUARY 1, 2018 THE ORGANIZATION WILL ADOPT IMPLEMENTATION STRATEGIES ON OR BEFORE FEBRUARY 15, 2021 RELATED TO THE COMMUNITY HEALTH NEEDS ASSESSMENT TO BE CONDUCTED ON OR BEFORE SEPTEMBER 30, 2020 A COPY OF THE COMMUNITY HEALTH PLAN PREPARED IN 2018 BY PRESENCE COVENANT MEDICAL CENTER IN CHAMPAIGN COUNTY, ILLINOIS, AND NOW KNOWN AS OSF HEART OF MARY MEDICAL CENTER, IS PUBLISHED ON THE HOSPITAL FACILITY'S WEBSITE https //www osfhealthcare org/about/community-health/

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OSF Heart of Mary Medical Center Catastrophic Financial Assistance is available when charges exceed 25% of annual Family Income The amount billed is adjusted to 25% of Family Income when OSF determines this adjustment is the most generous assistance

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OSF Heart of Mary Medical Center Presumptive Financial Assistance is available and provides for a discount of 100% of billed charges for medically necessary services provided to a patient with no insurance benefits, when the patient establishes financial need at time of registration by satisfying one of the following categories of Presumptive Eligibility Criteria Homelessness, Deceased with no Estate, Mental Incapacitation with no one to act on the patient's behalf, and current Medicaid eligibility, but not on date of service or for non-covered service In addition, enrollment in any one of the following programs with criteria at or below 200% of the Federal Poverty Income Guidelines establishes eligibility for presumptive Charity WIC, SNAP, LIHEAP, IL Free Lunch and Breakfast Program, receipt of Grant Assistance for medical services, or enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criterion for membership

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - OSF Heart of Mary Medical Center The Financial Assistance Policy directs patients to staff in the Patient Financial Services and Admitting Areas at OSF Hospitals for assistance in obtaining answers to questions regarding the Policy

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - OSF Heart of Mary Medical Center A Plain Language Summary of the FAP is offered to patients as part of the intake or discharge process, information about financial assistance and the application process is included on or with the OSF Patient Billing Statement, and OSF provides copies of the Plain Language Summary and the FAP Application Form to referring staff physicians

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 2	The Organization executed an Asset Purchase Agreement dated September 11, 2017 with Presence Health Network, Presence Central and Suburban Hospitals Network and Presence Healthcare Services d/b/a Presence Medical Group ("Presence Entities") Under the transaction that closed on February 1, 2018, the Presence Entities sold to the Organization the facilities, furniture, furnishings, equipment and supplies used in and related to the operation of two hospitals and Presence physician practice sites, and the Organization commenced operating the hospitals on February 1, 2018 The hospitals acquired were Presence United Samaritans Medical Center in Vermillion County, Illinois, and now known as OSF Sacred Heart Medical Center, and Presence Covenant Medical Center in Champaign County, Illinois, and now known as OSF Heart of Mary Medical Center Effective February 1, 2018, the hospitals adopted and implemented the Organization's Financial Assistance Policy, Fair Billing - Collection Policy, and EMTALA Policy Pursuant to Â§1 501(r)-3(d), the Organization will satisfy the requirements of Â§501(r)-3 governing Community Health Needs Assessments with respect to the hospitals by September 30, 2020, which is the last day of the Organization's second taxable year beginning after the date on which the hospital facilities were acquired The Organization will adopt implementation strategies related to the Community Health Needs Assessments on or before February 15, 2021

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See facility CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3 Facility , 1	Facility , 1 - OSF Sacred Heart Medical Center The Organization commenced operating the Hospital on February 1, 2018 Pursuant to Â§1 501(r)-3(d), the Organization will satisfy the requirements of Â§501 (r)-3 governing Community Health Needs Assessments with respect to the Hospital by September 30, 2020, which is the last day of the Organization's second taxable year beginning after the date on which the Hospital facility was acquired The Organization will adopt implementation strategies related to this Community Health Needs Assessment on or before February 15, 2021 The CHNA Report for the CHNA conducted in 2017 reports input was obtained from surveys developed for completion on-line and by hand and distributed with the assistance of the UIC School of Nursing to ensure the survey sample represented all of the communities within Vermilion County including rural, urban, villages and cities In addition, 50 individuals representing a variety of agencies and organizations served on a Community Advisory Committee providing input from the community

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - OSF Sacred Heart Medical Center The Organization commenced operating the Hospital on February 1, 2018 The Organization will satisfy the requirements governing Community Health Needs Assessments by September 30, 2020 A copy of the CHNA Report for the CHNA conducted in 2017 by Presence United Samaritans Medical Center in Vermillion County, Illinois, and now known as OSF Sacred Heart Medical Center, is published on the Hospital facility's website https //www osfhealthcare org/about/community-health/ The CHNA Report for the CHNA conducted in 2017 reports input was obtained from surveys developed for completion on-line and by hand and distributed with the assistance of the UIC School of Nursing to ensure the survey sample represented all of the communities within Vermilion County including rural, urban, villages and cities In addition, 50 individuals representing a variety of agencies and organizations served on a Community Advisory Committee providing input from the community

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - OSF Sacred Heart Medical Center Presence United Samaritans Medical Center in Vermillion County, Illinois, and now known as OSF Sacred Heart Medical Center, partnered with Carle Hoopeston Regional Health Center to conduct and document its Community Health Needs Assessment

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - OSF Sacred Heart Medical Center Presence United Samaritans Medical Center in Vermillion County, Illinois, and now known as OSF Sacred Heart Medical Center, partnered with the Vermilion County Health Department and the United Way of Danville Area to conduct and document its Community Health Needs Assessment

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - OSF Sacred Heart Medical Center The Organization commenced operating the Hospital on February 1, 2018 The Organization will adopt implementation strategies on or before February 15, 2021 related to the Community Health Needs Assessment to be conducted on or before September 30, 2020 A copy of the Community Health Plan prepared in 2017 by Presence United Samaritans Medical Center in Vermillion County, Illinois, and now known as OSF Sacred Heart Medical Center, is published on the Hospital facility's website HTTPS //WWW OSFHEALTHCARE ORG/ABOUT/COMMUNITY-HEALTH/

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OSF Sacred Heart Medical Center Catastrophic Financial Assistance is available when charges exceed 25% of annual Family Income The amount billed is adjusted to 25% of Family Income when OSF determines this adjustment is the most generous assistance

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OSF Sacred Heart Medical Center Presumptive Financial Assistance is available and provides for a discount of 100% of billed charges for medically necessary services provided to a patient with no insurance benefits, when the patient establishes financial need at time of registration by satisfying one of the following categories of Presumptive Eligibility Criteria Homelessness, Deceased with no Estate, Mental Incapacitation with no one to act on the patient's behalf, and current Medicaid eligibility, but not on date of service or for non-covered service In addition, enrollment in any one of the following programs with criteria at or below 200% of the Federal Poverty Income Guidelines establishes eligibility for presumptive Charity WIC, SNAP, LIHEAP, IL Free Lunch and Breakfast Program, receipt of Grant Assistance for medical services, or enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criterion for membership

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - OSF Sacred Heart Medical Center The Financial Assistance Policy directs patients to staff in the Patient Financial Services and Admitting Areas at OSF Hospitals for assistance in obtaining answers to questions regarding the Policy

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - OSF Sacred Heart Medical Center A Plain Language Summary of the FAP is offered to patients as part of the intake or discharge process, information about financial assistance and the application process is included on or with the OSF Patient Billing Statement, and OSF provides copies of the Plain Language Summary and the FAP Application Form to referring staff physicians

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - ST MARY MEDICAL CENTER OSF HEALTHCARE CENTER d/b/a ST MARY MEDICAL CENTER FORMED A COLLABORATIVE TEAM OF COMMUNITY PARTNERS TO CONDUCT ITS 2019 KNOX COUNTY AND WARREN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT THIS EFFORT LED TO THE DEVELOPMENT OF AN IMPLEMENTATION STRATEGY DESIGNED TO IMPROVE THE HEALTH OF THE AREA'S RESIDENTS BY DEVELOPING AND IMPLEMENTING INTERVENTIONS TO ADDRESS SIGNIFICANT PRIORITY HEALTH NEEDS FOR THE 2019 CHNA, THE COLLABORATIVE TEAM SOLICITED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING SOURCES 1) THE PUBLIC HEALTH ADMINISTRATOR AS WELL AS THE DIVISION DIRECTOR OF HEALTH PROTECTION FROM THE KNOX COUNTY HEALTH DEPARTMENT 2) PRIMARY DATA WAS COLLECTED FROM THE AT-RISK AND ECONOMICALLY DISADVANTAGED POPULATION BY COLLECTING A STRATIFIED SAMPLE OF SURVEYS DISTRIBUTED TO ALL HOMELESS SHELTERS, FOOD PANTRIES AND SOUP KITCHENS 3) THE 2013 AND 2016 CHNA'S WERE AND STILL MADE WIDELY AVAILABLE TO THE COMMUNITY AND FEEDBACK RECEIVED FROM COMMUNITY SERVICE ORGANIZATIONS WAS TAKEN INTO ACCOUNT 4) ADDITIONAL SOURCES OF INPUT WERE RECEIVED FROM THE COLLABORATIVE TEAM CREATED TO ENGAGE THE ENTIRE COMMUNITY IN CONDUCTING THE 2016 CHNA AND TO IMPROVE POPULATION HEALTH THE COLLABORATIVE TEAM INCLUDED 2 REPRESENTATIVES FROM THE KNOX COUNTY HEALTH DEPARTMENT, CONSUMER ADVOCATES, REPRESENTATIVES FROM NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS INCLUDING THE EXECUTIVE DIRECTOR OF THE GALESBURG COMMUNITY FOUNDATION, THE EXECUTIVE DIRECTOR OF THE UNITED WAY OF KNOX COUNTY AND CHAIR OF THE EMERGENCY FOOD AND SHELTER PROGRAM, AND THE CEO OF THE KNOX COUNTY YMCA, AND HEALTH CARE PROVIDERS INCLUDING THE PRESIDENT AND THE CHIEF NURSING OFFICER OF THE HOSPITAL FACILITY AS WELL AS A LICENSED CLINICAL PROFESSIONAL COUNSELOR MEMBERS OF THE COLLABORATIVE TEAM IDENTIFIED BY NAME, AFFILIATION, AND ROLE ARE LISTED IN APPENDIX 1 TO THE 2019 CHNA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - ST MARY MEDICAL CENTER OSF ST MARY MEDICAL CENTER ("SMMC") COMPLETED A CO MMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2019 AS REQUIRED BY INTERNAL R EVENUE CODE SECTION 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVED AND ADOPTED BY THE SYSTEM'S BOARD OF DIRECTORS ON JULY 29, 2019 THIS CHNA IS EFFECTIVE FOR FISCAL YEARS 2020, 2021 AND 2022 THE FOLLOWING INFORMATION CONTAINS DATA AND STATISTICS SPECIFIC TO T HE PRIORITIZED HEALTH NEEDS AND THOSE ACCOMPLISHMENTS FROM THE 2016 CHNA ACTIVE FOR FISCA L YEARS ENDING 2017, 2018 & 2019 THE COLLABORATIVE TEAM CONDUCTING THE CHNA IDENTIFIED TH E FOLLOWING SIGNIFICANT COMMUNITY HEALTH NEEDS AS A PRIORITY OBESITY, MENTAL HEALTH, AND ACCESS TO HEALTH CARE IN RESPONSE TO THESE THREE PRIORITY HEALTH NEEDS, THE COLLABORATIVE TEAM DEVELOPED AN IMPLEMENTATION STRATEGY THAT DESCRIBES THE ACTIONS SMMC INTENDS TO TAKE TO ADDRESS THE PRIORITY HEALTH NEEDS, THE RESOURCES THE HOSPITAL PLANS TO COMMIT TO ADDRE SS THE HEALTH NEEDS, AND ANY PLANNED COLLABORATIONS WITH OTHER HOSPITALS OR ORGANIZATIONS TO ADDRESS THE HEALTH NEEDS THE HOSPITAL REVIEWS ITS IMPLEMENTATION STRATEGY AT LEAST ANN UALLY AND MAKES REVISIONS AS NEEDED TO MAXIMIZE THE IMPACT ON IDENTIFIED PRIORITY HEALTH N EEDS A SUMMARY OF HOW THE HOSPITAL HAS ADDRESSED THESE PRIORITY HEALTH NEEDS IS PROVIDED BELOW OBESITY GOALS MEASUREMENT AND PROGRESS (1) INCREASE PARTICIPATION ADDITION OF ON E SCHOOL EACH YEAR TO HOST A HEALTHY EATING AND EXERCISE EDUCATIONAL EVENT -PROGRESS FY1 9, ATTENDED CHURCHILL JR HIGH SCHOOL AND EDUCATED STUDENTS ON HEALTHY EATING AND DRINKING CHOICES (15 STUDENTS) COLLABORATED WITH SILAS-WILLARD ELEMENTARY SCHOOL IN THE WALKING S CHOOL BUS PROGRAM 8 CHILDREN PARTICIPATED 2 DAYS PER WEEK (2) INCREASED PARTICIPATION O F THE PERCENTAGE OF COMMUNITY MEMBER'S THAT ATTEND THE COMMIT TO FIT CHALLENGE ANNUALLY - PROGRESS COLLABORATED WITH THE YMCA TO BE ABLE TO PROVIDE EDUCATION TO OVER 400 PARTICIPA NTS IN THE PAST THREE YEARS (3) INCREASED AWARENESS IN HEALTHY BEHAVIOR EDUCATION OR DEMO NSTRATIONS AT COMMUNITY EVENTS -DIETICIAN PROVIDED ONE ON ONE DIABETES EDUCATION THROUGHO UT THE YEARS BASED ON PHYSICIAN REFERRALS -PARTICIPATED AT WOMEN'S HEART FAIRS ANNUALLY R EGARDING HEALTHY BEHAVIORS, SERVING OVER 300 PARTICIPANTS -PARTICIPATED IN HEALTHY LIVES 4 KIDS EVENTS HOSTED AT KNOX COLLEGE SERVING OVER 100 PARTICIPANTS -PARTICIPATED EACH YEA R IN YMCA HEALTHY KIDS DAY, SERVING 50 PARTICIPANTS ANNUALLY -COLLABORATED WITH KLEINE PE DIATRIC WELLNESS AT CEDAR CREEK HOUSING AUTHORITY TO PROVIDE EDUCATION TO CHILDREN AND PAR ENTS REGARDING HEALTHY BEHAVIORS INCLUDING FOOD, EXERCISE, AND ACTIVITIES -ANNUAL GARDEN CONTINUES ON THE SAINT MARY MEDICAL CENTER PROPERTY -DIETICIAN PUBLISHED MONTHLY ARTICLE REGARDING HEALTHY BEHAVIORS IN LOCAL NEWSPAPER PUBLICATION -EMPLOYEES COLLABORATED TO CRE ATE FOOD DRIVES WITH KNOX COUNTY COUNCIL FOR HUMAN SERVICES DONATED OVER 300 LBS EACH YE AR OF FOOD FOR LOCAL FOOD PANT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	RIES FRESH PRODUCE WAS USED FOR THE CAFETERIA DIETICIAN PUBLISHES MONTHLY ARTICLE REGARD ING HEALTHY BEHAVIORS IN LOCAL NEWSPAPER PUBLICATION MISSION PARTNERS COLLABORATED A FOOD DRIVE WITH KNOX COUNTY COUNCIL FOR HUMAN SERVICES FOR LOCAL FOOD PANTRIES (4) INCREASED PARTICIPATION IN THE CLINTON HEALTH MATTERS INITIATIVE (CHMI) WORKGROUP -COLLABORATED WIT H CHMI AND RIVERBED FOOD BANK TO BRING A DISTRIBUTION CENTER TO KNOX COUNTY PROJECT ENDED APRIL, 2019 ACCESS TO HEALTH SERVICES GOALS IMPROVE ACCESS TO COMPREHENSIVE QUALITY HEA LTH CARE SERVICES, INCREASE THE NUMBER OF PRACTICING PHYSICIANS AND ADVANCED PRACTICE PROV IDERS, REDUCE THE PORTION OF PEOPLE WHO ARE UNABLE TO OBTAIN OR DELAY IN OBTAINING NECESSA RY MEDICAL CARE, DENTAL CARE, PRESCRIPTION MEDICATIONS OR MENTAL HEALTH CARE, REDUCE THE P ROPORTION OF HOSPITAL EMERGENCY DEPARTMENT VISITS IN WHICH THE WAIT TIME TO SEE AN EMERGEN CY DEPARTMENT MEASUREMENT AND PROGRESS (1) INCREASED ACCESS IN PROVIDING CPR TRAINING TO ORGANIZATIONS IN THE WORKPLACE -CPR CLASSES WERE GIVEN AT FIRE DEPARTMENTS AND HIGH SCHOO LS THROUGHOUT THE YEARS FY19, 145 (2) INCREASED ACCESS TO PROVIDE BLOOD PRESSURE SCREENI NGS WITHIN THE COMMUNITY -BLOOD PRESSURE SCREENINGS WERE CONDUCTED AT NUMEROUS HOUSING AU THORITIES, FOOD PANTRIES, CHURCHES, AND AVAILABLE WEEKLY AT THE MEDICAL CENTER (3) INCREA SED ACCESS IN PROVIDING FLU SHOTS TO THE COMMUNITY IN ORDER TO DECREASE FLU HOSPITALIZATIO NS AND SEVERITY OF FLU SYMPTOMS -FLU SHOTS WERE NOT ONLY GIVEN TO 100'S OF OUR EMPLOYEES BUT ALSO GIVEN OUT AT WELLS PET FOODS, AND AREA GRADE SCHOOLS ANNUALLY (4) PROVIDED ACCES S TO STUDENTS WHO WERE UNABLE TO ATTEND OR SCHEDULE THEIR SCHOOL PHYSICALS -HIGH SCHOOL P HYSICALS WERE PROVIDED AT GALESBURG HIGH SCHOOL ANNUALLY (5) INCREASED ACCESS IN PROVIDIN G INTERPRETER SERVICES BY BREAKING DOWN LANGUAGE BARRIERS AND COMMUNICATE WITH NON-ENGLISH SPEAKING PATIENTS -PROVIDED EFFECTIVE, ACCURATE, AND TIMELY COMMUNICATION SERVICES FOR P ATIENTS, COMPANIONS, AND/OR PATIENT REPRESENTATIVES THESE SERVICES INCLUDED VISUAL, SPEEC H IMPAIRMENTS, INABILITY TO WRITE, AND/OR HEARING IMPAIRMENTS 24 HOURS A DAY, 7 DAYS A WEE K (6) INCREASED ACCESS IN PROVIDING EDUCATION ON OSF MY CHART FOR TEST RESULTS, COMMUNICA TION WITH DOCTORS, AND SCHEDULING APPOINTMENTS -KIOSKS HAVE BEEN AVAILABLE AT OSF GALESBU RG CLINIC AND OSF MEDICAL GROUP WITH ASSISTANCE TO SIGN-UP FOR OSF MY CHART PROVIDING EDUC ATION TO PATIENTS IN ORDER TO MANAGE THEIR OWN HEALTH FRESH PRODUCE WAS USED FOR THE CAFE TERIA -DIETICIAN PUBLISHES MONTHLY ARTICLE REGARDING HEALTHY BEHAVIORS IN LOCAL NEWSPAPER PUBLICATION -MISSION PARTNERS COLLABORATED A FOOD DRIVE WITH KNOX COUNTY COUNCIL FOR HUM AN SERVICES FOR LOCAL FOOD PANTRIES (7) PARTICIPATED IN LOCAL UNMET NEEDS COMMITTEE COLL ABORATED WITH ORGANIZATIONS SUCH AS, BUT NOT LIMITED TO, CHURCHES, UNITED WAY, SALVATION A RMY, ETC -OSF REPRESENTATION ON ALL LOCAL AREA COMMITTEES IN ORDER TO PROVIDE RESOURCE OR ACCESS WHERE APPLICABLE MENT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	AL HEALTH GOALS STRIVE TO ASSURE THAT PATIENT'S RECEIVE SERVICES THAT ARE INDIVIDUALIZED, SAFE AND REHABILITATIVE IN NATURE, TO PROVIDE SUPPORT TO AND ENHANCE COMMUNITY ALCOHOL, T OBACCO AND OTHER DRUG ABUSE PREVENTION EFFORTS, THEREBY ENHANCING OVERALL HEALTH OF THE CO MMUNITY AND, ASSIST FAMILIES IN GAINING ACCESS TO COMMUNITY RESOURCES MEASUREMENT AND PRO GRESS (1) INCREASED AWARENESS WITH THE RESOURCE LINK CARE COORDINATOR TO MEET WITH ALL NE W PROVIDERS, SCHOOLS, AND OTHER SOCIAL SERVICES ABOUT SERVICES THIS AWARENESS HAS BEEN DO NE IN SEVERAL WAYS INCLUDING -PARTICIPATION IN THE BLUE RIBBON TASK FORCE ANNUALLY (CHILD ABUSE AWARENESS/PREVENTION) -EACH MONDAY, 100 TO 200 BLUE PINWHEELS WERE PUT IN THE GROUN D AT 3 DIFFERENT SITES IN GALESBURG TO HELP RAISE AWARENESS -MET WITH DISTRICT SUPERINTEN DENT OF SCHOOLS TO DISCUSS WAYS THE CHILDREN'S HOSPITAL AND THE RESOURCE LINK DEPARTMENT C AN SUPPORT OUR SCHOOL DISTRICT -COORDINATED WITH KNOX/WARREN/HENDERSON COUNTIES SYSTEM OF CARE DEVELOPMENT CONSISTING OF COMMUNITY AGENCIES TO HELP YOUTH RECEIVE CARE THEY NEED IN AREAS SUCH AS COUNSELING, PSYCHIATRY, SUBSTANCE ABUSE, DOMESTIC ABUSE, FOOD INSECURITY, E TC -A BEHAVIORAL HEALTH NAVIGATOR WAS HIRED AND THEY PROVIDED EDUCATION TO RESOURCE LINK ADVISORY GROUP, KNOX COUNTY HUMAN SERVICE COUNCIL, HENRY COUNTY MENTAL HEALTH ALLIANCE, K EWANEE, OSF MEDICAL GROUP PROVIDER MEETING, GALESBURG, KNOX COMMUNITY HEALTH CENTER, BRIDG EWAY, WIRC VICTIMS ADVOCATE, WARREN COUNTY HUMAN SERVICE COUNCIL MEETING -MARKETING AND D ISTRIBUTION OF THE RESOURCE LINK AND THE 211 UNITED WAY PROGRAM HANDS AROUND THE COURTHOU SE EVENT AT THE KNOX COUNTY COURTHOUSE, LOCAL AGENCIES DEVELOPED THE UNMET NEEDS COMMITTEE TO IDENTIFY BARRIERS FOR FAMILIES STRUGGLING WITH VARIOUS HEALTH AND FINANCIAL ISSUES, 29 7 REFERRALS FOR PSYCHIATRIC CARE (242 ATTENDED APPOINTMENT), CO-SPONSORED THE FREE MOVIE NIGHT, MULTIPLE OSF REPRESENTATIVES PRESENT AT LOCAL COMMUNITY EVENTS -CONTINUED COLLABOR ATING WITH LOCAL AGENCIES FOR THE UNMET NEEDS COMMITTEE TO IDENTIFY BARRIERS FOR FAMILIES STRUGGLING WITH VARIOUS HEALTH AND FINANCIAL ISSUES -HAD 233 REFERRALS FOR CARE COORDINAT ION SERVICES (HELPING FAMILIES FIND NEEDED MENTAL HEALTH RESOURCES) (193 ATTENDED APPOINT MENT) -THE POPULATION HEALTH LEARNING COLLABORATIVE WAS DEVELOPED REPRESENTATIVES FROM AL L OF THE OSF REGIONS (PEORIA, WEST, EAST, AND I-80) MEET MONTHLY TO DISCUSS DIFFERENT PROG RAMMING WITHIN THEIR COMMUNITIES MENTAL HEALTH IS ALWAYS A LARGE DISCUSSION WITHIN THE GR OUP -THE REGIONAL OFFICE OF EDUCATION HELD TRAINING ON 6/18 FOR ANYONE WANTING TO BE A PA RT OF THE STUDENT CRISIS RESPONSE TEAM (SCRT) I PARTICIPATED IN THE TRAINING AND AM NOW A VAILABLE TO HELP IN ANY CRISIS SITUATION MEMBERS OF THE SCRT TEAM WILL BE CALLED OUT TO G O INTO A SCHOOL FOLLOWING A CRISIS (IE DEATH OF A STUDENT) TO GIVE STUDENTS SOMEONE TO TA LK TO ABOUT THE TRAUMA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - ST MARY MEDICAL CENTER CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENEROUS ASSISTANCE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - ST MARY MEDICAL CENTER PRESUMPTIVE FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDES FOR A DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO A PATIENT WITH NO INSURANCE BENEFITS, WHEN THE PATIENT ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA HOMELESSNESS, DECEASED WITH NO ESTATE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON THE PATIENT'S BEHALF, AND CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - ST MARY MEDICAL CENTER THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - ST MARY MEDICAL CENTER A PLAIN LANGUAGE SUMMARY OF THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS, INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - OSF SAINT ANTHONY'S HEALTH CENTER OSF HEALTHCARE CENTER d/b/a SAINT ANTHONY'S HEALTH CENTER FORMED A COLLABORATIVE TEAM OF COMMUNITY PARTNERS TO CONDUCT ITS 2019 MADISON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT THIS EFFORT LED TO THE DEVELOPMENT OF AN IMPLEMENTATION STRATEGY DESIGNED TO IMPROVE THE HEALTH OF THE AREA'S RESIDENTS BY DEVELOPING AND IMPLEMENTING INTERVENTIONS TO ADDRESS SIGNIFICANT PRIORITY HEALTH NEEDS FOR THE 2019 CHNA, THE COLLABORATIVE TEAM SOLICITED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING SOURCES 1) THE HEALTH PROMOTION MANAGER AT MADISON COUNTY HEALTH DEPARTMENT 2) PRIMARY DATA WAS COLLECTED FROM THE AT-RISK AND ECONOMICALLY DISADVANTAGED POPULATION BY COLLECTING A STRATIFIED SAMPLE OF SURVEYS DISTRIBUTED IN ENGLISH AND SPANISH TO ALL HOMELESS SHELTERS, FOOD PANTRIES AND SOUP KITCHENS 3) THE 2013 & 2016 ARE STILL CHNA'S MADE WIDELY AVAILABLE TO THE COMMUNITY AND FEEDBACK RECEIVED FROM COMMUNITY SERVICE ORGANIZATIONS WAS TAKEN INTO ACCOUNT 4) ADDITIONAL SOURCES OF INPUT WERE RECEIVED FROM THE COLLABORATIVE TEAM CREATED TO ENGAGE THE ENTIRE COMMUNITY IN CONDUCTING THE 2016 CHNA AND TO IMPROVE POPULATION HEALTH THE COLLABORATIVE TEAM INCLUDED CONSUMER ADVOCATES, REPRESENTATIVES FROM NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS INCLUDING PRESIDENT OF THE RIVER BEND GROWTH ASSOCIATION, WHICH IS THE CHAMBER OF COMMERCE AND ECONOMIC DEVELOPMENT AGENCY IN MADISON COUNTY, ASSOCIATE EXECUTIVE DIRECTOR OF SENIOR SERVICES PLUS, INC , DIRECTOR OF OASIS WOMEN'S CENTER AND CERTIFIED DOMESTIC VIOLENCE PROFESSIONAL, EXECUTIVE DIRECTOR OF BOYS & GIRLS CLUB OF ALTON AND ASSISTANT FOOTBALL COACH AT ALTON HIGH SCHOOL, VP FOR THE COMMUNITY BEHAVIORAL HEALTHCARE ASSOCIATION OF IL, DIRECTOR FOR IL REGION FOR UNITED WAY OF GREATER ST LOUIS, ASSISTANT SUPERINTENDENT OF THE ALTON SCHOOL DISTRICT, AND HEALTH CARE EDUCATORS AND PROVIDERS INCLUDING AN ADULT NURSE PRACTITIONER AND DIRECTOR OF NURSING EDUCTION AT LEWIS AND CLARK COMMUNITY COLLEGE, REGISTERED DIETICIAN, INTERIM CHIEF NURSING OFFICER FOR THE FACILITY, PHYSICIAN ASSISTANT WHO IS A PROVIDER AT A NON-PROFIT MEDICAL MISSIONARY GROUP, AND A BOARD CERTIFIED FAMILY PRACTICE PHYSICIAN MEMBERS OF THE COLLABORATIVE TEAM IDENTIFIED BY NAME, AFFILIATION, AND ROLE ARE LISTED IN APPENDIX 1 TO THE 2019 CHNA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - OSF SAINT ANTHONY'S HEALTH CENTER OSF SAINT ANTHONY MEDICAL CENTER COMPLET ED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2019 AS REQUIRED BY INT ERNAL REVENUE CODE SECTION 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVED AND ADO PTED BY THE SYSTEM'S BOARD OF DIRECTORS ON JULY 29, 2019 THIS CHNA IS EFFECTIVE FOR FISCA L YEARS 2020, 2021 AND 2022 THE FOLLOWING INFORMATION CONTAINS DATA AND STATISTICS SPECIF IC TO THE PRIORITIZED HEALTH NEEDS AND THOSE ACCOMPLISHMENTS FROM THE 2016 CHNA ACTIVE FO R FISCAL YEARS ENDING 2017, 2018 & 2019 THE COLLABORATIVE TEAM CONDUCTING THE CHNA IDENTI FIED THE FOLLOWING SIGNIFICANT COMMUNITY HEALTH NEEDS AS A PRIORITY OBESITY, AND BEHAVIOR AL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE/TOBACCO USE IN RESPONSE TO THESE PR IORITY HEALTH NEEDS, THE COLLABORATIVE TEAM DEVELOPED AN IMPLEMENTATION STRATEGY THAT DESC RIBES THE ACTIONS SAHC INTENDS TO TAKE TO ADDRESS THE PRIORITY HEALTH NEEDS, THE RESOURCES THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEEDS, AND ANY PLANNED COLLABORATIONS WITH OTHER HOSPITALS OR ORGANIZATIONS TO ADDRESS THE HEALTH NEEDS THE HOSPITAL REVIEWS IT S IMPLEMENTATION STRATEGY AT LEAST ANNUALLY AND MAKES REVISIONS AS NEEDED TO MAXIMIZE THE IMPACT ON IDENTIFIED PRIORITY HEALTH NEEDS A SUMMARY OF HOW THE HOSPITAL HAS ADDRESSED TH ESE PRIORITY HEALTH NEEDS IS PROVIDED BELOW OBESITY GOAL *INCREASE AWARENESS OF NUTRITIO N AND FITNESS RESOURCES FOR PROVIDERS AND COMMUNITY MEASUREMENT AND PROGRES (1) ESTABLISH A BASELINE FOR THE NUMBER OF PROGRAMS/EVENTS PROMOTING PHYSICAL ACTIVITY OFFERED BY OSF SA INT ANTHONY'S HEALTH CENTER -PROGRESS EDUCATIONAL EVENTS WITH PHYSICAL AND OCCUPATIONAL THERAPISTS WERE HELD AT COMMUNITY SITES, INCLUDING A SPRING HEALTH FAIR AT SENIOR SERVICES PLUS, UNITED METHODIST VILLAGE, RETIRED NURSES GROUP, AND GIRLS NIGHT OUT FOR BREAST HEAL TH FIT & FLEXIBLE 6-WEEK PHYSICAL FITNESS PROGRAM OFFERED THROUGHOUT THE YEARS INCLUDING SPRING AND FALL HEALTH FAIR AT SENIOR SERVICES PLUS, ARGOSY EMPLOYEE HEALTH FAIR AND RADI O BROADCAST ON HEART HEALTH AND NUTRITION (2) DEVELOP A PROCESS TO INTRODUCE NUTRITIONAL EDUCATION/INFORMATION IN OSF SAINT ANTHONY'S PRIMARY CARE OFFICE -PROGRESS CLINICIANS DO WNLOADED NUTRITIONAL GUIDANCE FOR PATIENTS, AS WELL AS DIRECTED PATIENTS TO OSF HEALTHCARE 'S HEALTH AND WELLNESS RESOURCES UP-TO-DATE DIET EDUCATION ON NORMAL AND DISEASE CONDITIO NS CAN BE DOWNLOADED OR PRINTED DIETITIANS PROVIDED DIET EDUCATION TO PATIENTS PER CLINIC AL CARE PROCESSES AND STAFF WHEN REQUESTED PROVIDED A LEADER FOR THE MADISON COUNTY PARTN ERSHIP COMMUNITY HEALTH-OBESITY REDUCTION COMMITTEE, WORKING TO COLLABORATE EFFORTS OF ORG ANIZATIONS TO PROMOTE HEATHY ENVIRONMENTS AND LIFESTYLES THE PROJECT DEVELOPED HEALTHY EA TING SIGNAGE FOR THE COMMUNITY (3) CONTINUALLY ADD COMMUNITY RESOURCE INFORMATION TO THE OSF SAINT ANTHONY'S WEBSITE -PROGRESS UPDATES HAVE BEEN MADE TO THE WEBSITE ON NUTRITION RECIPES WITH A SEARCH TOOL A

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ND ADDED NUTRITIONAL VALUES AND VIDEOS FOR INSTRUCTION REGISTERED DIETICIAN IS A MEMBER O F THE MADISON COUNTY PARTNERSHIP FOR HEALTHY COMMUNITIES WORKING TO COLLABORATE EFFORTS OF ORGANIZATIONS TO PROMOTE HEATHY ENVIRONMENTS AND LIFESTYLES THE 2019 PROJECT ORGANIZED A BLOCK PARTY THAT PROVIDED FOOD DISTRIBUTION, HEALTHY EATING EDUCATION, HEALTH SCREENINGS, AND ACCESS TO HEALTHCARE RESOURCES THIS NETWORKING ALLOWED COMMITTEE MEMBERS TO COLLABOR ATE, UTILIZING VARIOUS POSITIONS/SKILLS IN ADDITION, UPDATES MADE TO THE WEBSITE ON NUTRI TION AND RECIPES AVAILABLE ON SEARCH TOOLS WITH VIDEOS ADDING NUTRITIONAL VALUES (4) UTIL IZE HEART CHECK STATION TO PROMOTE NUTRITIONAL AND FITNESS INFORMATION -PROGRESS HEART H EALTH NUTRITION AND FITNESS MATERIALS HAVE BEEN UPDATED AND PLACED AT THE HEART CHECK STAT ION IN 2017 (5) HOST A FOOD DRIVE -PROGRESS HOLIDAY FOOD DRIVE CHALLENGE HAS BEEN HELD TO BENEFIT THE CRISIS FOOD PANTRY INCLUDING DEPARTMENT LEVEL FOOD DRIVES THROUGHOUT THE Y EARS (6) WORKFORCE WELLNESS PLAN -PROGRESS AN OSF 4LIFE WELLNESS PROGRAM WAS ROLLED OUT TO EMPLOYEES ACTIVITIES ARE ONGOING THROUGH THE OSF SYSTEM DIETITIANS HELP TO PROVIDE H EALTH COACHES ON THE OSF4LIFE PORTAL AND COMMUNICATE WITH ENROLLED PARTICIPANTS (7) NUMBE R OF EVENTS AND PEOPLE AT OSF SAINT ANTHONY'S NUTRITION/EXERCISE EVENTS AND/OR OUTREACH PA RTNERSHIPS IN THE COMMUNITY -PROGRESS SERVED OVER 600 COMMUNITY MEMBERS ON EDUCATION FOR NUTRITION AND FITNESS, SERVED OVER 350 WITH A FIT AND FLEXIBLE PROGRAM, EDUCATED 200 AT S ENIOR SERVICES PLUS, PROVIDED EDUCATION TO 36 AT AN EMPLOYEE EVENT, EDUCATION PROVIDED TO 150 AT GIRLS NIGHT OUT, EDUCATED APPROX 270 AT THE FALL HEALTH FAIR AND PARTNERED WITH UN ITED METHODIST VILLAGE TO EDUCATE 50 RESIDENTS IN 2019, 626 REACHED FOR NUTRITION AND FIT NESS 298 FIT AND FLEXIBLE PARTICIPANTS, 12 AT LEWIS & CLARK COMMUNITY COLLEGE, 50 AT GIRL S NIGHT OUT, 170 AT FALL HEALTH FAIR, 96 AT UNITED METHODIST VILLAGE (8) NUMBER OF PATIEN TS RECEIVING NUTRITION EDUCATION AND INFORMATION -PROGRESS APPROXIMATELY 600 PRIMARY CAR E PATIENTS WITH OSF MEDICAL GROUP WERE GIVEN REFERRALS FOR NUTRITION EDUCATION / INFORMATI ON ANNUALLY (9) NUMBER OF VISITS TO WEBSITE, SOCIAL MEDIA AND HEART CHECK STATION RE NUT RITION AND FITNESS MESSAGING -PROGRESS OVER 9,000 VISITS WERE MADE TO THE HEART CHECK ST ATION, (9B) OVER 1,000 VIDEO VIEWS ON FACEBOOK FOR HEALTHY HOLIDAY EATING WITH DIETITIAN ABLE TO REACH OVER 1,000 ON SOCIAL MEDIA FOR POSTS ON HEALTHY FOOD CHOICES AND NUTRITION (10) TRACKED NUMBER OF VISITS TO HEART CHECK STATION -PROGRESS THIS NEW METRIC PRODUCED 8 ,111 VISITS TO THE HEART CHECK STATION IN 2018 (11) TRACKED NUMBER OF PERSONS SERVED THRO UGH FOOD DRIVES PROGESS APPROXIMATELY 150 MEALS WERE PROVIDED BY FIVE PALLETS OF FOOD CO LLECTED AT HOLIDAY FOOD DRIVE ANNUALLY BEHAVIORAL HEALTH GOALS LINK COMMUNITY TO EXISTIN G RESOURCES FOR MENTAL HEALTH CARE, INCREASE AWARENESS AND ENGAGEMENT TO DECREASE SUBSTANC E ABUSE (MARIJUANA, OPIATES, E

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	TC) AND TOBACCO USE IN MADISON COUNTY AND INCREASE REFERRALS INTO APPROPRIATE TREATMENT P ROGRAMS MEASUREMENT AND PROGRESS (1) ESTABLISH A BASELINE FOR THE NUMBER OF PROGRAMS/EVE NTS FOR MENTAL HEALTH OFFERED BY OSF SAINT ANTHONY'S HEALTH CENTER -PROGRESS PROVIDED FR EE COMMUNITY SCREENINGS HELD FOR DEPRESSION AND ANXIETY THAT INCLUDED TARGETED DISTRIBUTIO N OF MENTAL HEALTH MATERIALS, PROVIDED A SPEAKER TO CARING CIRCLE WOMEN'S GROUP ON HANDLIN G STRESS, PROVIDED ADDITIONAL SPEAKERS TO A STROKE SUPPORT GROUP, PRESENTED AT A CHURCH BA NQUET ON HEALTHY COMMUNICATION, IN ADDITION TO PRESENTING AT UNITED METHODIST VILLAGE ON D EMENTIA, APPROXIMATELY SIX MENTAL HEALTH PROGRAMS OR EVENTS OCCURRED EACH YEAR REACHING 2 30 COMMUNITY MEMBERS PER YEAR (2) ESTABLISH A BASELINE FOR THE NUMBER OF PROGRAMS/EVENTS F OR SUBSTANCE ABUSE OFFERED BY OSF SAINT ANTHONY'S HEALTH CENTER -PROGRESS PROVIDED SITTE R COVERAGE AND DESIGNATED SPECIFIC FULL TIME EMPLOYEES TO ENSURE THE SAFETY OF AT-RISK PAT IENTS, PROVIDED AN OPIOID EDUCATION PROGRAM FOR CAREGIVERS ON USING BEHAVIORAL HEALTH FOR MANAGEMENT OF CHRONIC PAIN, PRESENTED TO COPE PLASTICS ON OPIOID ADDICTION, PARTICIPATED O N THE RADIO WBGZ ON ALCOHOL ADDICTION, APPROXIMATELY THREE PRESENTATIONS FOR SUBSTANCE ABU SE WERE COMPLETED EACH YEAR, REACHING ABOUT 115 PER SESSION (3) ESTABLISH A BASELINE FOR THE # PROGRAMS/EVENTS FOR TOBACCO USE OFFERED BY OSF SAINT ANTHONY'S HEALTH CENTER -PROGR ESS AN AMERICAN CANCER SOCIETY FRESHSTART SMOKING CESSATION WAS HELD IN THE 4TH QUARTER O F 2018, A LUNCH AND LEARN WAS OFFERED TO THE COMMUNITY REGARDING THE HEALTH EFFECTS OF SMO KING AS RELATED TO CANCER, SMOKING CESSATION MATERIALS WERE DISTRIBUTED AT VARIOUS HEALTH FAIRS FOR UNITED METHODIST VILLAGE, APPROXIMATELY FIVE PROGRAMS OR EVENTS FOR TOBACCO USE PER YEAR WERE CONDUTED, REACHING ABOUT 600 EACH YEAR (4) DEVELOP MENTAL HEALTH, SUBSTANCE ABUSE, TOBACCO USE MESSAGING AIMED AT REDUCING STIGMA/ABUSE/USE, DISTRIBUTING THROUGH SOC IAL MEDIA -PROGRESS DISTRIBUTED MATERIALS THROUGH SOCIAL MEDIA OR THROUGH COMMUNITY RESO URCE INFORMATION ON THE OSF SAINT ANTHONY'S WEBSITE, SOCIAL MEDIA MESSAGES FOR MENTAL HEAL TH, SUBSTANCE ABUSE, AND ALCOHOL AWARENESS WERE DEVELOPED IN COLLABORATION WITH BEHAVIORAL HEALTH AND ONCOLOGY NURSES/SMOKING CESSATION FACILITATORS, NEW BLOGPOSTS POSTED ON WEBSIT E TO ADDRESS ANXIETY, STRESS, SUICIDE STIGMA, SEASONAL AND WORKPLACE OVEREATING AND SMOKI NG CESSATION

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OSF SAINT ANTHONY'S HEALTH CENTER CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENEROUS ASSISTANCE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OSF SAINT ANTHONY'S HEALTH CENTER PRESUMPTIVE FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDES FOR A DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO A PATIENT WITH NO INSURANCE BENEFITS, WHEN THE PATIENT ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA HOMELESSNESS, DECEASED WITH NO ESTATE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON THE PATIENT'S BEHALF, AND CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE IN ADDITION, ENROLLMENT IN ANY ONE OF THE FOLLOWING PROGRAMS WITH CRITERIA AT OR BELOW 200% OF THE FEDERAL POVERTY INCOME GUIDELINES ESTABLISHES ELIGIBILITY FOR PRESUMPTIVE CHARITY WIC, SNAP, LIHEAP, IL FREE LUNCH AND BREAKFAST PROGRAM, RECEIPT OF GRANT ASSISTANCE FOR MEDICAL SERVICES, OR ENROLLMENT IN AN ORGANIZED COMMUNITY BASED PROGRAM PROVIDING ACCESS TO MEDICAL CARE THAT ASSESSES AND DOCUMENTS LIMITED LOW INCOME FINANCIAL STATUS AS CRITERION FOR MEMBERSHIP

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - OSF SAINT ANTHONY'S HEALTH CENTER THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - OSF SAINT ANTHONY'S HEALTH CENTER A PLAIN LANGUAGE SUMMARY OF THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS, INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - ST FRANCIS HOSPITAL FOR THE 2019 CHNA, THE COLLABORATIVE TEAM SOLICITED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING SOURCES 1) THE HEALTH OFFICER FOR THE PUBLIC HEALTH DELTA & MENOMINEE COUNTIES 2) PRIMARY DATA WAS COLLECTED FROM THE AT-RISK AND ECONOMICALLY DISADVANTAGED POPULATION BY COLLECTING A STRATIFIED SAMPLE OF SURVEYS DISTRIBUTED IN ENGLISH AND SPANISH TO ALL HOMELESS SHELTERS, FOOD PANTRIES AND SOUP KITCHENS 3) THE 2013 AND 2016 CHNA'S WERE AND STILL ARE WIDELY AVAILABLE TO THE COMMUNITY AND FEEDBACK RECEIVED FROM COMMUNITY SERVICE ORGANIZATIONS WAS TAKEN INTO ACCOUNT 4) ADDITIONAL SOURCES OF INPUT WERE RECEIVED FROM THE COLLABORATIVE TEAM CREATED TO ENGAGE THE ENTIRE COMMUNITY IN CONDUCTING THE 2016 CHNA AND TO IMPROVE POPULATION HEALTH THE COLLABORATIVE TEAM INCLUDED CONSUMER ADVOCATES, REPRESENTATIVES FROM NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS INCLUDING MENOMINEE, DELTA AND SCHOOL CRAFT COMMUNITY ACTION AGENCY AND HUMAN RESOURCES AUTHORITY, AS WELL AS HEALTH CARE EDUCATORS AND PROVIDERS INCLUDING THE FACILITY'S LEAD SOCIAL WORKER/CASE MANAGER, CHIEF NURSING OFFICER, A REGISTERED DIETITIAN/CERTIFIED DIABETIC EDUCATOR AND ITS PATIENT SAFETY OFFICER/RISK MANAGER, AND A NURSING HOME ADMINISTRATOR MEMBERS OF THE COLLABORATIVE TEAM IDENTIFIED BY NAME, AFFILIATION, AND ROLE ARE LISTED IN APPENDIX 1 TO THE 2019 CHNA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - ST FRANCIS HOSPITAL ST FRANCIS HOSPITAL COMPLETED A COMMUNITY HEALTH NEED S ASSESSMENT ("CHNA") DURING FISCAL YEAR 2016 AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVED AND ADOPTED BY THE SYSTEM'S BOARD OF DIRECTORS ON JULY 29, 2019 THIS CHNA IS EFFECTIVE FOR FISCAL YEARS 2020, 2021 AND 202 2 THE FOLLOWING INFORMATION CONTAINS DATA AND STATISTICS SPECIFIC TO THE PRIORITIZED HEAL TH NEEDS AND THOSE ACCOMPLISHMENTS FROM THE 2016 CHNA ACTIVE FOR FISCAL YEARS ENDING 2017 , 2018 & 2019 THE COLLABORATIVE TEAM CONDUCTING THE CHNA IDENTIFIED THE FOLLOWING SIGNIFI CANT COMMUNITY HEALTH NEEDS AS A PRIORITY HEALTHY BEHAVIOR DEFINED AS ACTIVE LIVING, HEAL THY EATING AND THEIR IMPACT ON OBESITY, AND BEHAVIORAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE IN RESPONSE TO THESE PRIORITY HEALTH NEEDS, THE COLLABORATIVE TEAM DEVELO PED AN IMPLEMENTATION STRATEGY THAT DESCRIBES THE ACTIONS ST FRANCIS HOSPITAL INTENDS TO TAKE TO ADDRESS THE PRIORITY HEALTH NEEDS, THE RESOURCES THE HOSPITAL PLANS TO COMMIT TO A DDRESS THE HEALTH NEEDS, AND ANY PLANNED COLLABORATIONS WITH OTHER HOSPITALS OR ORGANIZATI ONS TO ADDRESS THE HEALTH NEEDS THE HOSPITAL REVIEWS ITS IMPLEMENTATION STRATEGY AT LEAST ANNUALLY AND MAKES REVISIONS AS NEEDED TO MAXIMIZE THE IMPACT ON IDENTIFIED PRIORITY HEAL TH NEEDS A SUMMARY OF HOW THE HOSPITAL HAS ADDRESSED THESE PRIORITY HEALTH NEEDS IS PROVI DED BELOW HEALTHY BEHAVIORS GOAL *ENCOURAGE HEALTHY BEHAVIORS AMONG THE CITIZENS OF DELT A COUNTY TO MANAGE AND PREVENT THE ONSET OF OBESITY WITH A GOAL OF REDUCING OBESITY AMONG CHILDREN AGES 10-17 AND ADULTS MEASUREMENT AND PROGRESS (1)TRACK NUMBER OF SCHOOLS WHO P ARTICIPATE IN "FUEL UP" PROGRAMS -PROGRESS PROGRAM HAS FIVE SCHOOLS PARTICIPATING IN FUE L UP THIS PROGRAM OFFERS HEALTHY BEHAVIORS TO DELTA COUNTY CHILDREN (2)TRACK NUTRITIONAL COUNSELING SESSIONS -PROGRESS PROVIDED OVER 350 PATIENTS WITH NUTRITIONAL CONSULTS ANNU ALLY (3) TRACK NUMBER OF NUTRITIONAL CLASSES -PROGRESS HOSTED OVER 20 SESSIONS PER YEAR OF AN INTENSE DIABETES, PREVENTION PROGRAM SERVING THREE PARTICIPANTS PER SESSION (4) TRAC K SPONSORSHIP OF COMMUNITY ACTIVITIES THAT SUPPORT ACTIVE LIFESTYLES -PROGRESS PARTICIPA TED IN OVER 20 HEALTH FAIRS ANNUALLY THESE INCLUDED GLUCOSE, CHOLESTEROL AND BLOOD PRESSU RE SCREENINGS, PROVIDED PHYSICIAN SPEAKERS FOR THREE YMCA, ASK AN EXPERT SERIES PROVIDED ADMINISTRATIVE AND MATERIAL SUPPORT TO FIRST AID STATIONS AT THE UPPER PENINSULA STATE FAI R AND SYMETRA PROFESSIONAL GOLF TOURNAMENTS, IN ADDITION, SPONSORED 17 YEARLY ACTIVITIES I NCLUDING DELTA COUNTY SUICIDE PREVENTION TASK FORCE - END THE SILENCE WALK/RUN TO NAME A FEW BEHAVIORAL HEALTH GOAL *IMPROVE ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN DELTA COUNTY MEASUREMENT AND PROGRESS (1) TRACK FUNDS PROVIDED TO PATHWAYS/CSS TO MAIN TAIN MENTAL HEALTH SERVICES -PROGRESS PROVIDED $3000 PER MONTH (2)COMPLETE BUSINESS CASE FOR PROVISION OF MENTAL HEALT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	H SERVICES WITHIN THE OSF MULTISPECIALTY GROUP IN DELTA COUNTY -PROGRESS MENTAL HEALTH S ERVICES WITHIN THE MULTI-SPECIALTY GROUP ACHIEVED WITH SUPPORT OF THE OSF PHYSICIAN ENTERP RISE SERVICES HIRED AN APP WHO IS DUAL BOARD CERTIFIED IN FAMILY MEDICINE AND PSYCHIATRY HIRED AN LMSW WHO IS NOW EMBEDDED IN THE PRIMARY CARE PRACTICES THAT WILL PROVIDE BRIEF T HERAPEUTIC INTERVENTIONS THIS LMSW PROVIDES DIAGNOSIS AND TREATMENT FOR BEHAVIORAL HEALTH CONDITIONS AND WORKS WITH PATIENTS ON BEHAVIORAL CHANGE SUCH AS SMOKING CESSATION, WEIGHT LOSS, ETC (3)ESTABLISH SUBSTANCE AGREEMENTS WITH PATIENTS IDENTIFIED AS CHRONIC OPIOID US ERS WHO HAVE OBTAINED PRESCRIPTIONS FROM MULTIPLE PROVIDERS (3 OR MORE PROVIDERS) ANNUALLY -PROGRESS ESTABLISHED A SUBSTANCE AGREEMENT WITH PATIENTS WHO IDENTIFIED AS CHRONIC OPIO ID USERS (SEE ABOVE) COMPLETED OVER 2000 SUBSTANCE AGREEMENTS IN ADDITION, RECENT CHANGE S IN MICHIGAN PRESCRIBING LAWS WILL ASSIST IN EFFORT TO REDUCE OPIOID USE DISORDERS (4) PA RTNER WITH LOCAL PUBLIC SAFETY DEPARTMENT TO PLAN SEMI-ANNUAL OPIOID RECOVERY AND MEDICATI ON TAKE BACK EVENTS -PROGRESS PARTICIPATED IN TWO STATEWIDE DRUG RECOVERY PROGRAMS THROU GH MICHIGAN OPEN (5) CONTINUE ACTIVE PARTICIPATION IN DRUG ABUSE PREVENTION TASK FORCE - PROGRESS ACTIVE PARTICIPATION IN DRUG ABUSE PREVENTION TASK FORCE KEPT ANNUALLY, WITH SAV E COUNCIL AND COMMUNITIES THAT CARE COUNCIL (6) TRACK NUMBER OF "LIFE RIDES" PROVIDED ON NEW YEAR'S EVE -PROGRESS THE PROGRAM OFFERS A RIDE TO DELTA COUNTY RESIDENTS ON NEW YEAR 'S EVE THESE "LIFERIDES" PROVIDED ANNUALLY HAVE HELPED OVER 1500 COMMUNITY MEMBERS STAY S AFE IN THE PAST THREE YEARS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - ST FRANCIS HOSPITAL CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENEROUS ASSISTANCE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - ST FRANCIS HOSPITAL PRESUMPTIVE FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDES FOR A DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO A PATIENT WITH NO INSURANCE BENEFITS, WHEN THE PATIENT ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA HOMELESSNESS, DECEASED WITH NO ESTATE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON THE PATIENT'S BEHALF, AND CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - ST FRANCIS HOSPITAL THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - ST FRANCIS HOSPITAL A PLAIN LANGUAGE SUMMERY OF THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS, INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SAINT JAMES HOSPITAL FOR THE 2019 CHNA, SAINT JAMES HOSPITAL - JOHN W ALBRECHT MEDICAL CENTER'S COLLABORATIVE TEAM SOLICITED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING SOURCES 1) THE DIRECTOR OF THE LIVINGSTON COUNTY HEALTH DEPARTMENT AND THE DIRECTOR OF HEALTH EDUCATION & MARKETING FOR THE LIVINGSTON COUNTY HEALTH DEPARTMENT 2) PRIMARY DATA WAS COLLECTED FROM THE AT-RISK AND ECONOMICALLY DISADVANTAGED POPULATION BY COLLECTING A STRATIFIED SAMPLE OF SURVEYS DISTRIBUTED IN ENGLISH AND SPANISH AT ALL ORGANIZATIONS THAT SPECIFICALLY TARGET LOW-INCOME RESIDENTS SUCH AS FOOD PANTRIES 3) THE 2013 AND 2016 CHNA'S WERE AND STILL ARE MADE WIDELY AVAILABLE TO THE COMMUNITY AND FEEDBACK RECEIVED FROM COMMUNITY SERVICE ORGANIZATIONS WAS TAKEN INTO ACCOUNT 4) ADDITIONAL SOURCES OF INPUT WERE RECEIVED FROM THE COLLABORATIVE TEAM CREATED TO ENGAGE THE ENTIRE COMMUNITY IN CONDUCTING THE 2019 CHNA AND TO IMPROVE POPULATION HEALTH THE COLLABORATIVE TEAM INCLUDED CONSUMER ADVOCATES, REPRESENTATIVES FROM NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS, COMMUNITY BEHAVIORAL HEALTH ASSOCIATION, LIVINGSTON COUNTY HOUSING, LIVINGSTON COUNTY UNITED WAY, AND MANY MORE MEMBERS OF THE COLLABORATIVE TEAM IDENTIFIED BY NAME, AFFILIATION, AND ROLE ARE LISTED IN APPENDIX 1 TO THE 2019 CHNA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - SAINT JAMES HOSPITAL SAINT JAMES HOSPITAL - JOHN W ALBRECHT MEDICAL CENTE R COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2019 AS REQUIR ED BY INTERNAL REVENUE CODE SECTION 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVE D AND ADOPTED BY THE SYSTEM'S BOARD OF DIRECTORS ON JULY 29, 2019 THIS CHNA IS EFFECTIVE FOR FISCAL YEARS 2020, 2021 AND 2022 THE FOLLOWING INFORMATION CONTAINS DATA AND STATISTI CS SPECIFIC TO THE PRIORITIZED HEALTH NEEDS AND THOSE ACCOMPLISHMENTS FROM THE 2016 CHNA ACTIVE FOR FISCAL YEARS ENDING 2017, 2018 & 2019 THE COLLABORATIVE TEAM CONDUCTING THE CH NA IDENTIFIED THE FOLLOWING SIGNIFICANT COMMUNITY HEALTH NEEDS AS A PRIORITY HEALTHY BEHA VIORS DEFINED AS ACTIVE LIVING AND HEALTHY EATING AND THEIR IMPACT ON OBESITY, AND BEHAVIO RAL HEALTH INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE IN RESPONSE TO THESE PRIORITY HEAL TH NEEDS, THE COLLABORATIVE TEAM DEVELOPED AN IMPLEMENTATION STRATEGY THAT DESCRIBES THE A CTIONS SJH INTENDS TO TAKE TO ADDRESS THE PRIORITY HEALTH NEEDS, THE RESOURCES THE HOSPITA L PLANS TO COMMIT TO ADDRESS THE HEALTH NEEDS, AND ANY PLANNED COLLABORATIONS WITH OTHER H OSPITALS OR ORGANIZATIONS TO ADDRESS THE HEALTH NEEDS THE HOSPITAL REVIEWS ITS IMPLEMENTA TION STRATEGY AT LEAST ANNUALLY AND MAKES REVISIONS AS NEEDED TO MAXIMIZE THE IMPACT ON ID ENTIFIED PRIORITY HEALTH NEEDS A SUMMARY OF HOW THE HOSPITAL HAS ADDRESSED THESE PRIORITY HEALTH NEEDS IS PROVIDED BELOW HEALTHY BEHAVIORS AND OBESITY GOAL *INCREASED AWARENESS AND ENGAGEMENT IN REDUCING OBESITY AND PROMOTING HEALTHY BEHAVIORS IN ORDER TO IMPROVE LIV INGSTON COUNTY RESIDENTS' OVERALL HEALTH MEASUREMENT AND PROGRESS (1) INCREASED PARTICIP ATION ADDITION OF ONE NEW AREA SCHOOL PARTICIPATION IN A HEALTHY BEHAVIORS -PROGRESS PA RTNERED WITH LOCAL SCHOOLS TO EDUCATE THEM ON HEALTHY BEHAVIORS, DENTAL HYGIENE AND PHYSIC AL ACTIVITY THROUGH VARIOUS PROGRAMS THROUGHOUT THE THREE YEARS THESE PROGRAMS HELPED OVE R 100 CHILDREN IN FY19 IN ADDITION, PARTNERSHIP WITH THE BOYS AND GIRLS CLUBS IN ALL LIVI NGSTON COUNTY LOCATIONS HAS BEEN INCREASED TO PROVIDE ADDITIONAL RESOURCES INCREASED PART ICIPATION IN THE 4-H FAIR HAS GIVEN KNOWLEDGE TO OVER 180 CHILDREN ALONG WITH 60 PARTICIPA NTS WHO BUILT A FITNESS TRACKER AT A 4-H SCIENCE EVENT TO HELP WITH THE BENEFITS OF EXERCI SE AND HEALTHY BEHAVIORS ANNUALLY (2) INCREASED PARTICIPATION PERCENTAGE OF MISSION PART NER (EMPLOYEE) PARTICIPATION IN THE OSF 4LIFE PROGRAM -PROGRESS THROUGH THIS EXPANDED PA RTICIPATION, OSF EMPLOYEES NOT ONLY JOINED THE PROGRAM AND GAINED KNOWLEDGE ABOUT HEALTHY BEHAVIORS BUT ALSO PARTICIPATED IN ANNUAL RUNS SUCH AS "RUN FOR RESPECT" THROUGH PONTIAC H IGH SCHOOL AND COMMUNITY WALKS SUCH AS "AMERICAN HEART WALK " (3) INCREASED AWARENESS HE ALTHY BEHAVIOR EDUCATION AND/OR DEMONSTRATIONS AT LEAST 6 COMMUNITY EVENTS ANNUALLY -PROG RESS FY19, DIABETES SUPPORT GROUP MEETINGS HELD MONTHLY AVERAGING 10-15 PARTICIPANTS PER MEETING, PRE-DIABETES CLASSES

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	HELD THROUGHOUT THE YEARS, THESE INCLUDED 5 - 10 PARTICIPANTS PER SESSION PER YEAR, LAUNCH ING OF A NEW DIABETES PREVENTION PROGRAM THIS IS AN ANNUAL PROGRAM TO MONITOR AND HELP PA TIENTS AVOID GETTING DIABETES THE FIRST SESSION WAS HELD, AND 24 PARTICIPANTS WERE ABLE T O TAKE ADVANTAGE OF THIS NEW ANNUAL PROGRAM, A SAINT JAMES HOSPITAL DIETITIAN HAS PROVIDED NUTRITION EDUCATION SESSIONS TO VARIOUS COMMUNITY GROUPS THROUGHOUT THE THREE YEARS WITH AVERAGES OF 75-150 PARTICIPANTS PER YEAR, A PROGRAM ENTITLED "LIFE AFTER LOSS" HELD GROUP SESSIONS 2 TIMES PER MONTH WITH 3-10 PARTICIPANTS AT EACH SESSION ANNUALLY, SEVERAL "WE LI VE" EVENTS HELPING APPROXIMATELY 150 PER EVENT THE EVENT HAS HELPED WOMAN DISCUSS MAINTAI NING HEALTH HABITS DURING THE HOLIDAYS IN ADDITION, THIS PROGRAM HAS HEART HEALTH SCREENI NGS, EATING HEALTHY FUN FOOD AND EDUCATION ON DANCE EXERCISES, PROVIDED SCREENINGS TO AG H EALTH AND A SAFETY FAIR THESE INCLUDED WELLNESS CHECKS AND SAFETY INFORMATION TO AG COMMU NITY APPROXIMATELY 145 PARTICIPANTS ANNUALLY, ON THE SAINT JAMES CAMPUS, IN COLLABORATION WITH UNITED WAY, ESTABLISHED AND COORDINATED THE GROWING WELL GARDEN WITH A HARVEST OF AP PROXIMATELY 2,400 LBS OF PRODUCE DISTRIBUTED TO AREA FOOD PANTRIES, FALL OF 2018, A GROWI NG WELL ORCHARD WAS PLANTED, COLLECTION DRIVES INCLUDING FOOD AND HYGIENE PRODUCTS HAVE BE EN ONGOING, DONATING ITEMS TO LOCAL FOOD PANTRIES AND COMMUNITY AGENCIES BEHAVIORAL HEALT H GOAL *INCREASE AWARENESS OF AND ACCESS TO BEHAVIORAL HEALTH (BOTH MENTAL HEALTH AND SUB STANCE ABUSE) SERVICES FOR LIVINGSTON COUNTY RESIDENTS INCREASED AWARENESS AND ENGAGEMENT TO DECREASE INSTANCES OF RISKY BEHAVIOR AND SUBSTANCE ABUSE TO PROTECT THE HEALTH, SAFETY , AND QUALITY OF LIFE FOR ALL IN LIVINGSTON COUNTY, ESPECIALLY CHILDREN MEASUREMENT AND P ROGRESS (1) ADDITION OF ONE OSF ONSITE LOCATION FOR IHR COUNSELING SERVICES -PROGRESS A DDED PONTIAC SAINT JAMES CAMPUS LOCATION FOR CO-LOCATION OF IHR COUNSELOR COLLABORATED WI TH IHR WITH THE COUNSELORS LOCATED AT PONTIAC, FLANAGAN, CULLOM AND FAIRBURY COUNSELORS M ANAGED 146 PATIENTS FOR A TOTAL OF 818 HOURS IN FY19 (2) INCREASED ACCESS 10% INCREASE I N PATIENT REFERRALS FROM OSF TO BEHAVIORAL HEALTHCARE PROVIDERS -PROGRESS PARTICIPATION ON THE OSF PEDS COUNCIL, INCLUDING COLLABORATION WITH LIVINGSTON COUNTY CHILDREN'S NETWORK (LCCN), ON AREA GRADE SCHOOL AGE STUDENT GROWTH AND DEVELOPMENT PROGRAMS WORK CLOSELY WI TH NEW OSFMSG BEHAVIORAL HEALTH COORDINATOR FOR ADULT RESOURCES AND PLACEMENTS COUNSELORS WERE ADDED TO CHENOA AND THE REYNOLDS STREET CAMPUS LOCATIONS, PARTICIPATED IN THE OSF PED IATRICS COUNCIL, INCLUDING COLLABORATION WITH LIVINGSTON COUNTY CHILDREN'S NETWORK (LCCN), GIVES US THE ABILITY TO ASSIST WITH LOCAL AREA GRADE SCHOOL STUDENT GROWTH AND DEVELOPMEN TAL PROGRAMS IN ADDITION, WORKED CLOSELY WITH THE NEW BEHAVIORAL HEALTH COORDINATOR FOR A DULT RESOURCES AND PLACEMENTS (3) INCREASED AWARENESS PARTICIPATION BY OSF MISSION PARTN ERS AND OTHER COMMUNITY CAREGI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	VERS IN ONE TO TWO BEHAVIORAL HEALTH EDUCATION PROGRAMS ANNUALLY -PROGRESS HELD MENTAL H EALTH TRAINING COURSES FOR OSF AND COMMUNITY EMERGENCY MEDICAL SERVICE PROVIDERS, EDUCATIO N PROVIDED BY HOSPITAL EXECUTIVES ON OPIOID CRISIS AND HOW OSF IS WORKING WITH PONTIAC AND LIVINGSTON COUNTY TO INCREASE AWARENESS, EDUCATION PROVIDED TO 110 PROVIDERS ON THE SILVE R CLOUD MOBILE APP AND THE SERVICES AVAILABLE TO COMMUNITY MEMBERS, DEVELOPED PROCESSES AN D PROCEDURES TO REDUCE THE USE OF OPIOIDS AND ASSURE ALL PATIENTS HAVE A CURRENT MEDICATIO N MANAGEMENT AGREEMENT SINCE THESE AGREEMENTS HAVE BEGUN SAINT JAMES HOSPITAL HAS SEEN A SIGNIFICANTLY LOWER OPIOID PRESCRIPTION USAGE IN COLLABORATION WITH OSFMSG DEVELOPED PROC ESSES AND PROCEDURES TO REDUCE USE OF OPIOIDS AND ASSURE ALL PATIENT HAVE A CURRENT MEDICA TION MANAGEMENT AGREEMENT SINCE 2017, OSF PONTIAC REGION HAS SEEN A SIGNIFICANTLY LOWER N UMBER OF OPIOID PRESCRIPTIONS EXPIRED DRUG SITE COLLECTION FOR 2019 WE HAD OVER 300 LBS OF EXPIRED DRUGS COLLECTED IN COLLABORATION WITH LIV CO FARM BUREAU AND LIV CO MENTAL HEA LTH BOARD HOSTED A MENTAL HEALTH FIRST AID COURSE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - SAINT JAMES HOSPITAL CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENEROUS ASSISTANCE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - SAINT JAMES HOSPITAL PRESUMPTIVE FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDES FOR A DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO A PATIENT WITH NO INSURANCE BENEFITS, WHEN THE PATIENT ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA HOMELESSNESS, DECEASED WITH NO ESTATE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON THE PATIENT'S BEHALF, AND CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - SAINT JAMES HOSPITAL THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - SAINT JAMES HOSPITAL A PLAIN LANGUAGE SUMMARY OF THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS, INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - OSF SAINT LUKE MEDICAL CENTER FOR THE 2019 CHNA, THE COLLABORATIVE TEAM SOLICITED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING SOURCES 1) ADMINISTRATOR OF THE HENRY AND STARK COUNTY HEALTH DEPARTMENTS 2) PRIMARY DATA WAS COLLECTED FROM THE AT-RISK AND ECONOMICALLY DISADVANTAGED POPULATION BY COLLECTING A STRATIFIED SAMPLE OF SURVEYS DISTRIBUTED IN ENGLISH AND SPANISH AT ALL HOMELESS SHELTERS, FOOD PANTRIES AND SOUP KITCHENS 3) THE 2013 AND 2016 CHNA'S WERE AND STILL ARE MADE WIDELY AVAILABLE TO THE COMMUNITY AND FEEDBACK RECEIVED FROM COMMUNITY SERVICE ORGANIZATIONS WAS TAKEN INTO ACCOUNT 4) ADDITIONAL SOURCES OF INPUT WERE RECEIVED FROM THE COLLABORATIVE TEAM CREATED TO ENGAGE THE ENTIRE COMMUNITY IN CONDUCTING THE 2019 CHNA AND TO IMPROVE POPULATION HEALTH THE COLLABORATIVE TEAM INCLUDED CONSUMER ADVOCATES, REPRESENTATIVES FROM NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS INCLUDING THE EXECUTIVE DIRECTOR OF THE YMCA OF KEWANEE, VP OF BEHAVIORAL HEALTH SERVICES FOR BRIDGEWAY, INC , AND DIRECTORS SITTING ON THE FOLLOWING BOARDS KEWANEE SCHOOLS FOUNDATION, KEWANEE KIWANIS CLUB, CHAIR OF THE ABILITIES PLUS PREVENTION INITIATIVE ADVISORY BOARD, HOUSING AUTHORITY OF HENRY COUNTY, AND THE KEWANEE ECONOMIC DEVELOPMENT CORPORATION, HEALTH CARE EDUCATORS AND PROVIDERS INCLUDING THE FACILITY'S DIRECTOR OF REHABILITATION SERVICES AND VP-CHIEF NURSING OFFICER, A COMMUNITY AND ECONOMIC DEVELOPMENT EDUCATOR FOR THE UNIVERSITY OF IL EXTENSION, AND A LICENSED CLINICAL PROFESSIONAL COUNSELOR AND NATIONALLY CERTIFIED MENTAL HEALTH FIRST AID USA INSTRUCTOR, SUPERINTENDENT OF THE KEWANEE COMMUNITY UNIT SCHOOL DISTRICT 229, AND A RETIRED EDUCATOR WITH 34 YEARS EXPERIENCE AS A TEACHER, COACH AND PRINCIPAL MEMBERS OF THE COLLABORATIVE TEAM IDENTIFIED BY NAME, AFFILIATION, AND ROLE ARE LISTED IN APPENDIX 1 TO THE 2019 CHNA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - OSF SAINT LUKE MEDICAL CENTER OSF SAINT LUKE MEDICAL CENTER COMPLETED A CO MMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2019 AS REQUIRED BY INTERNAL R EVENUE CODE SECTION 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVED AND ADOPTED BY THE SYSTEM'S BOARD OF DIRECTORS ON JULY 29, 2019 THIS CHNA IS EFFECTIVE FOR FISCAL YEARS 2020, 2021 AND 2022 THE FOLLOWING INFORMATION CONTAINS DATA AND STATISTICS SPECIFIC TO T HE PRIORITIZED HEALTH NEEDS AND THOSE ACCOMPLISHMENTS FROM THE 2016 CHNA ACTIVE FOR FISCA L YEARS ENDING 2017, 2018 & 2019 THE COLLABORATIVE TEAM CONDUCTING THE CHNA IDENTIFIED TH E FOLLOWING SIGNIFICANT COMMUNITY HEALTH NEEDS AS A PRIORITY HEALTHY BEHAVIORS DEFINED AS ACTIVE LIVING AND HEALTHY EATING AND THEIR IMPACT ON OBESITY, AND BEHAVIORAL HEALTH INCLU DING MENTAL HEALTH AND SUBSTANCE ABUSE IN RESPONSE TO THESE PRIORITY HEALTH NEEDS, THE CO LLABORATIVE TEAM DEVELOPED AN IMPLEMENTATION STRATEGY THAT DESCRIBES THE ACTIONS SLMC INTE NDS TO TAKE TO ADDRESS THE PRIORITY HEALTH NEEDS, THE RESOURCES THE HOSPITAL PLANS TO COMM IT TO ADDRESS THE HEALTH NEEDS, AND ANY PLANNED COLLABORATIONS WITH OTHER HOSPITALS OR ORG ANIZATIONS TO ADDRESS THE HEALTH NEEDS THE HOSPITAL REVIEWS ITS IMPLEMENTATION STRATEGY A T LEAST ANNUALLY AND MAKES REVISIONS AS NEEDED TO MAXIMIZE THE IMPACT ON IDENTIFIED PRIORI TY HEALTH NEEDS A SUMMARY OF HOW THE HOSPITAL HAS ADDRESSED THESE PRIORITY HEALTH NEEDS I S PROVIDED BELOW HEALTHY BEHAVIORS AND OBESITY GOALS IMPROVE LIFELONG HEALTHY EATING AND PHYSICAL ACTIVITY IN YOUTH, INCREASE THE PERCEPTION THAT OVERWEIGHT AND OBESITY ARE SIGNI FICANT PUBLIC HEALTH RISKS, AND INCREASE THE NUMBER OF YOUTH RECEIVING FLU SHOTS MEASUREM ENT AND PROGRESS (1)TRACK NUMBER OF IMMUNIZATIONS GIVEN AT LOCAL SCHOOLS -PROGRESS A TE AM OF CAREGIVERS ATTENDED THE LOCAL SCHOOL ENROLLMENTS TO EDUCATE AND OBTAIN AUTHORIZATION S FOR FLU IMMUNIZATIONS, ADMINISTERED OVER 3,000 FREE FLU IMMUNIZATIONS TO SCHOOL AGED-CHI LDREN AND THEIR TEACHERS (2) MEASURE AND TRACK THE IMPACT ON SCHOOL ABSENCES DUE TO THE I MMUNIZATIONS -PROGRESS ADMINISTERED FREE FLU IMMUNIZATIONS TO SCHOOL AGED CHILDREN AND T HEIR TEACHERS, CURRENTLY EVALUATING RESULTS TO IMPROVE PROGRAM (3) TRACK NUMBER OF PARTIC IPANTS IN THE WELLNESS EDGE FOR KIDS -PROGRESS A TEAM OF HEALTHCARE PROVIDERS SPENT TIME AT THE HOUSING AUTHORITY FOR THE WELLNESS EDGE SUMMER PROGRAM PROVIDING EDUCATION ON HEAT HY BEHAVIORS APPROXIMATELY 200 HIGH RISK YOUTH PARTICIPANTS IN ALL YEARS (4) TRACK NUMBER OF EDUCATIONAL AND LOCAL SPONSORSHIPS SUPPORTING PHYSICAL ACTIVITY AND HEALTHY EATING -P ROGRESS ATHLETIC TRAINING SERVICES WERE PROVIDED FOR SCHOOL ACTIVITIES TO GIVE EDUCATION AND ENSURE SAFETY OF STUDENT ATHLETES, HOSTED A 5K RUN/WALK WITH APPROXIMATELY 370 PARTICI PANTS, HOSTED A COMMUNITY EVENT CALLED "MUMS THE WORD" WITH A CARE PROVIDER SHARING PREVEN TATIVE CARE EDUCATIONAL MATERIAL EDUCATED 100 COMMUNITY PARTICIPANTS, SAINT LUKE MEDICAL CENTER CHAIRED THE PREVENTATIV

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	E INITIATIVE ADVISORY GROUP MADE UP OF A COMMUNITY COLLABORATIVE SEVERAL AT-RISK CHILDREN FROM AREA FAMILIES PARTICIPATED IN THE PROGRAM, PROVIDED PARKINSON'S DISEASE EDUCATION, W EEKLY SUPPORT GROUP AND EXERCISE, AND CHAIRED THE PREVENTATIVE INITIATIVE ADVISORY MADE UP OF A COMMUNITY COLLABORATIVE (5) OFFER COMMUNITY LUNCH AND LEARNS AT LEAST TWICE A YEAR -PROGRESS HOSTED MULTIPLE LUNCH & LEARN COMMUNITY EVENTS SUCH AS "LOVE YOUR HEART", "A S TUDENT'S GUIDE TO COLLEGE NUTRITION" AND NUTRITION EDUCATION AT YMCA PRESCHOOL (6) PROVID E NUTRITION AND CONCUSSION EDUCATION FOR STUDENT ATHLETES AT LEAST ONCE PER YEAR -PROGRES S CONCUSSION MANAGEMENT SEMINAR 20 COMMUNITY COACHES, SCHOOL NURSES & ADMINISTRATORS, HEA LTHCARE PROVIDERS AND PARENTS, REACHING A BROADER GROUP OF YOUTH PARTICIPATING IN COMMUNIT Y ACTIVITIES BEHAVIORAL HEALTH GOALS *STRIVE TO ASSURE THAT PATIENTS RECEIVE SERVICES TH AT ARE INDIVIDUALIZED, SAFE AND REHABILITATIVE IN NATURE, TO PROVIDE SUPPORT TO AND ENHANC E COMMUNITY ALCOHOL, TOBACCO AND OTHER DRUG ABUSE PREVENTION EFFORTS, THEREBY ENHANCING OV ERALL HEALTH OF THE COMMUNITY, ASSIST FAMILIES IN GAINING ACCESS TO COMMUNITY RESOURCES M EASUREMENT AND PROGRESS (1) TRACK COUNSELOR VISITS IN OSF MEDICAL GROUP-KEWANEE PROVIDING EARLY INTERVENTION DEPRESSION SCREENING AND SUPPORT -PROGRESS RECRUITMENT OF BEHAVIORAL HEALTH COUNSELOR, ADDITION OF PSYCHIATRY E-CONSULTS FOR AMBULATORY PRIMARY CARE PROVIDERS , ADDED CLASSES ON MANAGEMENT OF AGGRESSIVE BEHAVIOR EDUCATION FOR MISSION PARTNERS IN HIG H RISK AREAS (2) PROVIDE 24 HOUR SITTER COVERAGE -PROGRESS PROVIDED SITTER COVERAGE AND DESIGNATED SPECIFIC FULL TIME EMPLOYEES TO ENSURE THE SAFETY OF AT RISK PATIENTS (3) INCR EASE COMMUNITY ENGAGEMENT (ATTENDANCE) AT MONTHLY SURVIVORS OF SUICIDE SUPPORT GROUP MEETI NGS -PROGRESS ACTIVE MEMBERS OF THE HENRY COUNTY MENTAL HEALTH ALLIANCE, WITH THE CHAIRP ERSON BEING AN OSF SLMC MISSION PARTNER, PROVIDED MEETING ROOM FOR THE MONTHLY SURVIVORS O F SUICIDE LOSS SUPPORT GROUP, COLLABORATIED WITH THE HENRY CO MENTAL HEALTH ALLIANCE FOR P LANNING A COMMUNITY EDUCATION DAY, SPONSORED THE 2017 HENRY COUNTY MENTAL HEALTH ALLIANCE MENTAL HEALTH WALK, APPROXIMATELY 2000 COMMUNITY MEMBERS ANNUALLY ATTENDED AND SUPPORTED THE 2018 MENTAL HEALTH CONFERENCE ORGANIZED BY HENRY COUNTY, SPONSORED THE 2018 HENRY COUN TY MENTAL HEALTH ALLIANCE MENTAL HEALTH WALK - APPROXIMATELY 300 COMMUNITY MEMBERS ATTENDE D (4) REDUCE BEHAVIORAL HEALTH RELATED EMERGENCY DEPARTMENT VISITS IMPACTED BY PREVENTIVE CARE AND EDUCATIONAL RESOURCES -PROGRESS HOSTED "SUICIDE TALK WORKSHOP VIA PARTNERSHIP WITH THE HENRY COUNTY MENTAL HEALTH ALLIANCE, 40 COMMUNITY MEMBERS IN ATTENDANCE, SUPPORT COMMUNITY PARKINSON'S DISEASE AWARENESS WALK AND SUPPORT GROUP (5) PROVIDE BEHAVIORAL HEAL TH AND/OR SUBSTANCE ABUSE EDUCATION AT LEAST ONCE PER YEAR FOR MISSION PARTNERS AND MEDICA L GROUP PROVIDERS -PROGRESS DEVELOPMENT OF A DRUG TAKE BACK PROGRAM, DRUG AND ALCOHOL TA SK FORCE COMMUNITY COLLABORATI

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	VE PARTICIPATED IN A HOSPITAL-WIDE SKILLS LAB, WITH THE BEHAVIORAL HEALTH NAVIGATOR PROVI DING INFORMATION ON SUICIDE PREVENTION AND AWARENESS -DRUG AND ALCOHOL TASK FORCE COMMUNI TY COLLABORATIVE PARTICIPATED IN HOSPITAL-WIDE SKILLS LAB, WITH BEHAVIORAL HEALTH NAVIGAT OR PROVIDING INFORMATION ON SUICIDE PREVENTION AND AWARENESS DRUG TAKE BACK PROGRAM COLLE CTED 22 BOXES AND DESTROYED 413 POUNDS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OSF SAINT LUKE MEDICAL CENTER CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENEROUS ASSISTANCE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OSF SAINT LUKE MEDICAL CENTER PRESUMPTIVE FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDES FOR A DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO A PATIENT WITH NO INSURANCE BENEFITS, WHEN THE PATIENT ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA HOMELESSNESS, DECEASED WITH NO ESTATE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON THE PATIENT'S BEHALF, AND CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - OSF SAINT LUKE MEDICAL CENTER THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - OSF SAINT LUKE MEDICAL CENTER A PLAIN LANGUAGE SUMMARY OF THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS, INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs were prioritized as significant health needs of the community and identified through the CHNA See CHNA for further information

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - OSF HOLY FAMILY MEDICAL CENTER FOR THE 2019 CHNA, THE COLLABORATIVE TEAM SOLICITED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING SOURCES 1) DIRECTOR AT THE HENDERSON COUNTY HEALTH DEPARTMENT 2) PRIMARY DATA WAS COLLECTED FROM THE AT-RISK AND ECONOMICALLY DISADVANTAGED POPULATION BY COLLECTING A STRATIFIED SAMPLE OF SURVEYS DISTRIBUTED IN ENGLISH AND SPANISH AT ALL HOMELESS SHELTERS, FOOD PANTRIES AND SOUP KITCHENS 3) THE 2013 AND 2016 CHNA'S WERE AND STILL ARE MADE WIDELY AVAILABLE TO THE COMMUNITY AND FEEDBACK RECEIVED FROM COMMUNITY SERVICE ORGANIZATIONS WAS TAKEN INTO ACCOUNT 4) ADDITIONAL SOURCES OF INPUT WERE RECEIVED FROM THE COLLABORATIVE TEAM CREATED TO ENGAGE THE COMMUNITY IN CONDUCTING THE 2019 CHNA AND TO IMPROVE POPULATION HEALTH THE COLLABORATIVE TEAM INCLUDED CONSUMER ADVOCATES, THE FACILITY'S COORDINATOR OF DIABETES SERVICES AND DIABETIC EDUCATOR WHO IS A CERTIFIED EXERCISE SPECIALIST IN CARDIAC PULMONARY REHAB AND CERTIFIED DIABETIC EDUCATOR, AND ITS PRESIDENT WHO IS A MEMBER OF THE AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES AND THE IL CRITICAL ACCESS HOSPITAL NETWORK, AN IEPA CERTIFIED WATER OPERATOR, AND AN MS RN WHO HAS SERVED AS CHIEF NURSING OFFICER AT TWO CRITICAL ACCESS HOSPITALS MEMBERS OF THE COLLABORATIVE TEAM IDENTIFIED BY NAME, AFFILIATION, AND ROLE ARE LISTED IN APPENDIX 1 TO THE 2019 CHNA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - OSF HOLY FAMILY MEDICAL CENTER OSF HOLY FAMILY MEDICAL CENTER COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING FISCAL YEAR 2019 AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R)(3) THE FINAL CHNA FOR THE HOSPITAL WAS APPROVED AND ADOPTED BY THE SYSTEM'S BOARD OF DIRECTORS ON JULY 29, 2019 THIS CHNA IS EFFECTIVE FOR FISCAL YEA RS 2020, 2021 AND 2022 THE FOLLOWING INFORMATION CONTAINS DATA AND STATISTICS SPECIFIC TO THE PRIORITIZED HEALTH NEEDS AND THOSE ACCOMPLISHMENTS FROM THE 2016 CHNA ACTIVE FOR FIS CAL YEARS ENDING 2017, 2018 & 2019 THE COLLABORATIVE TEAM CONDUCTING THE CHNA IDENTIFIED THE FOLLOWING SIGNIFICANT COMMUNITY HEALTH NEEDS AS A PRIORITY HEALTHY BEHAVIORS DEFINED AS ACTIVE LIVING AND HEALTHY EATING, USE OF EMERGENCY DEPARTMENT AS A PRIMARY SOURCE OF ME DICAL CARE, AND HEART DISEASE IN RESPONSE TO THESE PRIORITY HEALTH NEEDS, THE COLLABORATI VE TEAM DEVELOPED AN IMPLEMENTATION STRATEGY THAT DESCRIBES THE ACTIONS HFMC INTENDS TO TA KE TO ADDRESS THE PRIORITY HEALTH NEEDS, THE RESOURCES THE HOSPITAL PLANS TO COMMIT TO ADD RESS THE HEALTH NEEDS, AND ANY PLANNED COLLABORATIONS WITH OTHER HOSPITALS OR ORGANIZATION S TO ADDRESS THE HEALTH NEEDS THE HOSPITAL REVIEWS ITS IMPLEMENTATION STRATEGY AT LEAST A NNUALLY AND MAKES REVISIONS AS NEEDED TO MAXIMIZE THE IMPACT ON IDENTIFIED PRIORITY HEALTH NEEDS A SUMMARY OF HOW THE HOSPITAL HAS ADDRESSED THESE PRIORITY HEALTH NEEDS IS PROVIDE D BELOW HEALTHY BEHAVIORS GOAL *PROVIDE EDUCATIONAL OPPORTUNITIES WITHIN THE COMMUNITY T O INSTILL THE IMPORTANCE OF HEALTH AND WELLNESS MEASUREMENT AND PROGRESS (1) PROVIDE HEA LTHY WEIGHT, HEALTHY YOU -PROGRESS DEVELOPED PHASE II OF HEALTHY WEIGHT, HEALTHY YOU AND OFFERED 20 CLASSES THROUGHOUT EACH YEAR OFFERED DISCOVER WELLNESS PROGRAM TO 141 HIGH SC HOOL AGE KIDS IN LOCAL SCHOOL DISTRICTS (2) OFFER HEALTH AND WELLNESS EDUCATION AT MONMOUT H COLLEGE -PROGRESS PARTICIPATED IN 6 HEALTH FAIRS WITHIN THE COUNTY IN FY19 (3) PARTIC IPATE IN TWO AREA HEALTH FAIRS -PROGRESS ANNUALLY JOINED AT LEAST THREE HEALTH FAIRS WIT HIN THE COMMUNITY (4) OFFER KIDS' SAFETY DAY -PROGRESS OFFERED KIDS' SAFETY DAY TO OVER 250 PARTICIAPATES ANNUALLY (5) OFFER A1C SCREENINGS AT 4 LOCAL EVENTS -PROGRESS INCREA SED PARTICPATION BY ADDING SCREENINGS AT HEALTH FAIRS (6) DEVELOP AND IMPLEMENT HEALTHY W EIGHT HEALTHY PROGRAMS -PROGRESS OFFERED LUNCH AND LEARNS ON VARIOUS TOPICS TO THE COM MUNITY 4 TIMES ANNUALLY (7) OFFER TWO PODIATRY SCREENINGS -PROGRESS OFFERED TWO PODIATR Y SCREENINGS ANNUALLY (8) OFFER TWO DERMATOLOGY SCREENINGS -PROGRESS OFFERED TWO DERMAT OLOGY SCREENINGS ANNUALLY (9) PROVIDE EDUCATION IN AREA SCHOOLS FOUR TIMES IN THE FISCAL YEAR -PROGRESS PRESENTATIONS ON HAND HYGIENE WERE OFFERED AT SEVERAL AREA SCHOOLS FOR YO UNG CHILDREN (10) PROVIDE A MEN'S HEALTH EVENT, PROVIDE A WOMEN'S HEALTH EVENT -PROGRESS PROVIDED A MEN'S HEALTH EVENT THAT INCLUDED BLOOD SCREENINGS PROVIDED WOMEN'S HEALTH EV ENT INCLUDING A HEART HEALTHY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	TALK BY AN OSF CARDIOLOGIST IN 2017 - 2019 HAD 6 PARTICIPANTS IN THE DIABETIC PREVENTION PROGRAM WHILE THIS DOES NOT SEEM LIKE A LARGE NUMBER OF PEOPLE, THOSE PARTICIPANTS HAD VE RY GOOD RESULTS WE WERE ABLE TO FOCUS ON THOSE PARTICIPANTS AND REALLY MAKE AN IMPACT ON THEIR HABITS AND THEIR WEIGHT WE PURPOSELY KEPT THE PARTICIPATION NUMBERS LOW IN ORDER TO MAKE SURE THOSE ACCEPTED WERE COMMITTED AND READY TO MAKE A CHANGE -WE WILL CONTINUE TO OFFER OUR KIDS' HEALTH AND SAFETY DAY, WOMEN'S HEALTH EVENT AND MEN'S HEALTH EVENT WHILE M AKING SOME ADJUSTMENTS IN AN EFFORT TO REACH MORE OF THE POPULATION AND PROVIDE INFORMATIO N AND SERVICES TO BENEFIT THE COMMUNITY WE SAW A DRASTIC INCREASE IN THE NUMBER SERVED FO R THE KIDS' HEALTH AND SAFETY DAY WE ARE HOPING TO INCREASE THAT FURTHER, AS WELL AS CONT INUE TO GROW THE WOMEN'S AND MEN'S EVENTS -THE DISCOVER WELLNESS PROGRAM HAS GONE VERY WE LL IN THE SCHOOL DISTRICTS WE HAVE BEEN ASKED BACK IN THE FALL TO CONTINUE TO PROVIDE THE PROGRAM TO THE NEXT CLASS WE BELIEVE WE ARE MAKING A DIFFERENCE TO THE CHILDREN AS THEY ARE TAKING A "QUIZ" AT THE BEGINNING AND END OF THE PROGRAM THAT SHOWS HOW THEIR UNDERSTAN DING OF NUTRITION AND EXERCISE HAS GROWN -THE A1C SCREENINGS IN THE COMMUNITY OFTEN LEAD TO PARTICIPANTS REACHING OUT TO PROVIDERS TO DISCUSS ABNORMAL RESULTS WE HAVE MADE RESULT S IN THE COMMUNITY AVAILABLE TO PROVIDERS UPON PATIENT REQUEST USE OF THE EMERGENCY DEPAR TMENT AS A PRIMARY SOURCE OF MEDICAL CARE GOAL *PROVIDE CARE TO PATIENTS IN THE APPROPRIA TE LOCATION, DECREASE NON- EMERGENT CARE IN THE EMERGENCY DEPARTMENT MEASUREMENT AND PROG RESS (1)MONMOUTH COLLEGE EDUCATION ON OSF ON-CALL, OFFER 2 PROGRAMS PER YEAR -PROGRESS OFFERED EDUCATION AT MONMOUTH COLLEGE ON OSF ON-CALL DURING FRESHMAN ORIENTATION AND FAMIL Y WEEKEND IN 2017 -2019 (2) WORK GROUP IN THE EMERGENCY DEPARTMENT WILL IDENTIFY THE TOP 20 ED USERS IN FY16 AND DROP THEIR ED USAGE BY 10% -PROGRESS ASSEMBLED AN EMERGENCY DEPA RTMENT UTILIZATION TEAM IDENTIFIED "TOP 25 USERS" AND WORKED WITH CASE MANAGEMENT TO DECR EASE THE UTILIZATION OF THOSE PATIENTS RESULTING IN A DECREASE OF 58% IN THE NUMBER OF VIS ITS FOR THOSE 25 PATIENTS (3) EDUCATION THROUGH THE WARREN COUNTY HOUSING AUTHORITY WILL BE OFFERED AT LEAST ONCE ANNUALLY -PROGRESS EDUCATED RESIDENTS OF THE WARREN COUNTY HOUS ING AUTHORITY ON THE PROPER LEVEL OF CARE TO SEEK FOR COMMON AILMENTS (4) COMPLEX CASE MA NAGEMENT WILL CONTACT 50 WARREN COUNTY RESIDENTS ANNUALLY -PROGRESS COMPLEX CASE MANAGEM ENT CONTACTED MORE THAN THE REQUIRED 50 WARREN COUNTY RESIDENTS IN THE 1ST QUARTER OF FY19 CASE MANAGERS CONTINUE TO WORK ON CASES INVOLVING WARREN COUNTY RESIDENTS (5) DISTRIBUT E 1500 CARDS IN THE COMMUNITY DESCRIBING THE PROPER CARE TO SEEK FOR COMMON HEALTH ISSUES -PROGRESS SENT OUT APPROXIMATELY 1500 CARDS REGARDING THE PROPER POINT OF CARE TO COMMUN ITY MEMBERS ANUALLY HEART DISEASE GOAL *CREATE AN AWARENESS OF CARDIAC RELATED HEALTH ISS UES WITHIN THE COMMUNITY MEAS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	UREMENT AND PROGRESS (1)PROVIDE BLOOD PRESSURE SCREENINGS TO THE COMMUNITY -PROGRESS OF FERED AT LEAST THREE BLOOD PRESSURE SCREENINGS TO THE COMMUNITY ANNUALLY (2) OFFER 2 PULS E OX AND HEART RATE SCREENINGS -PROGRESS OFFERED TWO PULSE OX AND HEART RATE SCREENINGS TO COMMUNITY ANNUALLY (3) OFFER A "BREATHING EASY" PRESENTATION TO THE COMMUNITY -PROGRE SS THE DIRECTOR OF RESPIRATORY THERAPY CONDUCTED A BREATHING AND RESPIRATION PRESENTATION DURING THE LUNCH AND LEARNS (4) OFFER CARDIOLOGIST-LED EDUCATION TO THE COMMUNITY TWICE WITHIN THE FISCAL YEAR -PROGRESS OFFERED CARDIOLOGIST EDUCATION TO THE COMMUNITY TWO TIM ES ANNUALLY, ONE DURING THE WOMEN'S HEALTH EVENT, WHICH ALSO FOCUSED ON WOMEN'S HEART HEAL TH (6) DEVELOPED AND PROMOTED HEART HEALTHY COOKING PROGRAM -PROGRESS DEVELOPED A HEART HEALTHY COOKING PROGRAM ATTENDED BY SIX MEMBERS OF THE COMMUNITY IN 2017 - 2019

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OSF HOLY FAMILY MEDICAL CENTER CATASTROPHIC FINANCIAL ASSISTANCE IS AVAILABLE WHEN CHARGES EXCEED 25% OF ANNUAL FAMILY INCOME THE AMOUNT BILLED IS ADJUSTED TO 25% OF FAMILY INCOME WHEN OSF DETERMINES THIS ADJUSTMENT IS THE MOST GENEROUS ASSISTANCE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OSF HOLY FAMILY MEDICAL CENTER PRESUMPTIVE FINANCIAL ASSISTANCE IS AVAILABLE AND PROVIDES FOR A DISCOUNT OF 100% OF BILLED CHARGES FOR MEDICALLY NECESSARY SERVICES PROVIDED TO A PATIENT WITH NO INSURANCE BENEFITS, WHEN THE PATIENT ESTABLISHES FINANCIAL NEED AT TIME OF REGISTRATION BY SATISFYING ONE OF THE FOLLOWING CATEGORIES OF PRESUMPTIVE ELIGIBILITY CRITERIA HOMELESSNESS, DECEASED WITH NO ESTATE, MENTAL INCAPACITATION WITH NO ONE TO ACT ON THE PATIENT'S BEHALF, AND CURRENT MEDICAID ELIGIBILITY, BUT NOT ON DATE OF SERVICE OR FOR NON-COVERED SERVICE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - OSF HOLY FAMILY MEDICAL CENTER THE FINANCIAL ASSISTANCE POLICY DIRECTS PATIENTS TO STAFF IN THE PATIENT FINANCIAL SERVICES AND ADMITTING AREAS AT OSF HOSPITALS FOR ASSISTANCE IN OBTAINING ANSWERS TO QUESTIONS REGARDING THE POLICY

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - OSF HOLY FAMILY MEDICAL CENTER A PLAIN LANGUAGE SUMMARY OF THE FAP IS OFFERED TO PATIENTS AS PART OF THE INTAKE OR DISCHARGE PROCESS, INFORMATION ABOUT FINANCIAL ASSISTANCE AND THE APPLICATION PROCESS IS INCLUDED ON OR WITH THE OSF PATIENT BILLING STATEMENT, AND OSF PROVIDES COPIES OF THE PLAIN LANGUAGE SUMMARY AND THE FAP APPLICATION FORM TO REFERRING STAFF PHYSICIANS

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

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

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

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

	Name and address	Type of Facility (describe)
1	CENTER FOR HEALTH AT FT JESSE 2200 FT JESSE ROAD NORMAL, IL 61761	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, INDUSTRIAL REHAB
1	OSF ST JOSEPH MEDICAL CENTER - COLLEGE 1701 EAST COLLEGE AVENUE BLOOMINGTON, IL 61704	AUDIOLOGY
2	OSF CENTER FOR REHABILITATION & Occupational Health - Dwight 105 JOHN STREET DWIGHT, IL 60420	PHYSICAL THERAPY
3	OSF CENTER FOR REHABILITATION & Occupational Health - Fairbury 106 SOUTH FIRST STREET FAIRBURY, IL 61739	PHYSICAL THERAPY, OCCUPATIONAL THERAPY
4	OSF CENTER FOR REHABILITATION & Occupational Health - Pontiac 608 NORTH LADD STREET PONTIAC, IL 61764	PHYSICAL THERAPY
5	OSF SAINT JAMES SLEEP LABORATORY 702 RITTENHOUSE DRIVE PONTIAC, IL 61764	POLYSYMNOGRAPHY CLINIC
6	OSF ST FRANCIS HOSPITAL AND MEDICAL GROUP - Powers Clinic (RHC) N 15995 MAIN ST POWERS, MI 49870	DIAGNOSTIC RADIOLOGY
7	OSF ST FRANCIS HOSPITAL MEDICAL GROUP - Escanaba (RHC) 3409 LUDINGTON ST ESCANABA, MI 49829	DIAGNOSTIC RADIOLOGY
8	OSF ST FRANCIS HOSPITAL MEDICAL GROUP - Gladstone (RHC) 128 MICHIGAN GLADSTONE, MI 49837	DIAGNOSTIC RADIOLOGY
9	ST FRANCIS HOSPITAL - REHAB SERVICES 704 SUPERIOR AVE GLADSTONE, MI 49837	PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY
10	OSF SAINT CLARE'S HOSPITAL 915 EAST FIFTH STREET ALTON, IL 62002	SKILLED NURSING
11	OSF SAINT ANTHONY'S CANCER CENTER 815 EAST FIFTH STREET ALTON, IL 62002	MEDICAL ONCOLOGY
12	OSF HOLY FAMILY CLINIC 1000 WEST HARLEM AVE MONMOUTH, IL 61462	CARDIOLOGY, GENERAL, NERU, PEDIATRIC, PODIATRY SLEEP CENTER
13	OSF SAINT ANTHONY MEDICAL CENTER - BELVIDERE 1954 GATEWAY CENTER DR BELVIDERE, IL 61008	LABORATORY SERVICES
14	OSF SAINT ANTHONY MEDICAL CENTER - BELVIDERE REHAB 1916 GATEWAY CENTER DR BELVIDERE, IL 61008	PHYSICAL THERAPY, OCCUPATIONAL THERAPY

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

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

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

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

	Name and address	Type of Facility (describe)
16	OSF CENTER FOR HEALTH AT ROCK CUT CROSSING 9951 ROCK CUT CROSSING LOVES PARK, IL 61111	LABORATORY SERVICES
1	ROCKFORD CARDIOVASCULAR ASSOCIATES 444 ROXBURY ROAD ROCKFORD, IL 61107	CARDIAC REHAB
2	OSF Center for Health Glen Park 5114 GLEN PARK PLACE PEORIA, IL 61614	DIAGNOSTIC RADIOLOGY, LAB, OP CLINIC, ECHO, MAMMOGRAPHY, US, XRAY
3	OSF CENTER FOR HEALTH MORTON 435 MAXINE DRIVE MORTON, IL 61550	DIAGNOSTIC RADIOLOGY, LAB, EKG, OP CLINIC, CT, MRI, ECHO, MAMMOGRAPHY, US, XRAY
4	OSF Rehabilitation at Five Points 360 N WILMORE ROAD WASHINGTON, IL 61571	PEDIATRIC AND ADULT PHYSICAL THERAPY, AQUATIC THERAPY, OCCUPATIONAL THERAPY
5	OSF Wellness Services at the Riverplex 600 WATER STREET PEORIA, IL 61602	ADULT PHYSICAL THERAPY, CARDIAC REHAB, FAITH COMMUNITY NURSING, HEALTH
6	OSF OUTPATIENT SERVICES 100 NE RANDOLPH AVE PEORIA, IL 61606	PHYSICAL THERAPY, OCCUPATIONAL HEALTH, OP CLINIC
7	OSF OUTPATIENT CENTER FOR INDUSTRIAL REH 520 HIGHPOINT LANE EAST PEORIA, IL 61611	PHYSICAL THERAPY, OCCUPATIONAL THERAPY
8	OSF Rehabilitation - Glen Park 5009 GLEN PARK PLACE PEORIA, IL 61614	PHYSICAL THERAPY
9	OSF SAINT CLARE FAMILY HEALTH CENTER 10 SAINT CLARE COURT 100 WASHINGTON, IL 61571	DIAGNOSTIC RADIOLOGY, LAB, EKG, OP CLINIC, MAMMOGRAPHY, US, XRAY
10	OSF Saint Francis Radiation Oncology at Pekin Cancer Center 603 THIRTEENTH STREET PEKIN, IL 61554	Radiation Oncology
11	OSF WOMEN'S HEALTH CENTER 7800 N SOMMER SUITE 508 PEORIA, IL 61615	PHYSICAL THERAPY, BREAST FEEDING RESOURCE CENTER
12	OSF Saint Francis Medical Center - Radiation Oncology 8948 N WOOD SAGE ROAD PEORIA, IL 61615	Radiation Oncology
13	OSF SAINT ANTHONY MEDICAL CENTER - PARKVIEW 1502 PARKVIEW AVE ROCKFORD, IL 61107	PHYSICAL THERAPY, OCCUPATIONAL THERAPY
14	OSF SAINT ANTHONY MEDICAL CENTER - Center For Health on State 5666 E STATE STREET ROCKFORD, IL 61108	PHYSICAL THERAPY, OCCUPATIONAL THERAPY

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

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

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

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

	Name and address	Type of Facility (describe)
31	OSF ST JOSEPH MEDICAL CENTER SLEEP LAB 2200 E WASHINGTON ST BLOOMINGTON, IL 61701	POLYSYMNOGRAPHY, NEUROLOGY
1	OSF Saint Elizabeth Medical Center Sleep Center 1601 Mercury Circle Suite 200 Ottawa, IL 61350	POLYSYMNOGRAPHY
2	Ottawa Medical Center Radiology Services 1614 East Norris Drive Ottawa, IL 61350	Diagnostic Radiology
3	OSF Healthcare Ottawa South 1640 First Avenue Ottawa, IL 61350	Occupational Health
4	OSF Center for Health - Streator 111 Spring Street Streator, IL 61364	Emergency
5	OSF Rehabilitation - Bartonville 1119 W Garfield Bartonville, IL 61607	Physical Therapy
6	OSF Rehabilitation - Chillicothe 120 N 4th St Chillicothe, IL 61523	Physical Therapy
7	OSF Rehabilitation - Metamora 709 W Mt Vernon Metamora, IL 61548	Physical Therapy
8	OSF Senior World - Morton 730 W Jefferson St Suite 200 Morton, IL 61550	Adult Day Services, Geriatric Services
9	OSF Center for Health - Pekin 3422A Court St Pekin, IL 61554	Diagnostic Radiology, Ultrasound, Laboratory Services/EKG
10	OSF Saint Francis Lab Services at Heartland at Broadway - Pekin 2709 Broadway Street Pekin, IL 61554	Laboratory Draw Station
11	OSF Healthcare Cardiovascular Institute - Pekin 610 Park Avenue Pekin, IL 61554	Nuclear and Treadmill Stress Test, Echocardiograms, Vascular Ultrasound
12	OSF Rehabilitation - Pekin 2359 Broadway St Pekin, IL 61554	Adult Physical Therapy, Pediatric Occupational Therapy, Speech Therapy
13	OSF Center for Health - Route 91 8600-8800 Rt 91 North Peoria, IL 61615	CT, Diagnostic Radiology, Lab, EKG, MRI, Pain Clinic, Mammography, PT OT, Hyperbaric Services, EKG
14	OSF HealthCare Cardiovascular Institute 5405 N Knoxville Ave PEORIA, IL 61614	Echocardiograms, Nuclear and Treadmill Stress Test, Vascular Ultrasound, Infusion Clinic, Sleep Lab

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

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

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

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

	Name and address	Type of Facility (describe)
46	OSF Saint Francis Outpatient Services at Illinois Medical Center Building 1001 Main St PEORIA, IL 61603	Pulmonary Rehab, Cancer Services, Physical Therapy
1	Women's Health Center 7800 N Sommer Suite 508 PEORIA, IL 61615	Breastfeeding Resource Center, Family Planning, Pelvic Floor Physical Therapy
2	OSF Rehabilitation-Gwynn and OSF Saint Francis Outpatient Diagnostics at OS F HealthCare Orthopedics 303 N William Kumpf Blvd PEORIA, IL 61605	MRI, Physical Therapy, Occupational Therapy
3	OSF Rehabilitation - Kumpf 719 N William Kumpf Blvd Suite 200 PEORIA, IL 61605	Physical Therapy
4	OSF Rehabilitation - Sheridan 6501 N Sheridan Rd PEORIA, IL 61614	Physical Therapy, Occupational Therapy, Speech Therapy, Industrial Rehab
5	OSF Senior World - Peoria 719 N William Kumpf Blvd Suite 300 PEORIA, IL 61605	Adult Day Services, Geriatric Services

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OSF Healthcare System

Employer identification number
37-0813229

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	172	365,686	0	N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	GRANT RECIPIENTS WERE GIVEN GRANTS BASED ON THE NEEDS OF THE MEDICAL COMMUNITY AND THE LOCAL COMMUNITY AT LARGE LOCAL PRESIDENT'S REVIEW ASSISTANCE REQUESTS AND APPROVE BASED ON NEED IN SOME CASES, THE CORPORATION'S CEO OR CFO OR OTHER REPRESENTATIVE OF THE CORPORATION SERVES ON THE BOARD OF DIRECTORS OR ON THE FINANCE COMMITTEE OF THE GRANTEE ORGANIZATION AND RECEIVES DIRECT INFORMATION REGARDING USE OF GRANT FUNDS IN SUCH CAPACITY IN OTHER CASES, THE CORPORATION RECEIVES WRITTEN REPORTS AND/OR FINANCIAL STATEMENTS FROM THE GRANTEE ORGANIZATION WHICH INCLUDE INFORMATION REGARDING USE OF GRANT FUNDS THE COLLEGE OF NURSING IN PEORIA AND ROCKFORD ILLINOIS PROVIDE THEIR RESPECTIVE BOARDS WITH UPDATES REGARDING DISTRIBUTION OF NURSING EDUCATION SCHOLARSHIPS THE COLLEGES REQUIRE THE APPLICANTS TO SUBMIT A FINANCIAL AID APPLICATION UPON ADMITTANCE THE SCHOLARSHIP HAS ACADEMIC PERFORMANCE, FINANCIAL NEED CRITERIA, AND HAS A SELECTION COMMITTEE THAT AWARDS THE GRANTS THE COLLEGE'S MONITOR AND REVIEW THE RECIPIENTS INDIVIDUALLY ON A SEMESTER BASIS FOR SATISFACTORY ACADEMIC PROGRESS AND GOOD STANDING

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0813229
Name: OSF Healthcare System

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND COMMUNITY HEALTHCARE 1701 W GARDEN STREET PEORIA, IL 61606	37-1270794	501(C)3	0	785,000	APPRAISAL	MEDICAL OFFICE BUILDING	DONATION OF CURRENT LEASED SITE
UNIVERSITY OF ILLINOIS 1 ILLINI DRIVE PEORIA, IL 61605	37-6000511	501(C)3	688,483	0	NA	NA	SUPPORT OF CLINIC OPERATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMILION COUNTY LAND BANK AUTHORITY 112 N VERMILION DANVILLE, IL 61832	84-4306229	Land Bank	0	213,000	APPRAISAL	500-600 BLOCK OF SAGER STREET IN DANVILLE ILLINOIS	SUPPORT OF LOCAL LAND BANK
AUTISM COLLECTIVE 507 EAST ARMSTRONG PEORIA, IL 616033201	83-2142072	501(C)3	100,000	0	NA	NA	SUPPORT OF CLINICAL OPERATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDLIFE PRARIE STATE PARK 3826 N TAYLOR ROAD HANNA CITY, IL 61536	20-8064678	WILDLIFE PR STATE PK	50,000	0	NA	NA	SUPPORT OF ORG OPERATIONS
BLOOMINGTON NORMAL ECONOMIC DEVELOPMENT COUNCIL 200 W COLLEGE AVENUE NORMAL, IL 61761	37-1169886	501(C)3	15,000	0	NA	NA	SUPPORT OF ORG OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF DANVILLE 1111 N VERMILION STREET DANVILLE, IL 61832	37-0662604	501(C)3	6,666	0	NA	NA	SUPPORT OF ORGANIZATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OSF Healthcare System

Employer identification number
37-0813229

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

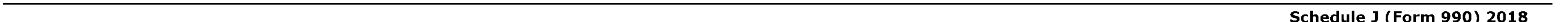
(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	THE CORPORATION REIMBURSES CERTAIN EXECUTIVES FOR SOCIAL CLUB DUES PAID BY SUCH EXECUTIVES ELIGIBILITY FOR CLUB DUES REIMBURSEMENT IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS AND IS TAKEN INTO CONSIDERATION BY THE COMMITTEE IN DETERMINING FAIR MARKET COMPENSATION SEE FORM 990 - SCHEDULE O - PART VI - LINES 15A AND 15B FOR AN EXPLANATION OF THE ROLE OF THE HUMAN RESOURCES COMMITTEE AND THE MANNER IN WHICH FAIR MARKET COMPENSATION IS DETERMINED CLUB DUES ARE NOT ELIGIBLE FOR REIMBURSEMENT IF THE CLUB IN QUESTION DISCRIMINATES ON THE BASIS OF RACE, RELIGION, SEX, NATIONAL ORIGIN, OR OTHER PROHIBITED FACTORS DUES REIMBURSEMENT IS TREATED AND REPORTED AS TAXABLE COMPENSATION

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DURING 2018, OSF HEALTHCARE SYSTEM MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN KEVIN D SCHOEPLEIN DURING 2018, THE FOLLOWING CONTRIBUTIONS WERE MADE BY OSF HEALTHCARE SYSTEM TO THE PLAN KEVIN D SCHOEPLEIN - $-0- DURING 2018, DISTRIBUTIONS WERE MADE BY OSF HEALTHCARE SYSTEM FROM THE PLAN KEVIN D SCHOEPLEIN - $2,087,403



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0813229
Name: OSF Healthcare System

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
Kevin D Schoeplein Former - Vice Chairperson CEO	(i)	0	760,000	2,090,403	41,061	1,594	2,893,058	0
	(ii)	0	0	0	0	0	0	0
Robert C Sehring Vice Chairperson CEO	(i)	1,198,952	433,312	27,834	44,400	22,733	1,727,232	0
	(ii)	0	0	0	0	0	0	0
Gerald J McShane MD Board Member	(i)	373,046	0	9,407	52,500	22,743	457,696	0
	(ii)	0	0	0	0	0	0	0
Anthony M Avellino MD Former - CEO NSSL/INI	(i)	497,432	0	1,063	25,763	12,601	536,859	0
	(ii)	0	0	0	0	0	0	0
David A Schertz Former - CEO Northern Region	(i)	522,872	136,072	166,231	34,000	16,342	875,516	0
	(ii)	0	0	0	0	0	0	0
Kenneth E Berkovitz MD Former - CEO CVSL	(i)	486,977	0	2,546	28,022	14,177	531,722	0
	(ii)	0	0	0	0	0	0	0
Kenneth J Natzke Former CEO East Region	(i)	160,000	0	0	20,250	0	180,250	0
	(ii)	0	0	0	0	0	0	0
Chad E Boore Chief Executive Officer Eastern Region	(i)	375,351	100,633	13,081	17,684	28,804	535,554	0
	(ii)	0	0	0	0	0	0	0
Divya-Devi Joshi CEO Children SL	(i)	518,376	134,278	1,474	17,800	9,872	681,800	0
	(ii)	0	0	0	0	0	0	0
Dwight D Stapleton Vice President Clinical Specialty Services	(i)	415,537	86,547	114	21,850	9,573	533,621	0
	(ii)	0	0	0	0	0	0	0
James J Mormann Chief Information Officer	(i)	586,086	154,715	8,864	40,350	26,894	816,909	0
	(ii)	0	0	0	0	0	0	0
Jeffry M Tillery SVP Chief Transformation Officer	(i)	557,443	147,333	4,487	52,069	20,380	781,713	0
	(ii)	0	0	0	0	0	0	0
John R Evancho SVP Chief Compliance Officer	(i)	257,513	68,752	8,611	19,430	28,728	383,035	0
	(ii)	0	0	0	0	0	0	0
John C Horne SVP Chief Supply Chain Officer	(i)	344,936	92,045	8,206	36,300	26,283	507,770	0
	(ii)	0	0	0	0	0	0	0
Leon A Yeh MD VP CMO Emergency Serv	(i)	490,398	100,800	47	36,300	28,594	656,140	0
	(ii)	0	0	0	0	0	0	0
Lori L Wiegand Chief Nursing Officer	(i)	384,623	99,683	19,961	52,500	20,269	577,036	0
	(ii)	0	0	0	0	0	0	0
Mark A Nafziger CEO Ambulatory Care	(i)	593,148	154,190	10,264	21,630	10,965	790,196	0
	(ii)	0	0	0	0	0	0	0
Michael M Allen CFO	(i)	600,496	181,366	1,707	33,525	27,004	844,097	0
	(ii)	0	0	0	0	0	0	0
Michael A Cruz MD Chief Executive Officer Central Region	(i)	612,279	161,133	3,243	52,500	26,458	855,613	0
	(ii)	0	0	0	0	0	0	0
Michelle D Conger Chief Strategy Officer	(i)	457,618	119,634	10,305	15,297	26,356	629,211	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
Ralph R Velazquez MD	(i)	474,101	122,124	14,796	52,500	18,608	682,129	0
System Chief Medical Officer	(ii)	0	0	0	0	0	0	0
Robert L Brandfass	(i)	530,487	137,920	9,997	40,350	27,108	745,862	0
SVP Chief Legal Officer	(ii)	0	0	0	0	0	0	0
Roxanna Crosser	(i)	359,201	93,006	22,866	42,212	8,368	525,652	0
Chief Executive Officer Western Region	(ii)	0	0	0	0	0	0	0
Stephen E Hippler MD	(i)	592,624	152,023	4,782	52,500	26,444	828,373	0
Chief Clinical Officer	(ii)	0	0	0	0	0	0	0
Thomas G Hammerton	(i)	337,111	88,059	35,134	40,120	20,064	520,487	0
President OSF Healthcare Foundation Chief Development Officer	(ii)	0	0	0	0	0	0	0
Anthony C Zalduendo MD	(i)	628,072	35,000	87	44,400	23,900	731,459	0
Physician	(ii)	0	0	0	0	0	0	0
Ekanka Mukhopadhyay MD	(i)	404,056	262,721	46	34,275	26,844	727,942	0
Physician	(ii)	0	0	0	0	0	0	0
Iftekhar U Ahmad MD	(i)	535,839	281,712	22,894	13,750	26,800	880,995	0
Physician	(ii)	0	0	0	0	0	0	0
James L McGee MD	(i)	892,419	50,000	187	45,673	17,828	1,006,108	0
Physician	(ii)	0	0	0	0	0	0	0
Mete Korkmaz MD	(i)	598,917	90,386	49,356	40,350	25,092	804,101	0
Oncologist	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
OSF Healthcare System

Employer identification number
37-0813229

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45200F3R8	06-29-2010	158,535,888	SEE PART VI	X			X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HLH3	09-26-2012	191,360,304	SEE PART VI		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45203H5F5	09-29-2015	392,744,128	SEE PART VI		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45204EMD7	09-29-2016	121,790,760	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	45,770,000	13,620,000	1,635,000	0
2	Amount of bonds legally defeased	100,710,000	0	0	0
3	Total proceeds of issue	160,224,909	191,360,308	394,643,597	121,790,793
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	9,258,271	0
6	Proceeds in refunding escrows	0	0	0	102,785,232
7	Issuance costs from proceeds	2,080,352	2,402,590	4,151,415	1,549,068
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0		0	0
10	Capital expenditures from proceeds	42,207,813	15,813,583	146,853,861	0
11	Other spent proceeds	115,936,744	173,144,135	234,380,050	17,456,493
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2010	2012	2018	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X	X		X		X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I, Column (f) SCH K, PART I, COL A	ILLINOIS FINANCE AUTHORITY - 06/29/2010 CUSIP# 45200F3R8 THE CORPORATION USED THE PROCEEDS OF THE SERIES 2010A BONDS, TOGETHER WITH CERTAIN OTHER AVAILABLE FUNDS, TO (I) REFINANCE AND REDEEM , THE ILLINOIS HEALTH FACILITY AUTHORITY VARIABLE DEMAND REVENUE BONDS, SERIES 1985B (REVOLVING FUND POOLED FINANCING PROGRAM) IN THE AMOUNT OF $75,000,000, ILLINOIS FINANCE AUTHORITY VARIABLE RATE REVENUE BONDS, SERIES 2001 IN THE AMOUNT OF $46,050,000, AND THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2007D IN THE AMOUNT OF $20,050,000, (II) REIMBURSE THE CORPORATION FOR A PORTION OF THE COST OF CONSTRUCTING AND EQUIPPING THE DATA CENTER, A KEY ELEMENT IN THE IMPLEMENTATION OF THE CORPORATION'S INFORMATION MANAGEMENT STRATEGIC PLAN THAT PLAN INCLUDES, IN ADDITION TO THE DATA CENTER, REPLACEMENT OF EXISTING INFORMATION SYSTEMS WITH NEWER SYSTEMS PROVIDING FULL ELECTRONIC MEDICAL RECORD AND INTEGRATED BILLING FUNCTIONS FOR BOTH HOSPITAL AND AMBULATORY SERVICES, (III) FUND A DEBT SERVICE RESERVE FUND FOR THE SERIES 2010A BONDS, AND PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2010A BONDS AND THE REFINANCING OF THE SERIES 1985B BONDS, THE SERIES 2001 BONDS AND THE SERIES 2007D BONDS

Return Reference	Explanation
Schedule K, Part I, Column (f) SCH K, PART I, COL B	ILLINOIS FINANCE AUTHORITY - 09/26/2012 CUSIP #45203HLH3, 45203HLG5 THE CORPORATION USED THE PROCEEDS OF THE SERIES 2012 BONDS TO (1) PAY OR REIMBURSE THE CORPORATION OR OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER FOR THE COSTS OF ACQUIRING, CONSTRUCTING, RENOVATING, REMODELING AND EQUIPPING HEALTHCARE FACILITIES, (II) ADVANCE REFUND ALL OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2004, (III) CURRENT REFUND A PORTION OF THE ILLINOIS FINANCE AUTHORITY INSURED VARIABLE RATE DEMAND REVENUE BONDS, SERIES 2007F, (IV) CURRENTLY REFUND ALL OF THE ILLINOIS AUTHORITY VARIABLE RATE DEMAND REVENUE BONDS, SERIES 2007G, (V) ADVANCE REFUND A PORTION OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2009A, (VI) CURRENTLY REFUND ALL OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2009F, (VII) REFINANCE THE PNC BANK LOAN, AND (VIII) PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE BONDS AND THE REFUNDING OF THE PRIOR BONDS AND PNC BANK LOAN

Return Reference	Explanation
Schedule K, Part I, Column (f) SCH K, PART I, COL C	ILLINOIS FINANCE AUTHORITY - 09/29/2015 CUSIP# 4520H5F5 THE CORPORATION USED THE PROCEEDS OF THE SERIES 2015A BONDS, TOGETHER WITH CERTAIN OTHER AVAILABLE FUNDS, (I) ADVANCE REFUND ALL OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2007A (OSF HEALTHCARE SYSTEM OUTSTANDING), (II) ADVANCE REFUND ALL OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2009A OUTSTANDING, (III) CURRENTLY REFUND ALL OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2009E CURRENTLY OUTSTANDING, (IV) PAY OR REIMBURSE THE CORPORATION FOR THE COST OF ACQUIRING, CONSTRUCTION, RENOVATION, REMODELING AND EQUIPPING, CONSTRUCTION OF AN APPROXIMATELY 150,000 SQUARE-FOOT, FOUR STORY PAVILION (THE "ROCKFORD BED PAVILION") AND THE RENOVATION AND EXPANSION OF THE COMPREHENSIVE CANCER CENTER, EACH AT OSF SAINT ANTHONY MEDICAL CENTER IN ROCKFORD, ILLINOIS THE RENOVATION OF THE FORMER NEONATAL INTENSIVE CARE UNIT AND THE OUTPATIENT NEUROSCIENCES CENTER, EACH PROJECT TO BECOME PRIVATE INPATIENT ROOMS AT OSF SAINT FRANCIS MEDICAL CENTER IN PEORIA, ILLINOIS THE CONSTRUCTION OF A NEW PEDIATRIC OPERATION ROOM SUITE AT OSF SAINT FRANCIS MEDICAL CENTER AND THE CONSTRUCTION OF SURGICAL SUITES AT OSF ST JOSEPH MEDICAL CENTER IN BLOOMINGTON, ILLINOIS, (V) PAY CERTAIN CAPITALIZED INTEREST ON THE SERIES 2015A BONDS DURING CONSTRUCTION, (VI) PAY CERTAIN SWAP TERMINATION COSTS RELATED TO THE SERIES 2015A BONDS, AND (VII) PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2015A BONDS AND THE REFINANCE OF THE PRIOR BONDS AND THE PRIOR DEBT

Return Reference	Explanation
Schedule K, Part I, Column (f) SCH K, PART I, COL D	ILLINOIS FINANCE AUTHORITY - 09/29/2016 CUSIP # 45204EMD7 THE CORPORATION WILL USE THE PROCEEDS OF THE SERIES 2016 BONDS TO (I) ADVANCE REFUND THE REFUNDED BONDS, AS HEREINAFTER DEFINED, (II) PAY THE COSTS OF TERMINATING AN INTEREST RATE AGREEMENT RELATED TO THE SERIES 2016 BONDS, AND (III) PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2016 BONDS AND THE REFUNDING OF THE 2010A REFUNDED BONDS

Return Reference	Explanation
Schedule K, Part II, Line 3 Proceeds differing from issue - 2010	Original issue price was $158,535,888 Investment earnings were $1,689,021 for total proceeds reported of $160,224,909

Return Reference	Explanation
Schedule K, Part II, Line 3 Proceeds differing from issue - 2012	Original issue price was $191,360,304 Investment earnings were $4 for total proceeds reported of $191,360,308

Return Reference	Explanation
Schedule K, Part II, Line 3 Proceeds differing from issue - 2015	Original issue price was $392,744,128 Investment earnings were $1,899,469 for total proceeds reported of $394,643,597

Return Reference	Explanation
Schedule K, Part II, Line 3 Proceeds differing from issue - 2016	Original issue price was $121,790,760 Investment earnings were $33 for total proceeds reported of $121,790,793

Return Reference	Explanation
Schedule K, Part II, Line 3 Proceeds differing from issue - 2018	Original issue price was $357,891,313 Investment earnings were $302,070 for total proceeds reported of $358,193,383

Return Reference	Explanation
Schedule K, Part II, Line 3 Proceeds differing from issue - 2018	Original issue price was $130,820,000 Investment earnings were $188 for total proceeds reported of $130,820,188

Return Reference	Explanation
Schedule K, Part I, Column (f) SCH K, PART I, COL E	ILLINOIS FINANCE AUTHORITY - 10/17/2018 CUSIP # 45204EM21 THE CORPORATION WILL USE THE PROCEEDS OF THE FIXED SERIES 2018A BONDS TO (I) REFUND THE SERIES 2007E BONDS, (II) REFUND THE SERIES 2007F BONDS, (III) REFUND THE SERIES 2009B BONDS, (IV) REFUND THE SERIES 2009C BONDS, (V) REFUND THE SERIES 2009D BONDS, (VI) REFUND THE SERIES 2017 BONDS, (VII) AND PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2018 BONDS AND THE REFUNDING OF THE REFUNDED OBLIGATIONS SALE PROCEEDS OF THE BONDS WILL BE PROVIDED TO THE CORPORATION PURSUANT TO THE LOAN AGREEMENT

Return Reference	Explanation
Schedule K, Part I, Column (f) SCH K, PART I, COL F	ILLINOIS FINANCE AUTHORITY - 10/17/2018 CUSIP # 45204EM21 THE CORPORATION WILL USE THE PROCEEDS OF THE VARIABLE SERIES 2018BC BONDS TO (I) REFUND THE SERIES 2007E BONDS, (II) REFUND THE SERIES 2007F BONDS, (III) REFUND THE SERIES 2009B BONDS, (IV) REFUND THE SERIES 2009C BONDS, (V) REFUND THE SERIES 2009D BONDS, (VI) REFUND THE SERIES 2017 BONDS, (VII) AND PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2018 BONDS AND THE REFUNDING OF THE REFUNDED OBLIGATIONS SALE PROCEEDS OF THE BONDS WILL BE PROVIDED TO THE CORPORATION PURSUANT TO THE LOAN AGREEMENT

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name ILLINOIS FINANCE AUTHORITY The calculation for computing no rebate due was performed on 07/09/2015

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name ILLINOIS FINANCE AUTHORITY The calculation for computing no rebate due was performed on 03/15/2017

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OSF Healthcare System

Employer identification number
37-0813229

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45204EM21	10-17-2018	357,891,313	SEE PART VI		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45204EM21	10-17-2018	130,820,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,290,000	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	358,193,383	130,820,188		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	2,909,859	806,436		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	301,784	0		
11	Other spent proceeds	354,981,740	130,013,752		
12	Other unspent proceeds	0	0		
13	Year of substantial completion		2019		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b	Name of provider			Bank of America Merrill Lynch					
c	Term of hedge			3000 %					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for the latest information.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OSF Healthcare System

Employer identification number

37-0813229

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

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

Part V **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0813229
Name: OSF Healthcare System

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Jennifer Uphoff	Family Member - Jeffry M Tillery - Officer	88,956	Employment		No
Matthew Sehring	Family Member - Robert Sehring - Officer	72,598	Employment		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Ryan Sehring	Family Member - Robert Sehring - Officer	49,998	Employment		No
David McGrew	Family Member - Sister Diane Marie McGrew, O S F - Board Member	147,688	Employment		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Jennifer Stoller	Family Member - Lori L Wiegand - Officer	30,319	Employment		No
Dawn M Nafziger	Family Member - Mark A Nafziger - Officer	87,237	Employment		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Brian Tillery	Family Member - Jeffry M Tillery - Officer	31,717	Employment		No

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OSF Healthcare System

Employer identification number
37-0813229

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1 PART I	THE TAX LAW REQUIRES THAT EACH LEGAL ENTITY WITHIN THE OSF HEALTHCARE SYSTEM COMPLETE A SE PARATE TAX RETURN WHICH APPROPRIATELY REFLECTS THE ACTIVITIES AND FINANCIAL POSITION OF TH E PARTICULAR ORGANIZATION THIS REPORTING, HOWEVER, IS NOT REFLECTIVE OF THE OSF HEALTHCAR E SYSTEM AS A WHOLE PLEASE SEE THE ATTACHED AUDITED FINANCIAL STATEMENTS OF OSF HEALTHCAR E SYSTEM AND SUBSIDIARIES FOR A COMPLETE OVERVIEW OF THE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 PART III, LINE 1, CONTINUED	OSF HEALTHCARE SYSTEM WILL PROVIDE COMPREHENSIVE, INTEGRATED, QUALITY CARE, INCLUDING PREV ENTIVE, PRIMARY, ACUTE, CONTINUOUS AND REHABILITATIVE HEALTH SERVICES IN THOSE AREAS IN WH ICH WE ARE NOW SERVING AND MAY SERVE IN THE FUTURE SPECIAL EMPHASIS WILL BE PLACED ON MEE TING THE PHYSICAL, SPIRITUAL, EMOTIONAL, AND SOCIAL NEEDS OF EVERYONE WHO IS CARED FOR IN THE SYSTEM THE VISION WILL BE ACCOMPLISHED BY PROVIDING HIGH QUALITY AND ACCESSIBLE COMPR EHENSIVE SERVICES IN AN INTEGRATED SYSTEM SERVICES WILL BE PROVIDED TO PERSONS OF ALL AGE S AND SOCIAL STRATA WITH A CONCERN FOR THE DISADVANTAGED AND THE POOR OF BODY AND SPIRIT THE PHILOSOPHY AND VALUES OF THE SISTERS OF THE THIRD ORDER OF ST FRANCIS AND THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES WILL BE THE NORM FOR ALL SERVI CES THE SYSTEM LEADERSHIP WILL NETWORK CLOSELY WITH EACH OTHER IN THEIR OWN AREA AND THRO UGHOUT THE SYSTEM THEY WILL ALSO NETWORK WITH OTHER PROVIDERS WHO HAVE SIMILAR VALUES AND COMPLEMENTARY SERVICES INHERENT IN THIS DIRECTION FOR THE FUTURE IS AN EMPHASIS ON PROV IDING A CONTINUUM OF HEALTH CARE SERVICES WHILE MEETING THE SPECIFIC NEEDS OF PEOPLE SERVE D HOSPITAL BASED AND FREE-STANDING PROGRAMS AND SERVICES TO MEET COMMUNITY NEEDS A COLLA BORATIVE RELATIONSHIP BETWEEN THE CONGREGATION AND THE LAITY NETWORKING AMONG THE SISTERS OF THE THIRD ORDER OF ST FRANCIS MINISTRIES AND WITH OTHER PROVIDERS AND PURCHASERS A M ARKET DRIVE RESPONSE TO PEOPLE'S NEEDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 271,306,328 including grants of $ 2,223,835)(Revenue $ 151,621,728) Other program services beyond outpatient, inpatient and emergency department services include Home Health Services - Five Agencies located in Illinois and Michigan Hospice Services - Four programs located in Illinois and Michigan Residency Programs - OSF Healthcare System is affiliated with the University of Illinois and provides support for teaching of residents and fellowship programs College of Nursing Programs - Two of the corporations hospitals operate accredited colleges of nursing that offer accredited baccalaureate, masters and doctoral degrees Trauma Services (Level 1) - Two hospitals in the system are designated as Level I Trauma (Highest Level) trauma centers and two have been designated as level II Trauma Centers EMS Flight and Ground Transportation services - The corporation provides helicopter and ground transports to patients in Northern and Central Illinois Community Clinic, Outreach and other educational programs - The corporation offers two uninsured and underinsured community clinics in Bloomington and Peoria Outreach programs - The corporation provides outreach programs to the community with parish nursing, perinatal outreach, and a community training center All of these programs reach at risk populations to help them with specific and everyday healthcare needs Education - The corporation provides paramedic education, EMT education, medical tech education, radiology tech education and dietetic education programs

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	BY ADOPTING CERTAIN PROVISIONS OF THE CORPORATE BYLAWS, THE BOARD OF DIRECTORS HAS DELEGATED BOARD AUTHORITY TO THE EXECUTIVE COMMITTEE OF THE BOARD THE BYLAWS PROVIDE THAT THE EXECUTIVE COMMITTEE SHALL BE AUTHORIZED TO TAKE SUCH ACTION AS MAY BE NECESSARY ON BEHALF OF THE CORPORATION DURING PERIODS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	OSF HEALTHCARE SYSTEM HAS NO CORPORATE STOCK OR STOCKHOLDERS ITS SOLE MEMBER IS THE SISTE RS OF THE THIRD ORDER OF ST FRANCIS, AN ILLINOIS NOT FOR PROFIT CORPORATION, WHICH IS CON TROLLED BY MEMBERS OF A RELIGIOUS CONGREGATION OF THE CATHOLIC CHURCH ALSO KNOWN AS THE SI STERS OF THE THIRD ORDER OF ST FRANCIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE GOVERNING BOARD OF THE SISTERS OF THE THIRD ORDER OF ST FRANCIS, AN ILLINOIS NOT FOR PROFIT CORPORATION AND THE SOLE MEMBER OF OSF HEALTHCARE SYSTEM, HOLDS RESERVED POWERS TO ELECT AND REMOVE ALL OF THE MEMBERS OF THE BOARD OF DIRECTORS OF OSF HEALTHCARE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	AS GOVERNED BY CANONICAL AND CIVIL GUIDELINES PERTAINING TO ROMAN CATHOLIC CHURCH PROPERTIES AND AS PROVIDED IN THE BYLAWS, CERTAIN TRANSACTIONS OF OSF HEALTHCARE SYSTEM MAY BE AUTHORIZED ONLY BY VOTE OF THE GOVERNING BOARD OF THE SISTERS OF THE THIRD ORDER OF ST FRANCIS, WHICH VOTE IS TO BE TAKEN ONLY AFTER CONSIDERING THE ADVICE OF THE BOARD OF DIRECTORS OF OSF HEALTHCARE SYSTEM THESE TRANSACTIONS ARE AS FOLLOWS - TO ESTABLISH THE PHILOSOPHY AND MISSION ACCORDING TO WHICH THE CORPORATION OPERATES - TO AMEND THE CORPORATION'S ARTICLES OF INCORPORATION AND BYLAWS - TO ELECT AND REMOVE WITH OR WITHOUT CAUSE THE DIRECTORS OF THE CORPORATION - TO MERGE OR DISSOLVE THE CORPORATION - TO LEASE, SELL, ENCUMBER OR OTHERWISE ALIENATE REAL PROPERTY OF THE CORPORATION - TO APPROVE ANY TRANSFER, LEASE, SALE OR ENCUMBRANCE OF PERSONAL PROPERTY OF THE CORPORATION EXCEPT IN THE ORDINARY COURSE OF BUSINESS - TO APPROVE ANY BORROWING OR DEBT FINANCING IN EXCESS OF A SPECIFIED LIMIT (CURRENTLY $1,000,000) ESTABLISHED BY RESOLUTION OF THE MEMBER - TO APPOINT (OR APPROVE THE APPOINTMENT OF) OR REMOVE THE CORPORATION'S CHAIRPERSON, CHIEF EXECUTIVE OFFICER, PRESIDENT, REGIONAL PRESIDENT/CHIEF EXECUTIVE OFFICERS, AND THE LOCAL PRESIDENT/CHIEF EXECUTIVE OFFICER OF EACH HEALTH CARE FACILITY AND OPERATING DIVISION OWNED, OPERATED OR CONTROLLED BY THE CORPORATION - TO APPROVE STRATEGIC PLANS, MANAGEMENT OBJECTIVES AND CAPITAL AND OPERATING BUDGETS OF THE CORPORATION - TO APPROVE ANY PURCHASE OR OTHER ACQUISITION IN EXCESS OF A SPECIFIED LIMIT (CURRENTLY $1,000,000) ESTABLISHED BY RESOLUTION OF THE MEMBER - TO REQUIRE A CERTIFIED AUDIT OF THE CORPORATION'S FINANCES AND TO APPOINT THE CERTIFIED PUBLIC ACCOUNTANT TO PERFORM THE AUDIT - TO APPROVE THE ENGAGEMENT OF ANY OUTSIDE LEGAL COUNSEL TO REPRESENT THE CORPORATION ON A REGULAR BASIS AND THE DISMISSAL OF ANY CURRENT LEGAL COUNSEL REPRESENTING THE CORPORATION ON A REGULAR BASIS - TO GIVE PRELIMINARY APPROVAL PRIOR TO THE DEVELOPMENT OF, AND TO GIVE FINAL APPROVAL PRIOR TO THE EXECUTION OF, ALL DOCUMENTS TO WHICH THE CORPORATION IS OR WILL BE A PARTY AND WHICH RELATE TO THE CREATION, FORMATION, ORGANIZATION, OR TERMINATION OF ANY OTHER LEGAL ENTITY (WHETHER A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP, OR ANY OTHER ENTITY) IN WHICH THE CORPORATION WILL HAVE ANY OWNERSHIP INTEREST, MEMBERSHIP INTEREST, POWER TO ELECT OR APPOINT BOARD MEMBERS OR OFFICERS, OR ANY OTHER FORMAL PARTICIPATION ARRANGEMENT, WHETHER ACTING ALONE OR IN CONJUNCTION WITH ANY OTHER PERSON OR ENTITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 9 Interested person not at organization's address	BRIAN SILVERSTEIN, M D 711 APPLE TREE LANE GLENCOE, IL 60022

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE INITIAL DRAFT FORM 990 AND ALL REQUIRED SCHEDULES ARE PREPARED USING A MULTI-DISCIPLIN ARY PROCESS WHICH INCLUDES CORPORATE FINANCE AND ACCOUNTING, CORPORATE LEGAL, CORPORATE CO MPLIANCE, AND CORPORATE MARKETING AND COMMUNICATIONS PERSONNEL WHO FOCUS INITIALLY ON SPEC IFIC PORTIONS OF THE RETURN THE COMPLETED DRAFT FORM 990 AND ALL SCHEDULES ARE THEN REVIE WED BY THIS SAME MULTI-DISCIPLINARY TEAM TO ENSURE ACCURACY AND INTEGRATION OF THE INDIVID UAL PARTS AND SCHEDULES IN ADDITION, THE INFORMATION AND SCHEDULES OF THE RETURN ARE SENT TO THE CORPORATION'S TAX CONSULTANTS, CROWE LLP, FOR REVIEW AND COMMENT CROWE LLP REVIEW S THE INFORMATION/SCHEDULES AND THEN PREPARES AND SIGNS THE FINAL RETURN COMMENTS FROM TH E MULTI-DISCIPLINARY TEAM AND FROM THE AUDITORS ARE INCORPORATED INTO A PROPOSED FINAL VER SION OF FORM 990 AND ALL SCHEDULES THIS PROPOSED FINAL VERSION IS THEN SENT VIA E-MAIL TO ALL OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING ANY APPROPRIATE CHANGES REQUESTED BY THE OFFICERS AND DIRECTORS ARE THEN INCORPORATED INTO THE FINAL FORM 990 AND ALL SCHEDULES FOR FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	DISCLOSURES BY OFFICERS, DIRECTORS AND TRUSTEES, AS WELL AS KEY EMPLOYEES AND EMPLOYEES CH ARGED WITH PURCHASING, PROCUREMENT AND CONTRACTING DECISION-MAKING ARE MADE THROUGH AN ELE CTRONIC REPORTING SYSTEM ON AN ANNUAL BASIS DISCLOSURES ARE RECEIVED AND REVIEWED BY THE CORPORATE COMPLIANCE DIVISION IF A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THEN THE DISCLOSING INDIVIDUAL IS NOTIFIED OF THE POTENTIAL CONFLICT AND MAY BE ASKED FOR ADDITION AL INFORMATION ABOUT THE INTEREST THE CORPORATE COMPLIANCE DIVISION DETERMINES WHETHER A PLAN TO MANAGE A POSSIBLE OR ACTUAL CONFLICT OF INTEREST IS NEEDED, DISCUSSES THE MANAGEME NT PLAN WITH THE INDIVIDUAL AND MONITORS THE EMPLOYEE'S COMPLIANCE WITH THE PLAN PLANS TO MANAGE CONFLICTS ARE TRACKED THROUGH THE ELECTRONIC DISCLOSURE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMM ITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE S ISTERS OF THE THIRD ORDER OF ST FRANCIS WHO HAVE TAKEN A VOW OF POVERTY HENCE, THEY DO N OT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE THE CHIEF EXECUTIVE OFFICER (CEO) I S NOT A MEMBER OF THE COMMITTEE THE PERFORMANCE OF THE CEO AND HIS ACHIEVEMENT OF ANNUAL GOALS IS EVALUATED EACH YEAR BY THE FULL BOARD OF DIRECTORS, AND THIS PERFORMANCE REVIEW I S PROVIDED TO THE COMMITTEE THE COMMITTEE ALSO OBTAINS COMPENSATION SURVEY DATA AND RECOM MENDATIONS FROM A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTANT BASED ON ALL OF THESE FACTORS, THE COMMITTEE SETS THE BASE SALARY AND BENEFITS OF THE CEO AND APPROVES THE EXECUTIVE COMPENSATION PLAN APPLICABLE TO THE CEO PRIOR TO PAYMENT OF ANY BONUS OR IN CENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR THE CEO, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZE D COMPENSATION CONSULTANT TO ENSURE THAT NO EXCESS BENEFIT AMOUNT IS PAID OR FURNISHED TH E COMPENSATION REVIEW IS DONE ANNUALLY IN NOVEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE BOARD OF DIRECTORS HAS ESTABLISHED A BOARD COMMITTEE KNOWN AS THE HUMAN RESOURCES COMMITTEE WHOSE MEMBERS ARE ALL PROFESSED MEMBERS OF THE RELIGIOUS CONGREGATION KNOWN AS THE SISTERS OF THE THIRD ORDER OF ST FRANCIS WHO HAVE TAKEN A VOW OF POVERTY HENCE, THEY DO NOT PERSONALLY BENEFIT FROM DECISIONS OF THE COMMITTEE THE COMMITTEE DETERMINES WHICH OFFICERS, KEY EMPLOYEES AND OTHER EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN THE EXECUTIVE COMPENSATION PLAN BASED ON PERFORMANCE REVIEWS BY THE SUPERVISORS OF SUCH PERSONS AND COMPENSATION SURVEY DATA AND RECOMMENDATIONS FROM A NATIONALLY KNOWN INDEPENDENT COMPENSATION CONSULTANT, THE COMMITTEE APPROVES ANY EXECUTIVE COMPENSATION PLAN APPLICABLE TO KEY EMPLOYEES AND ESTABLISHES THE BASE SALARY AND BENEFITS FOR PLAN PARTICIPANTS PRIOR TO PAYMENT OF ANY BONUS OR INCENTIVE COMPENSATION, THE TOTAL COMPENSATION FOR EACH KEY EMPLOYEE, INCLUDING BASE SALARY, BENEFITS, AND PROPOSED BONUS OR INCENTIVE COMPENSATION, IS AGAIN REVIEWED BY A NATIONALLY RECOGNIZED COMPENSATION CONSULTANT TO ENSURE THAT NO "EXCESS BENEFIT" AMOUNT IS PAID OR FURNISHED SOME KEY EMPLOYEES LISTED IN PART VII ARE PRACTICING PHYSICIANS WHO ARE LISTED AS KEY EMPLOYEES AS A RESULT OF THE COMPENSATION THEY RECEIVE AND NOT DUE TO ANY EXECUTIVE OR MANAGEMENT POSITION WHICH THEY HOLD SUCH PHYSICIANS GENERALLY ARE NOT PARTICIPANTS IN THE EXECUTIVE COMPENSATION PLAN, AND THEIR COMPENSATION, INCLUDING BASE SALARY, BENEFITS, AND ANY APPLICABLE BONUS OR INCENTIVE COMPENSATION, IS ESTABLISHED IN ACCORDANCE WITH NATIONALLY RECOGNIZED PHYSICIAN COMPENSATION SURVEYS AND IS SET FORTH IN WRITTEN EMPLOYMENT AGREEMENTS WHICH ARE APPROVED BY THE BOARD OF DIRECTORS OR ITS EXECUTIVE COMMITTEE THE COMPENSATION REVIEW IS DONE ANNUALLY IN NOVEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	OSF HEALTHCARE SYSTEM MAKES ITS FORM 990, ITS FORM 990-T, AND DOCUMENTATION OF ITS EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE CODE AVAILABLE FOR PUBLIC INSPECTION AND COPYING UPO N REQUEST IN ACCORDANCE WITH SECTION 6104 OF THE INTERNAL REVENUE CODE NAMES AND ADDRESSE S OF CONTRIBUTORS ARE NOT DISCLOSED REQUESTS MAY BE MADE IN PERSON, IN WRITING, OR BY TEL EPHONE REQUESTS MADE IN PERSON ARE ACCEPTED AT THE CORPORATE OFFICE AND AT EACH HOSPITAL FACILITY OF THE CORPORATION REQUESTS MADE IN WRITING OR BY TELEPHONE TO ANY FACILITY OR L OCATION OF THE CORPORATION ARE FORWARDED TO THE CORPORATE FINANCE AND ACCOUNTING DIVISION, WHICH THEN PROVIDES COPIES OF THE REQUESTED DOCUMENTS IN THE OSF HEALTHCARE SYSTEM 37-081 3229 MANNER REQUESTED (IF SUCH DELIVERY METHOD IS AVAILABLE TO THE CORPORATION) THE CORPO RATION MAKES ITS ARTICLES OF INCORPORATION, CORPORATE BYLAWS, AND CONFLICT OF INTEREST POL ICY AVAILABLE TO THE PUBLIC UPON REQUEST ALL REQUESTS ARE FORWARDED TO THE CORPORATE LEGA L DIVISION, WHICH THEN PROVIDES COPIES OF THE REQUESTED DOCUMENTS IN THE MANNER REQUESTED (IF SUCH DELIVERY METHOD IS AVAILABLE TO THE CORPORATION) IN ADDITION, THE CORPORATION'S ARTICLES OF INCORPORATION ARE PUBLICLY AVAILABLE FROM THE OFFICE OF THE ILLINOIS SECRETARY OF STATE OR FROM THE RECORDER OF DEEDS IN WOODFORD COUNTY, ILLINOIS, SITE OF THE CORPORAT ION'S REGISTERED OFFICE FINANCIAL STATEMENTS OF THE CORPORATION ARE PUBLICLY AVAILABLE ON THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE OF THE MUNICIPAL SECURITIES RULEMAK ING BOARD (MSRB) AND FROM THE ILLINOIS ATTORNEY GENERAL AS PART OF THE CORPORATIONS COMMUN ITY BENEFIT REPORT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A PART VII, SECTION A	REPORTABLE COMPENSATION IN PART VII WAS DETERMINED FROM A REVIEW OF PAYROLL QUERIES FROM T HE ORGANIZATION'S AND RELATED ORGANIZATION'S PAYROLL AND GENERAL LEDGER MODULES, YEARLY PA YROLL REPORTS, AND W-2 FILINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other - Total Revenue 13204249, Related or Exempt Function Revenue 13107582, Unrelated B usiness Revenue 96667, Revenue Excluded from Tax Under Sections 512, 513, or 514 0,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN UNREALIZED MARKET VALUE OF SWAPS - -21082869, NET ASSETS RELEASED FROM RESTRICTIONS - -6942248, INCREASE IN PERMANENTLY RESTRICTED ASSETS - 35019279, RECOGNITION OF CHANGE IN PENSION FUNDED STATUS - -221268841, PCI & SUBSIDIAIRY INCOME - 12515855, NET CONTRIBUTIONS FROM (DISTRIBUTIONS TO) NONCONTROLLING SHAREHOLDERS AND OTHER - 1757063, EQUITY TRANSFERS - -226328255, INVESTMENT RETURN - 2877507, NET SETTLEMENT OF DERIVATIVE INSTRUMENT - -3636336, LOSS ON EARLY EXTINGUISHMENT OF DEBT - -695491, NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS - 5659, PCI EQUITY TRANSFER - 2674047, CONTRIBUTION OF EXCESS ASSETS OVER LIABILITIES - -6444636,

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OSF Healthcare System

Employer identification number
37-0813229

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OSF LIFELINE AMBULANCE LLC 318 ROXBURY ROAD ROCKFORD, IL 61107 20-0080542	AMBULANCE SVS	IL	-1,677,269	928,998	OSF
(2) SAINT ANTHONY'S LLC 915 EAST 5TH STREET ALTON, IL 62002 37-1407745	LOW INC HOUSING	IL	-611,299	3,114,789	OSF

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.

See Additional Data Table

(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

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CENTER FOR HEALTH AMBULATORY 8800 RTE 91 N PEORIA, IL 61615 20-5557171	SURGICAL CENTER	IL	OSF	Related	3,718,183	4,342,626		No			No	61 95 %
(2) EASTLAND MEDICAL PLAZA 1505 EASTLAND DRIVE Bloomington, IL 61701 37-1400643	SURGICAL CENTER	IL	OSF	Related	2,502,311	6,414,423		No			No	51 46 %
(3) FORT JESSE IMAGING CENTER LLC 2200 FT JESSE ROAD NORMAL, IL 61761 46-0515604	MEDICAL IMAGING	IL	OSF	Related	928,745	74,664		No			No	50 1 %
(4) SAINT CLARE'S VILLA 915 EAST 5TH STREET ALTON, IL 62002 37-1397289	LOW INC HOUSING	IL	OSF	Related	-611,299	3,114,789		No		Yes		100 %
(5) FOX RIVER CANCER CENTER 1211 STARFISH DRIVE OTTAWA, IL 61350 87-0805865	ONCOLOGY	IL	OSF	Related	299,959	4,697,581		No		Yes		82 %

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	(i) No
(1)POINTCORE INC 800 NE GLEN OAK AVE PEORIA, IL 61603 36-3484677	HLTHCARE SVCS	IL	OSF	C Corporation	12,515,855	223,835,794	100 %	Yes	
(2)ILLINOIS PATHOLOGST SERVICES LLC 5666 EAST STATE STREET ROCKFORD, IL 61108 80-0439081	PATHOLOGY SVCS	IL	OSF	C Corporation	-211,491	1,025,968	100 %	Yes	
(3)LAKEVIEW MEDICAL OFFICE BUILDING 812 N LOGAN AVENUE DANVILLE, IL 61832 37-1100761	CONDOMINIUM ASSOCIATION	IL	OSF	C Corporation	2,677	86,320	66 15 %	Yes	

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

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 37-0813229
Name: OSF Healthcare System

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
800 NE GLEN OAK AVE PEORIA, IL 61603 37-1259286	PARENT/SU ORG	IL	501(c)(3)	Type I	NA		No
800 NE GLEN OAK AVE PEORIA, IL 61603 37-1259284	SUPPORT ORG	IL	501(c)(3)	Type II	NA		No
1100 EAST NORRIS DRIVE OTTAWA, IL 61350 36-2604009	HOSPITAL	IL	501(c)(3)	3	OSF	Yes	
1100 EAST NORRIS DRIVE OTTAWA, IL 61350 36-4007569	SUPPORT ORG	IL	501(c)(3)	Type I	ORHHC	Yes	
1100 EAST NORRIS DRIVE OTTAWA, IL 61350 36-3854788	SUPPORT ORG	IL	501(c)(3)	Type I	ORHHC		No
800 NE GLEN OAK AVE PEORIA, IL 61603 38-3852646	HLTHCARE SVCS	IL	501(c)(3)	Type I	OSF	Yes	
1201 E 12TH STREET MENDOTA, IL 61342 36-2167785	HOSPITAL	IL	501(c)(3)	3	OSF	Yes	
800 NE GLEN OAK AVE PEORIA, IL 61603 36-4868939	COLLEGE OF NURSING	IL	501(c)(3)	2	OSF	Yes	
530 NE Glen Oak Ave Peoria, IL 61637 37-0661235	Free Clinic	IL	501(c)(3)	7	Sis 3rd OSF		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Pointcore Inc	A	319,686	FMV
(1)	Center for Health Ambulatory Surgery Center	A	995,960	FMV
(2)	Eastland Medical Plaza Surgicenter LLC	A	632,092	FMV
(3)	Pointcore Inc	A	554,674	FMV
(4)	Illinois Pathologist Services LLC	B	500,000	FMV
(5)	Pointcore Inc	D	9,866,929	FMV
(6)	Pointcore Inc	K	8,373,929	FMV
(7)	Pointcore Inc	L	3,320,919	FMV
(8)	Illinois Pathologist Services LLC	L	1,406,491	FMV
(9)	Pointcore Inc	M	10,815,158	FMV
(10)	Pointcore Inc	P	1,713,036	FMV
(11)	Illinois Pathologist Services LLC	P	473,186	FMV
(12)	Eastland Medical Plaza Surgicenter LLC	S	2,181,083	FMV
(13)	Fort Jesse Imaging Center LLC	S	864,264	FMV
(14)	Center for Health Ambulatory Surgery Center LLC	S	4,178,668	FMV
(15)	Illinois Pathologist Services LLC	S	836,423	FMV
(16)	OSF Healthcare Foundation	C	9,699,308	FMV
(17)	Fox River Cancer Center LLC	S	280,073	FMV
(18)	Pointcore Inc	S	358,457	FMV