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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization  
THE CARLE FOUNDATION HOSPITAL  
% DENNIS P HESCH EXEC VP & C  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
611 WEST PARK  
City or town, state or province, country, and ZIP or foreign postal code  
URBANA, IL 61801

D Employer identification number  
37-1119538

E Telephone number  
(217) 383-6702

F Name and address of principal officer:  
DENNIS HESCH  
611 WEST PARK  
URBANA, IL 61801

G Gross receipts \$ 1,045,498,883

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.carle.org](http://www.carle.org)

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1982

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
SEE SCHEDULE O

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 7

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 5

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 4,676

6 Total number of volunteers (estimate if necessary) . . . . . 6 1,590

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a -1,118,533

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 6,430,140

9 Program service revenue (Part VIII, line 2g) . . . . . 9 1,014,171,034

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 10 94,960

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 3,776,413

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 954,465,909

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 13 2,353,443

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 245,392,364

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 17 492,035,036

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 18 739,780,843

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 19 214,685,066

20 Total assets (Part X, line 16) . . . . . 20 446,283,408

21 Total liabilities (Part X, line 26) . . . . . 21 152,002,750

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 22 294,280,658

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.

Signature of officer  
DENNIS HESCH Exec VP & CFO  
Type or print name and title

2020-11-16  
Date

Paid Preparer Use Only  
Print/Type preparer's name  
Preparer's signature  
Date  
Check ☐ if self-employed  
PTIN P00395735  
Firm's name ▶ ERNST & YOUNG US LLP  
Firm's EIN ▶  
Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000  
INDIANAPOLIS, IN 46204  
Phone no. (317) 681-7000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**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:

THE CARLE FOUNDATION HOSPITAL'S MISSION IS TO SERVE PEOPLE THROUGH HIGH QUALITY CARE, MEDICAL RESEARCH, AND EDUCATION. HEALTH CARE SERVICES ARE PROVIDED TO INDIVIDUALS IN THE COMMUNITY REGARDLESS OF ABILITY TO PAY.

**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 \$ 795,047,719 including grants of \$ 3,587,022 ) (Revenue \$ 1,020,820,635 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 19,336,740 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 23,050,881 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 837,435,340

**Part IV Checklist of Required Schedules**

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	179
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

**Part V**      **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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

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

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

**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:  
**►DENNIS P HESCH EXEC VP C 611 W PARK ST URBANA, IL 61801 (217) 383-3311**

## 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

See instructions for the order in which to list the persons above.

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	846,755	17,704,960	6,702,911

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 ▶ 253

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
SUPPLEMENTAL HEALTHCARE, PO BOX 677896 DALLAS, TX 75267	STAFFING	15,612,742
GE MEDICAL SYSTEMS INFO TECH, 5517 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	EQUIPMENT MAINT	4,452,859
SIEMENS MEDICAL SOLUTIONS USA, DEPARTMENT CH 14195 PALENTINE, IL 60055	EQUIPMENT MAINT	2,632,069
PHILIPS MEDICAL SYSTEMS, DBA PHILIPS HEALTHCARE PO BOX 10035 ATLANTA, GA 30384	EQUIPMENT MAINT	2,585,611
AVANT HEALTHCARE PROFESSIONALS, PO BOX 744554 ATLANTA, GA 30374	STAFFING	2,476,101

**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 ► 121



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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c										
	d Related organizations		1d	4,045,881									
	e Government grants (contributions)		1e	2,191,088									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	598,950									
	g Noncash contributions included in lines 1a - 1f:\$		1g	344,877									
	h Total. Add lines 1a-1f . . . . . ▶		6,835,919										
Program Service Revenue	2a NET PATIENT CARE		Business Code										
			621110	1,010,792,189		1,010,463,776		328,413					
	b NET PATIENT CARE - ASC		621110	3,378,845		3,378,845							
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. . . . . ▶		1,014,171,034										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			3,258						3,258			
	4 Income from investment of tax-exempt bond proceeds ▶			0									
	5 Royalties . . . . . ▶			0									
			(i) Real	(ii) Personal									
	6a Gross rents		6a	8,922,936									
	b Less: rental expenses		6b	5,503,734									
	c Rental income or (loss)		6c	0 3,419,202									
	d Net rental income or (loss) . . . . . ▶				3,419,202		3,419,202						
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	629,268									
	b Less: cost or other basis and sales expenses		7b	483,172									
	c Gain or (loss)		7c	146,096									
	d Net gain or (loss) . . . . . ▶				146,096		147,377		-1,281				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .		8a	0									
	b Less: direct expenses . . . . .		8b	0									
	c Net income or (loss) from fundraising events . . . ▶				0								
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .		9a	0									
	b Less: direct expenses . . . . .		9b	0									
	c Net income or (loss) from gaming activities . . . ▶				0								
	10aGross sales of inventory, less returns and allowances . . .		10a	7,976,617									
b Less: cost of goods sold . . .		10b	13,300,392										
c Net income or (loss) from sales of inventory . . . ▶				-5,323,775		38,001		-5,361,776					
Miscellaneous Revenue		Business Code											
11aINTERNAL MANAGEMENT FEES		900099		5,345,436		5,040,172		305,264					
b CAOS TUITION		611430		183,896		183,896		0					
c CLINICAL TRIALS/REF LAB REVENUE		900099		1,283,333		1,243,310		40,023					
d All other revenue . . . . .				147,186		144,222		2,964					
e Total. Add lines 11a-11d . . . . . ▶				6,959,851									
12 Total revenue. See instructions . . . . . ▶				1,026,211,585		1,020,492,222		-1,118,533 1,977					

Form 990 (2019)

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	3,587,022	3,587,022		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	13,145	13,145		
<b>7</b> Other salaries and wages . . . . .	222,757,085	219,807,898	2,949,187	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	11,776,878	11,607,607	169,271	
<b>9</b> Other employee benefits . . . . .	30,083,779	29,721,832	361,947	
<b>10</b> Payroll taxes . . . . .	16,242,291	16,028,204	214,087	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	-5,810	-5,810	0	
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	5,106		5,106	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,338,224	31,298,477	1,039,747	
<b>12</b> Advertising and promotion . . . . .	52,980	51,838	1,142	
<b>13</b> Office expenses . . . . .	16,872,502	15,547,622	1,324,880	
<b>14</b> Information technology . . . . .	6,014,310	5,817,301	197,009	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	42,694,419	40,056,072	2,638,347	
<b>17</b> Travel . . . . .	1,022,796	1,001,922	20,874	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	699,972	609,164	90,808	
<b>20</b> Interest . . . . .	285,018	277,076	7,942	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	19,555,306	19,315,887	239,419	
<b>23</b> Insurance . . . . .	2,243,941	2,129,885	114,056	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PATIENT CARE SUPPLIES	193,737,210	193,737,210	0	
<b>b</b> INTERNAL MANAGEMENT FEES	197,260,596	192,487,213	4,773,383	
<b>c</b> OTHER PURCHASED SERVICES	27,023,841	25,755,089	1,268,752	
<b>d</b> OTHER TAXES	26,830,741	26,278,687	552,054	
<b>e</b> All other expenses	3,138,335	2,311,999	826,336	
<b>25</b> Total functional expenses. Add lines 1 through 24e	854,229,687	837,435,340	16,794,347	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		16,777	<b>1</b>	16,124	
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0	
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0	
	<b>4</b>	Accounts receivable, net . . . . .		99,623,494	<b>4</b>	87,848,051	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>5</b>	0	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0	
	<b>8</b>	Inventories for sale or use . . . . .		8,753,311	<b>8</b>	10,077,576	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		8,233,156	<b>9</b>	9,370,567	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	222,339,401			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	143,135,567	77,109,575	<b>10c</b>	79,203,834
	<b>11</b>	Investments—publicly traded securities . . . . .		0	<b>11</b>	0	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0	
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		252,547,095	<b>15</b>	210,398,795	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		446,283,408	<b>16</b>	396,914,947		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		74,457,985	<b>17</b>	83,393,299	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0	
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0	
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>22</b>	0	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		77,544,765	<b>25</b>	103,989,525	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		152,002,750	<b>26</b>	187,382,824	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		294,280,658	<b>27</b>	209,532,123	
	<b>28</b>	Net assets with donor restrictions . . . . .		0	<b>28</b>	0	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		294,280,658	<b>32</b>	209,532,123	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		446,283,408	<b>33</b>	396,914,947		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,026,211,585
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	854,229,687
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	171,981,898
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	294,280,658
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-256,730,433
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	209,532,123

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 37-1119538  
**Name:** THE CARLE FOUNDATION HOSPITAL

Form 990 (2019)

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

SERVING PEOPLE THROUGH HIGH QUALITY MEDICAL CARE, THE CARLE FOUNDATION HOSPITAL IS AN ILLINOIS NOT-FOR-PROFIT CORPORATION ESTABLISHED FOR THE PURPOSE OF OPERATING THE CARLE FOUNDATION'S 433-LICENSED BED HOSPITAL AND RELATED FACILITIES AND, CONDUCTING PATIENT CARE RELATED ACTIVITIES OF THE FOUNDATION. THE HOSPITAL, A LEVEL ONE TRAUMA CENTER, OFFERS A FULL RANGE OF INPATIENT AND OUTPATIENT DIAGNOSTIC AND THERAPEUTIC SERVICES FOR MEDICAL, SURGICAL, OBSTETRICAL AND GYNECOLOGICAL PATIENTS. THE HOSPITAL PROVIDES VARIOUS ANCILLARY SUPPORT SERVICES TO BOTH INPATIENTS AND OUTPATIENTS SUCH AS AUTOPSY, BLOOD BANK, EMERGENCY SERVICES, RESPIRATORY THERAPY, OPERATING ROOM, OCCUPATIONAL THERAPY, PASTORAL COUNSELING, SOCIAL SERVICES, PHARMACY AND PHYSICAL THERAPY. THE CARLE FOUNDATION HOSPITAL'S MISSION IS TO SERVE PEOPLE THROUGH HIGH QUALITY CARE, MEDICAL RESEARCH AND EDUCATION. WE MAKE SURE THOSE WHO NEED CARE, GET CARE, WHETHER OR NOT THEY CAN PAY. THROUGH OUR COMMUNITY CARE DISCOUNT PROGRAM FOR HOSPITAL SERVICES AND OUR PARTNERSHIPS WITH AREA HEALTH AGENCIES, ACCESS TO DENTAL, VISION AND GENERAL HEALTHCARE HAS BEEN IMPROVED FOR THOSE WHO ARE STRUGGLING FINANCIALLY. AS THE SECOND TENET IN OUR MISSION, RESEARCH GIVES US TOMORROW'S ANSWERS, TODAY. IN COLLABORATION WITH THE UNIVERSITY OF ILLINOIS SCIENTISTS AND THE CARLE PHYSICIAN GROUP PHYSICIANS, WE ARE TURNING THE LATEST MEDICAL KNOWLEDGE INTO PRACTICAL APPLICATIONS FOR THE BEDSIDE. WE ARE NOW CONDUCTING MORE THAN 250 ACTIVE STUDIES RELATING TO CANCER, NEUROLOGICAL DISEASE, GASTRO-INTESTINAL DISEASE, CARDIOVASCULAR DISEASE AND MORE. IN ADDITION, THERE WERE 81 PEER-REVIEWED RESEARCH PUBLICATIONS FROM CARLE CLINICIANS. EDUCATIONAL PROGRAMS FOR BOTH OUR PROFESSIONALS AND THE COMMUNITY ENSURE EVERYONE IS BETTER PREPARED. FOR THE COMMUNITY, WE OFFER A MYRIAD OF OPPORTUNITIES LIKE BABYSITTING CERTIFICATION AND NEW DAD COURSES, ALONG WITH FREE CPR AND FIRST AID CLASSES. FOR OUR PROFESSIONALS, WE HAVE CONTINUING EDUCATION COURSES, THREE LEVELS OF MANAGEMENT TRAINING CLASSES AND COURSES FOR PHYSICIAN LEADERS. THE CARLE FOUNDATION HOSPITAL'S CONTINUED SUCCESS IS ROOTED IN OUR ABILITY TO ADAPT TO A CHANGING HEALTHCARE ENVIRONMENT, PLAN DILIGENTLY FOR OUR FUTURE AND MAINTAIN A COMMITMENT TO OUR PATIENTS AND COMMUNITY. NOT-FOR-PROFIT HOSPITALS HAVE A LONG STANDING PRACTICE OF PROVIDING SUPPORT, DONATIONS AND SERVICES TO THEIR COMMUNITIES. THIS STEMS NOT FROM ECONOMIC OPPORTUNITY, BUT RATHER FROM A RESPONSIBILITY TO ADDRESS AND IMPROVE THE HEALTH OF ALL THE PEOPLE THEY SERVE. AT THE CARLE FOUNDATION HOSPITAL, WE ALSO BELIEVE THAT WE HAVE AN OBLIGATION TO GENEROUSLY GIVE BACK TO OUR COMMUNITY IN EXCHANGE FOR OUR TAX EXEMPTION. ALL OF THESE FACTORS LEAD TO THE CARLE FOUNDATION HOSPITAL BEING A CHAMPION OF ACCESS TO HEALTHCARE AND A PILLAR OF COMMUNITY SUPPORT. COMMUNITY BENEFIT PROGRAMS ARE BASED ON ASSESSED NEEDS AND DESIGNED TO IMPROVE THE HEALTH OF THOSE WHO LIVE AND WORK IN OUR AREA, WITH A FOCUS ON SERVING THOSE LESS FORTUNATE. AREAS OF COMMUNITY BENEFIT INCLUDE: HOSPITAL SERVICES THAT OPERATE AT A LOSS, CASH AND IN-KIND DONATIONS, TRANSLATIONAL RESEARCH, COMMUNITY EDUCATION, COMMUNITY-BUILDING ACTIVITIES AND WORKFORCE DEVELOPMENT. THE CARLE FOUNDATION HOSPITAL STRIVES TO ELIMINATE BARRIERS THAT KEEP AREA RESIDENTS FROM RECEIVING THE CARE THEY NEED. THE CARLE FOUNDATION HOSPITAL'S COMMUNITY CARE DISCOUNT PROGRAM IS ONE OF THE MOST GENEROUS FINANCIAL ASSISTANCE DISCOUNT PROGRAMS IN THE COUNTRY. WE WANT TO MAKE SURE THAT THE PEOPLE WHO QUALIFY KNOW ABOUT THEIR OPTIONS. OUR ADVERTISING THROUGHOUT THE REGION IS TARGETED TO REACH PEOPLE WHO QUALIFY SO THEY ARE AWARE FINANCIAL ASSISTANCE IS AVAILABLE. AS A NOT-FOR-PROFIT HOSPITAL, IT IS OUR OBLIGATION TO REACH OUT TO THOSE WHO CANNOT AFFORD HEALTHCARE.

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

THE CARLE COMMUNITY CARE DISCOUNT PROGRAM (FINANCIAL ASSISTANCE): AS A TAX-EXEMPT ORGANIZATION, THE CARLE FOUNDATION HOSPITAL PROVIDES CARE TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY FOR THAT CARE OR SOURCE OF PAYMENT. WE ALSO RECOGNIZE THAT SOME PATIENTS NEED HELP TO PAY THEIR BILLS. THE CARLE FOUNDATION HOSPITAL'S COMMUNITY CARE DISCOUNT PROGRAM (FINANCIAL ASSISTANCE) PROVIDES DISCOUNTS OR FREE CARE TO THOSE WHO NEED IT. OUR COMMUNITY CARE DISCOUNT PROGRAM IS CONTINUALLY EVALUATED AND MANAGED AS NEEDED TO MEET THE NEEDS OF OUR COMMUNITY. EVALUATION INVOLVES INPUT FROM ADMINISTRATIVE LEADERS, PATIENT ACCOUNTS STAFF, LOCAL CONSUMER ADVOCACY GROUPS, AND PATIENTS. DURING 2019, FINANCIAL ASSISTANCE FOR HOSPITAL PATIENTS ALONE TOTALED \$19,336,740 AT COST, SERVING 25,849 UNIQUE INDIVIDUALS.

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

RESEARCH AND EDUCATION INITIATIVES: RESEARCH: CARLE FOUNDATION HOSPITALS RESEARCH PROGRAM CONTINUES TO EXPAND TO SERVE THE NEEDS OF THE COMMUNITY AND ADVANCE THE TRANSLATION OF NEW DISCOVERIES INTO CLINICAL SOLUTIONS. CARLE WORKS WITH INDUSTRY SPONSORS, FEDERAL AGENCIES, FOUNDATIONS AND START-UPS IN A VARIETY OF CLINICAL AREAS, INCLUDING CANCER, NEUROSCIENCES, DIGESTIVE HEALTH, MATERNAL-CHILD HEALTH, HEART AND VASCULAR, SPORTS MEDICINE, OPHTHALMOLOGY AND HEARING. IN JUNE 2019, THE CARLE BOARD OF TRUSTEES APPROVED MOVING FORWARD WITH PURSUING THE ACQUISITION OF A SIEMENS 7 T MRI SYSTEM IN PARTNERSHIP WITH THE BECKMAN INSTITUTE IMAGING CENTER AT THE UNIVERSITY OF ILLINOIS URBANA CHAMPAIGN. THIS CARLE-ILLINOIS PARTNERSHIP WILL BRING THE FIRST 7 TESLA MRI APPROVED FOR CLINICAL USE TO THE STATE OF ILLINOIS. SEVEN TESLA MRI HAS SHOWN TREMENDOUS PROMISE FOR DETECTING NEUROLOGICAL DISEASE LIKE MULTIPLE SCLEROSIS, EPILEPSY, AND PARKINSONS DISEASE. THIS WILL COMPLEMENT THE CARLE NEUROSCIENCE INSTITUTE CLINICAL AND RESEARCH STRATEGIES AND WILL HELP CARLE MORE EFFECTIVELY SERVE PATIENTS WITH COMPLEX NEUROLOGICAL ISSUES. THE PARTNERSHIP, WHICH WILL BEGIN IN THE FUTURE WITH THE UNIVERSITY OF ILLINOIS IS UNIQUE AND WILL ALLOW RAPID TRANSLATION OF NEW MRI SCIENCE INTO CLINICAL PRACTICE. CARLE LAUNCHED TWO NEW SERVICES IN 2019, WHICH INCLUDE THE SPECIMEN PROCUREMENT SERVICE CENTER (SPSC) AND THE QUALITY ASSURANCE SERVICE. THESE SERVICES WILL HELP OUR INVESTIGATORS PURSUE PROMISING NEW RESEARCH COLLABORATIONS AND ENSURE THE SAFETY OF PATIENTS WHO PARTICIPATE IN CLINICAL RESEARCH STUDIES. CARLES CANCER CENTER RECENTLY EARNED RECOGNITION AS ONE OF 16 INSTITUTIONS IN THE UNITED STATES FOR OUTSTANDING PERFORMANCE IN CLINICAL CANCER RESEARCH IN 2019, AND- IN NOVEMBER, CARLE FOUNDATION HOSPITAL AND THE MILLS BREAST CANCER INSTITUTE AT CARLE CANCER CENTER WELCOMED THE UNIVERSITY OF ILLINOIS AT URBANA CHAMPAIGN BASIC SCIENCE CANCER CENTER TO THE BIOMEDICAL RESEARCH CENTER LOCATED ON THE THIRD FLOOR OF THE MILLS BREAST CANCER INSTITUTE. THIS COLLABORATION REALIZES A LONG-STANDING DREAM PRESENTED AT THE GROUNDBREAKING CEREMONY OF THE MILLS BREAST CANCER WHEN PATRICIA JOHNSON, MD, PHD, CARLE CLINIC ONCOLOGIST STATED "WITH MEDICAL DOCTORS AND RESEARCHERS WORKING UNDER ONE ROOF THE PATIENTS WILL GET WHAT THEY NEED. WE CAN ALL BENEFIT BY BEING IN ONE BUILDING AND PROVIDING THE TEAM APPROACH FOR EACH PATIENT." CARLE REMAINS COMMITTED TO PURSUING INNOVATIVE RESEARCH THAT ADVANCES PATIENT CARE AND SAVES LIVES

EDUCATION: THROUGH A VARIETY OF ACTIVITIES INCLUDING SIGNIFICANT DONATIONS, SCHOLARSHIP PROGRAMS, AND PHYSICIAN, NURSE AND ALLIED-HEALTH EDUCATION, MORE THAN \$18 MILLION WAS INVESTED IN PROGRAMS THAT ADDRESS COMMUNITY-WIDE WORKFORCE AND EDUCATION ISSUES, STRENGTHENING THE TRAINING AND AVAILABILITY OF PROFESSIONALS TO CARE FOR OUR COMMUNITIES HEALTHCARE NEEDS NOW AND IN THE FUTURE. - GRADUATE MEDICAL EDUCATION MAINTAINED FIVE MEDICAL RESIDENCY PROGRAMS FAMILY MEDICINE, GENERAL SURGERY, INTERNAL MEDICINE, ORAL AND MAXILLOFACIAL SURGERY, AND PSYCHIATRY. THROUGHOUT 2019, GRADUATE MEDICAL EDUCATION WORKED TO EXPAND THE FOOTPRINT AND HAS ADDED A VASCULAR SURGERY RESIDENCY PROGRAM WHICH WILL BEGIN JULY 1, 2020. THIS PROGRAM IS A FIVE YEAR PROGRAM WITH ONE RESIDENT EXPECTED IN EACH PROGRAM YEAR. DURING ACADEMIC YEAR 2019-2020, THERE WERE A TOTAL OF 90 RESIDENTS IN GME PROGRAMS. -CONTINUING MEDICAL EDUCATION STRIVES TO PROVIDE QUALITY AND WORLD-CLASS, EVIDENCE-BASED MEDICAL EDUCATION TO HEALTHCARE PROFESSIONALS BOTH LOCALLY AND REGIONALLY. AS AN INTERPROFESSIONAL CE PROVIDER, CARLE IS AN APPROVED PROVIDER OF CONTINUING EDUCATION CREDIT FOR 16 DIFFERENT DISCIPLINES. IN 2019, MORE THAN 20 MULTI-DISCIPLINARY SEMINARS, OPEN TO LOCAL, REGIONAL AND NATIONAL HEALTHCARE PROFESSIONALS, WERE PROVIDED IN ADDITION TO CONTINUING EDUCATION OPPORTUNITIES IN MULTIPLE DISCIPLINES THROUGHOUT CARLE FOUNDATION HOSPITAL. INCLUDED IN OVERALL CARLE HEALTH SYSTEM FIGURES AND NOT SPECIFIC TO THE HOSPITAL, CARLE CONTINUED SUPPORT OF THE CARLE ILLINOIS COLLEGE OF MEDICINE, THE WORLDS FIRST ENGINEERING-BASED COLLEGE OF MEDICINE. IN 2019, CARLE ILLINOIS ADDED ANOTHER 32 MEDICAL STUDENTS TO THE PREVIOUS 32, WHO WILL CONTINUE TO THRIVE IN A RICH CLINICAL RESEARCH ENVIRONMENT THAT SUPPORTS STUDENT INNOVATIONS TO IMPROVE PATIENT CARE. LOOKING FORWARD, CARLES FOCUS FOR THE COLLEGE IS ON FACULTY AND PHYSICIAN RECRUITMENT TO MAXIMIZE OPPORTUNITIES FOR NEW RESEARCH IN OUR KEY PILLAR AREAS. OVERALL, CARLE PLEDGED TO DONATE \$100 MILLION TO THE COLLEGE OVER 10 YEARS, REPORTED AS A \$10 MILLION GIFT FROM THE CARLE FOUNDATION EVERY YEAR.

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**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			
JOHN SNYDER ..... EXEC VP & COO (Thru 06/19)	0.0 ..... 0.0			X				0	2,476,327	2,177,803
JAMES C LEONARD MD ..... EX-OFFICIO, PRESIDENT & CEO	5.0 ..... 35.0			X				0	2,367,391	541,616
MATTHEW GIBB MD ..... EXEC VP & CMO (Thru 02/19)	0.0 ..... 0.0			X				0	1,574,149	1,110,158
STEPHANIE BEEVER ..... Key Employee - Former	0.0 ..... 0.0						X	0	1,171,532	1,090,024
DENNIS HESCH ..... EXEC VP & CFO	6.0 ..... 34.0			X				0	1,293,567	288,860
LAURENCE FALLON ..... Key Employee - Former	5.0 ..... 35.0						X	0	948,548	230,518
MATTHEW KOLB ..... Exec VP & COO	7.0 ..... 33.0			X				0	703,948	129,541
Charles Dennis MD ..... EXEC VP, CMO (START 02/19)	19.0 ..... 21.0			X				0	677,106	99,150
BLAIR ROWITZ MD ..... MED DIR- SURGICAL SERVICES	15.0 ..... 25.0				X			0	712,168	43,544
LYNETTE BARNES ..... COO-CFH, SVP-FACILITIES	30.0 ..... 10.0			X				0	585,085	118,683



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			
MALEC MOKRAOUI MD ..... Key Employee - Former	0.0 ..... 40.0						X	0	654,426	33,804
ANDY ARWARI MD ..... SECRETARY & PHYSICIAN	2.0 ..... 38.0	X		X				0	582,601	48,616
ISSAM MOUSSA MD ..... MED DIR-HVI	39.0 ..... 1.0				X			0	597,393	24,611
PAMELA BIGLER ..... SVP-NURSING & CNO	15.0 ..... 25.0				X			0	489,994	108,710
URETZ OLIPHANT MD ..... TRUSTEE & PHYSICIAN	0.5 ..... 39.5	X						0	538,611	18,310
LAUREN SCHMID ..... Exec VP, Chief HR Officer	2.0 ..... 38.0				X			0	430,309	98,880
SALLY SALMONS MD ..... VP-ASSOC CMO HOSP MED	2.0 ..... 38.0				X			0	405,652	77,564
DAWN WALDEN ..... SR VP, CHIEF REV CYCLE OFFICER	15.0 ..... 25.0				X			0	391,471	90,301
CALEB MILLER ..... SVP-SURG/DIAG SVCS, PRIME CARE	5.0 ..... 35.0				X			0	375,903	100,840
KENNETH ARONSON MD ..... MED DIR - NEUROSCIENCE INST	39.6 ..... 0.4				X			0	416,957	34,750

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			
JULIANNA SELLETT ..... Key Employee-Former	40.0 ..... 0.0						X	0	311,822	86,204
LINDA FRED ..... Dir - Pharmacy Svcs	30.0 ..... 10.0					X		237,167	0	36,874
JOEL LOVE ..... PHYSICIST - RADIATION ONCOLOGY	40.0 ..... 0.0					X		205,691	0	41,490
ALLEN RINEHART ..... Exec Dir - ED, ICU & Inpt Svcs	40.0 ..... 0.0					X		208,987	0	33,822
Kerry Fox ..... Dir - Periop Svcs & Ortho SM	20.0 ..... 20.0					X		194,910	0	38,238
Annabelle Maylas ..... RN - CCU	40.0 ..... 0.0					X		200,632	0	19,365
JON STEWART ..... TRUSTEE	1.0 ..... 2.0	X						0	22,500	0
KARL APPELQUIST ..... CHAIR OF BOARD	1.0 ..... 7.0	X		X				0	0	0
PAUL TUCKER ..... VICE CHAIR OF BOARD	0.5 ..... 6.5	X		X				0	0	0
GUY HALL ..... Immediate Past Chair	2.0 ..... 3.5	X						0	0	0

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			
Mark Czys	2.0	X						0	0	0
.....										
Trustee (START 09/19)	4.0									

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
THE CARLE FOUNDATION HOSPITAL

Employer identification number  
37-1119538

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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



Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 37-1119538

**Name:** THE CARLE FOUNDATION HOSPITAL

**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](http://www.irs.gov/Form990) for instructions and the latest information.

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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 THE CARLE FOUNDATION HOSPITAL	Employer identification number 37-1119538
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		5,106
<b>j</b>	Total. Add lines 1c through 1i .....			5,106
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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
SCHED C, PART II-B, LINE 1(I)	DESCRIPTION OF OTHER LOBBYING ACTIVITIES \$2,193 - PORTION OF ILLINOIS HOMECARE & HOSPICE COUNCIL (IHHC) DUES ATTRIBUTED TO LOBBYING. \$1,188 - PORTION OF American Medical Association (AMA) DUES ATTRIBUTED TO LOBBYING. \$1,725 - PORTION OF DUES PAID TO MISCELLANEOUS HEALTH CARE ORGANIZATIONS ATTRIBUTED TO LOBBYING.

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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
THE CARLE FOUNDATION HOSPITAL

Employer identification number  
37-1119538

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 . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
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 . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

The percentages 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:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
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 . . . . .				
b Buildings . . . . .		231,716	131,087	100,629
c Leasehold improvements		1,564,475	1,170,168	394,307
d Equipment . . . . .		213,011,117	139,682,279	73,328,838
e Other . . . . .		7,532,093	2,152,033	5,380,060
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				79,203,834

Schedule D (Form 990) 2019



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) INTERCOMPANY RECEIVABLES	200,465,377
(2) OTHER RECEIVABLES	9,931,737
(3) DEFERRED RENT RECEIVABLE	1,681
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	210,398,795

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	103,989,525

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 ☒

Schedule D (Form 990) 2019

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 37-1119538  
**Name:** THE CARLE FOUNDATION HOSPITAL

**Supplemental Information**

Return Reference	Explanation
FIN 48(ASC740) Footnote	THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES PRESCRIBES A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENTS RECOGNITION OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN. THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED OR RECORDED AS A LIABILITY AS OF DECEMBER 31, 2019 AND 2018.

SCHEDULE H  
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

THE CARLE FOUNDATION HOSPITAL

Employer identification number

37-1119538

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % 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: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % 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"? . . . . . 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . . b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . . 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 eligible for free or discounted care? . . . . . 6a Did the organization prepare a community benefit report during the tax year? . . . . . b If "Yes," did the organization make it available to the public? . . . . . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

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) . . . . .			19,336,740	0	19,336,740	2.260 %
b Medicaid (from Worksheet 3, column a) . . . . .			144,499,171	140,468,409	4,030,762	0.470 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs . . . . .			163,835,911	140,468,409	23,367,502	2.730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			4,001,841	269,907	3,731,934	0.440 %
f Health professions education (from Worksheet 5) . . . . .			17,993,633	87,482	17,906,151	2.100 %
g Subsidized health services (from Worksheet 6) . . . . .			29,180,855	0	29,180,855	3.420 %
h Research (from Worksheet 7) . . . . .			5,144,730	0	5,144,730	0.600 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			1,908,499	6,938	1,901,561	0.220 %
j Total. Other Benefits . . . . .			58,229,558	364,327	57,865,231	6.780 %
k Total. Add lines 7d and 7j . . . . .			222,065,469	140,832,736	81,232,733	9.510 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development			298,344		298,344	
<b>3</b> Community support			53,096		53,096	
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			46,330		46,330	
<b>9</b> Other			24,556		24,556	
<b>10 Total</b>			422,326		422,326	

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>	7,708,139	
<b>3</b> 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. . . . .	<b>3</b>	3,854,070	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	179,734,035	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	199,170,574	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-19,436,539	
<b>8</b> 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:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes	
<b>b</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 . . . . .	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership % (see instructions)	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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?  
**1**

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)  
THE CARLE FOUNDATION HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> 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. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>carle.org/chna</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>See Part V</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>carle.org/chna</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)

THE CARLE FOUNDATION HOSPITAL			
Name of hospital facility or letter of facility reporting group			
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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> 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? 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):	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): see part v, section c			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): see part v, section c			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

THE CARLE FOUNDATION HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> 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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

THE CARLE FOUNDATION HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**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.

**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.

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Schedule H (Form 990) 2019**

**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? **3**

Name and address	Type of Facility (describe)
<b>1</b> CARLE THERAPY SERVICES 610 W ANTHONY DR URBANA, IL 61801	PHYSICAL AND OCCUPATIONAL THERAPY
<b>2</b> CARLE SURGICENTER - DANVILLE 2300 NORTH VERMILLION ST DANVILLE, IL 61832	OUTPATIENT SURGERY
<b>3</b> CHAMPAIGN SURGERY CENTER AT THE FIELDS 3103 FIELDS SOUTH DRIVE CHAMPAIGN, IL 61822	OUTPATIENT SURGERY
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 7	<p>Explanation of costing methodology To compute and convert financial assistance, unreimbursed Medicaid, means-tested programs and bad debt charges to cost, a consistent GAAP (generally accepted accounting principles) based cost-to-charge ratio was used across all payers. Although the methodology was similar to worksheet #2, for simplicity purposes certain immaterial values were omitted. Other Community benefits costs were reported at the actual expense incurred. Patient receivable payments and related discounts were recorded at actual Amounts at the time of payment receipt. A separate GAAP -based provision for estimated bad debts and discounts was recognized for accounts in process and pending adjudication and payment. The estimated portion was based on historical trends and adjusted to actual when adjudication and payment occurred. Accounts determined eligible for financial assistance were processed immediately for financial assistance discount with no collection effort. For accounts with insufficient information and documentation to determine financial assistance eligibility, the Carle Foundation Hospital consulted with a variety of alternative sources to help determine an individual's financial means (or lack of means) to pay. Based on related trends, the Carle foundation Hospital further developed a general estimate of financial assistance which continued to reside within bad debts. PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION SUBSIDIZED HEALTH SERVICES ARE NET COSTS FOR BILLED SERVICES THAT ARE SUBSIDIZED BY THE HOSPITAL. THESE INCLUDE SERVICES OFFERED DESPITE A FINANCIAL LOSS BECAUSE THEY ARE NEEDED IN THE COMMUNITY AND EITHER OTHER PROVIDERS ARE UNWILLING TO PROVIDE THE SERVICES OR THE SERVICES WOULD OTHERWISE NOT BE AVAILABLE IN SUFFICIENT AMOUNT. WE INCLUDED AS UNREIMBURSED COSTS OF \$29,180,855.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>Although community building items are not counted as community benefit, this support is an important aspect of contributing to the economic viability of the community. Total, Carle Foundation Hospital contributed more than \$422,000 in community building activities in 20 19 ECONOMIC DEVELOPMENT Cash and In-kind: A large portion of Carles community-building act ivities focused on economic development, including cash, in-kind donations and budgeted ex penditures for the city, business associations and other programs in Champaign County. In addition to the more than \$298,000 in cash donations, leadership provided in-kind support by serving on boards for Champaign County Chamber of Commerce, Champaign County Economic D evelopment Corporation, Visit Champaign County and more. Though not included in this repor t since our leadership is paid by a separate cost center outside of Carle Foundation, in-k ind support outside of the cash donations totaled over \$99,000 in 2019. COMMUNITY SUPPORT Disaster Readiness/Emergency Management (Grant Funds): Emergency Management continued to b e a priority of Carle Foundation Hospital, and initiatives in this area include training t he facility and the community, leadership in planning community-wide responses to various scenarios, and state-level leadership for the 21-county Regional Hospital Coordinating Cen ter region (Region 6). Our focus is to prepare our hospital and surrounding regional hospi tals to be ready to respond to any natural disaster, pandemic or act of terrorism. Carle F oundation Hospital remains the only Ebola Treatment Center in Illinois outside of the Chic ago area. In a world with increased travel and changing weather patterns, diseases once is olated in remote regions, now can expand rapidly. The movement of these diseases can lead to global outbreaks. Carle has made the commitment to be prepared to care for and treat hi ghly infectious disease (HID) patients as the need arises. The HID unit includes a two-per son isolation suite designed to be able to manage a full spectrum of highly infectious dis eases ranging from hemorrhagic fevers to respiratory diseases to measles away from the gen eral hospital population. Previously, Carle had directly received a federal grant from the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Res ponse (ASPR) to put towards regional projects for emergency management within the communit y. For the past five years, those extra funds have been considered "regional coalition fun ds,are overseen by the Emergency Management Director for use in the region. Those include, but arent limited to, community benefit programming in the region: \$16,710 to provide a F irst Receiver Decontamination course to four regional hospitals; \$66,000 to provide major events/mass casualty trailers filled with medical supplies in strategic locations for the region, and \$18,400 to provide an ALICE Active Shooter Preparedness Course for regional he althcare organizations . Total in-kind support by the Emergency Management Director and Sp ecialist was more than \$101,000 worth of support for these above-and-beyond emergency mana gement duties. WORKFORCE DEVELOPMENT Job Shadowing: A large amount of community building e fforts more than \$59,000 were from health care mentoring programs and job shadowing. Carle s job shadowing program, run by the Volunteer Services department, helps address community -wide workforce concerns by allowing students and colleagues a chance to further their hea lth care careers. A total of 128 people shadowed various staff at both Carle Foundation Ho spital and Carle Physician Group in 2019. The hospital alone accounted for 830 hours as co mmunity benefit, which is a conservative calculation of 20-50% of the total number of hour s spent with a supervisor. Carle Job Readiness and Learning Program (JRLP): In its third y ear, the Carle Job Readiness and Learning Program provides employment and workforce traini ng to under- and unemployed individuals in the community. Individuals selected for the pro gram are hired from day one and embark on a three-week paid training program designed to e quip them with the necessary skills to maintain successful employment and build self-susta inability. To date, the program has seen over 110 individuals. The program continuous to g row and develop to meet the needs of the organization and the employees it serves. The Job Readiness and Learning Program continues to strengthen employability skills of participan ts and creating career pathways within the organization. Since the start of the program in 2017, employees have seen a more than 20% increase in hourly wages. Additionally, nearly 30% of employees have received promotions and another almost 10% have moved to clinical ro les within the organization. The program is funded by a grant from the Carle Center for Ph ilanthropy and is not included in Carle Foundation Hospital figures. Organizers expect the impact to be far-reaching, creating opportunities</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>for advancing innovative workforce training and development within the organization and o ur community. Ultimately, the program will create opportunities for these individuals to b reak out of the cycle of poverty.</p> <p>SCHEDULE H, PART III, SECTION A, LINE 3 The Carle Founda tion Hospital uses 50% as a general estimate of bad debt expense attributable to patients eligible under the organization's financial assistance policy. Schedule H, Part III, Secti on A, Line 4 The footnote pertaining to bad debt expense can be found on page 28 of the at tached consolidated financial statements. Schedule H, Part III, Section B, Line 8 The nume rator (total expense) and denominator (total gross charges) of the simple ratio of patient care cost to charges is adjusted by eliminating non-patient care that generates other rev enue, bad debt expense, Medicaid and other provider taxes and the total cost of community benefit activities and programs. Also, any gross patient charges for programs not relying on the ratio are eliminated from both the numerator and denominator of the ratio. These ad justments are intended to eliminate any potential for double counting of community benefit expenses. The resultant ratio aligns with Schedule H requirements. As an Illinois-based h ospital, the Carle Foundation Hospital is required by the community benefit act of 2003 to report to the office of the attorney general community benefits provided. For that report , Illinois law defines government-sponsored indigent health care as the unreimbursed cost of Medicare, Medicaid and other federal, state or local indigent care programs. To reduce public confusion caused by variations in our reports, for consistency, we have previously included a Medicare shortfall in all of our community benefit related reports. when there is a shortfall, we do believe this is a community benefit because, as a hospital, the Carl e Foundation Hospital is augmenting these government funding shortfalls, assuring care to seniors, where 10.8% are 65 years of age and older in Champaign county alone. According to family service of Champaign county, those 85 and older, the fastest growing demographic i n the county, have experienced increasing costs over the past decade while living on fixed incomes determined 20 years ago.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	<p>Carle has a robust presumptive eligibility process. We presume eligibility for verified homeless, deceased with no estate, mental incapacitation, recipients of WIC (Women, Infants and Children Nutrition Program), SNAP (Supplemental Nutrition Assistance Program), LIHEAP (Low Income Home Energy Assistance Program), Illinois Free Lunch and Breakfast Program, receipt of grant assistance for medical service, Frances Nelson Health Center (Promise Healthcare FQHC) discount referrals, Medicaid Title XIX, XXI, and In-Network Medicaid Managed Care plans. In addition, we utilize a vendor, Experian Information Solutions, Inc., to proactively identify patients who may be presumptively-qualified for assistance not only for public programs like Medicaid, but also based on a number of key financial indicators, including credit history, demographics and gross income. Identified patients may be presumed eligible and automatically enrolled in the program, or they may be contacted and encouraged to apply for assistance. Patients who are not deemed presumptively-eligible would need to request and complete an application. If the patient does not request or complete and return the application, then the balance is deemed their responsibility to pay. For patients that do not qualify for Carle Financial Assistance Program (CFAP), and who may be uninsured or underinsured, Carle has other discount options available, such as Prompt Pay, Illinois Uninsured Discount, and Capped Discount where a patients out-of-pocket medical expenses are limited to 40% of their annual gross income if they earn at or below 400% of the Federal Poverty Level. Once all applicable discounts have been applied, we make every attempt to work with the patient and set up payment arrangements on the remaining balance due. The current minimum is 5% of the total balance due or \$25.00 a month. If they cannot meet these guidelines, our in-house billing staff members work with them to set up a temporary/short term payment arrangement until they can make the minimum payment. If they are unable to make payment on the balance due, then the balance may be listed with an outside collection agency. When the account is still in-house, the minimum notification is monthly itemized statements. If a patient does not respond, the account is given a final notice, either by letter or phone, and sent to an outside collection agency. Carle will not file collection suit liens on a primary residence, nor do we authorize an agency to use so-called "body attachments." The agencies are aware of our Carle Financial Assistance Program and are trained to inform patients of our program and to send applications, when applicable. They have been instructed to inform a Carle staff member if they deem the patient is unable to pay. Carle staff will then make one more attempt to work with the patient to see if help is needed. If Carle determines that the patient might qualify, we will attempt to enroll them through our Presumptive Eligibility tools or, if additional information is needed, we will send the patient a CFAP application. We will then instruct the agency to put a hold on the account; the average hold is 60 days. If the patient is then approved for discounts at 100% for financial assistance, the balance is adjusted and the account is closed with the agency. If the patient is approved for less than 100%, the adjustments are reported to the agency and the agency will begin collection efforts on any remaining balance.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 2 NEEDS ASSESSMENT</p>	<p>Carle primarily assesses healthcare needs in our community by being a part of the aforementioned CHNA in partnership with Champaign Urbana Public Health District, OSF HealthCare (formerly Presence Health) and United Way of Champaign County. However, Carle is acutely aware of the need for Access to Care, making it a mainstay of our community benefit efforts. We have a strong financial assistance program based on a philosophy of doing the right thing for the community and patients, balanced by a careful stewardship of the community's resources. While Access to Care was not selected as a priority for the 2017-2019 CHNA, it will continue to be a priority for Carle. As a tax-exempt organization, Carle Foundation Hospital provides care to patients regardless of their ability to pay. Carle's generous Financial Assistance Program has resulted in our ability to reach many people over the years. To ensure we are addressing the needs of the community, the Finance and Quality Committees of the Carle Board of Trustees review and evaluate charity care figures annually. We do not limit the amount of financial assistance we provide, at this time. Representatives from Public Relations, Patient Financial Services, Registration, Case Management and Insurance Contracting departments continued to meet with the local Community Coalition of the Champaign County Health Care Consumers - six times in 2019 - including representation from the Land of Lincoln Legal Assistance Foundation. We value this regular opportunity for community dialogue, which was initiated more than a decade ago. We also continued meeting on a regular basis with representatives of the local free clinics and FQHC to discuss operational issues. This dialogue is an effective channel for learning more about their patients' experience in obtaining free and discounted care. Other ways to help improve Access to Care: In addition to charity care, Carle supports a wide range of programs and services to increase community capacity, health care workforce expansion, and social services that provide complementary healthcare-related services. Carle Foundation Hospital has, and will continue to, pursue these initiatives to improve access to care: 1. Offer a charity care program 2. Communicate the availability of the charity care program 3. Recruit more providers into the Carle system, thereby expanding access/capacity 4. Support local community clinics to ensure added local capacity for health care 5. Support Promise Health to ensure capacity for dental care and primary care 6. Support United Way and other area agencies to improve availability of health services 7. Donate to existing community health and dental programs 8. Participate in population health initiatives that actively manage the health of members 9. Support of ECHO/CAOS hearing programs to expand access to these services 10. Support Parkland students in health care fields; GME programs to grow number of future physicians 11. Promote prescription affordability as a 340B provider 12. Enhance access-related initiatives that will improve patient access and ability to interface more efficiently for needed services - Patient Contact Center, Prescription Refill request process, e-visits, virtual visits and more 13. Continue access to care through subsidized services, including the Community Parish Nurse Program, Breastfeeding Clinic and Language Assistance Services SCHEDULE H, PART VI, LINE 3 Our practice is to look at each patient's financial status in relation to our Carle Financial Assistance Program and the criteria of the Uninsured Patient Discount Act, and to provide the patient with the deepest discount available. By expanding the presumptive eligibility screening processes and determining the financial status of patients up-front, we have been able to pinpoint those needing assistance early in the process, minimizing bad debt and optimizing our ability to help. Staff is also diligent in following up with patients during hospitalization and after discharge if there is any reason to believe the patient could benefit from financial assistance, and we auto-qualify certain patient populations for Carle Financial Assistance Program, such as the homeless, WIC, SNAP (Supplemental Nutrition Assistance Program), Medicaid, Low Income Home Energy Assistance Program (LIHEAP), and Township Assistance recipients. Communicating that Financial Assistance is Available Carle Foundation Hospital has made a concerted, continuous effort to be sure that people have access to information that will help them with their medical bills. These include: - Advertising Carle Financial Assistance Program using print, billboards and web; continued presence in appropriate community publications; and on-site via displays throughout the hospital and clinics - Simplified application form, including a version in Spanish, that contains information regarding the Carle Financial Assistance Program - Publication of a Plain Language Summary and all other financial</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2 NEEDS ASSESSMENT	ncial assistance-related information on Carle.org/FinancialAssistance - Information about the Carle Financial Assistance Program on all statements, collection letters and Hospital admission packets - Carle Financial Assistance Program information and applications at all registration points, Hospital main lobby and carle.org - Staff at Frances Nelson Health Center operated by Promise Healthcare, the local FQHC, and community free clinics equipped with a supply of applications and knowledge to assist their patients in completing them - Meetings with local legislators to help them assist constituents with healthcare needs, including financial assistance

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>Carle's service area is generally defined as east central Illinois, including all or parts of 41 counties throughout Illinois and western Indiana. Our primary, five-region service area includes 26 Illinois counties and comprises nearly 65% of the Carle service area's population of about 1.4 million residents. For the Community Benefit Implementation plan, research and remedies are directed towards community health issues identified in our primary service area, with the focus on Champaign County. This represents our headquarters and other counties where Carle has a thriving presence. Pockets of extreme poverty exist throughout this region. The programs within our community benefit plan generally have impact upon all the targeted communities, with certain programs directed at specific populations. A greater proportion of resources will be allocated in Champaign County, followed by Coles and Vermilion counties, where our community benefit program has long been established. Carle Foundation Hospital serves as the region's only Level I Trauma Center and Level III Neonatal Intensive Care Unit. As provider of the region's perinatal services, Carle provides care to patients who live throughout the geographic area extending from Kankakee in the north to the southern-most tip of Illinois, and spanning from as far west as Decatur and east into western Indiana. For the purposes of the Carle Financial Assistance Program, coverage encompasses this entire, 41-county region.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>Carle Foundation Hospital has an open medical staff and is governed by a community board. Surplus funds are reinvested into the organization for technology replacement and advancement, building renovation or construction, clinical service expansion and quality improvement. Surplus funds are also invested into our communities to meet identified health needs which contribute to the overall well-being of the residents of the communities we serve.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	The Hospital and its associated business units under The Carle Foundation umbrella all participate in carrying out the same annual community benefit plan, participating in programs that fit their specific missions.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	ILLINOIS

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 37-1119538

**Name:** THE CARLE FOUNDATION HOSPITAL

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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	THE CARLE FOUNDATION HOSPITAL 611 W PARK ST URBANA, IL 61801 carle.org 0003798	X	X		X		X	X			



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

Name of the organization  
THE CARLE FOUNDATION HOSPITAL

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number  
37-1119538

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 . . . . . 17

3 Enter total number of other organizations listed in the line 1 table . . . . . 2

**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)					
(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
FORM 990, SCHEDULE I	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS ANY CHARITABLE ORGANIZATION WISHING TO REQUEST FUNDS IS ASKED TO SUBMIT THEIR REQUEST IN WRITING. EMAILED REQUESTS ARE ACCEPTABLE. THE REQUEST MUST INCLUDE A DESCRIPTION OF THE PURPOSE OF THE CONTRIBUTION AND OTHER RELEVANT INFORMATION SUCH AS REQUESTORS NAME, AMOUNT OF THE REQUEST, ETC. THE REQUESTS ARE REVIEWED, EVALUATED, AND ADMINISTERED BY THE PUBLIC RELATIONS DIRECTOR, SEEKING ADDITIONAL INFORMATION FROM THE REQUESTOR, AS NEEDED, AND INPUT FROM ANY APPROPRIATE CARLE ADMINISTRATOR OR DIRECTOR. A SET OF ESTABLISHED GUIDELINES DRIVE THESE DECISIONS WHILE MOST ARE MADE TO IMPROVE HEALTHCARE/ACCESS TO HEALTHCARE OR ARE IN LINE WITH OUR ROLE AS A CORPORATE CITIZEN. ASSESSED NEED IS A COMMON CRITERIA. IN THE CASE OF MOST DONATIONS OF \$5,000 OR MORE, SUCH AS TO COLLEGES AND UNIVERSITIES OR COMMUNITY CLINICS, WRITTEN AGREEMENTS ARE IN PLACE AND WE HAVE REGULAR CONTACT WITH THOSE ORGANIZATIONS, OFTENTIMES THROUGH A CARLE CONTACT PERSON TO ASSURE THAT THE DONATIONS ARE BEING USED AS AGREED UPON. THE RECORDS ARE EITHER MAINTAINED IN ADMINISTRATION OR PUBLIC RELATIONS.

Additional Data

Software ID:  
Software Version:  
EIN: 37-1119538  
Name: THE CARLE FOUNDATION HOSPITAL

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
CHAMPAIGN COUNTY CHAMBER OF COMMERCE 303 W KIRBY AVE CHAMPAIGN, IL 61820	37-1269310	501(c)(6)	12,975				ANNUAL CONTRIBUTION
CHAMPAIGN COUNTY CHRISTIAN HEALTH PO BOX 1400 CHAMPAIGN, IL 61824	56-2421584	501(c)(3)	20,000				OPERATIONS & FACILITIES

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
CHAMPAIGN COUNTY CONVENTION BUREAU 108 S NEIL ST CHAMPAIGN, IL 61820	37-1167754	501(c)(3)	10,000				PROGRAM SUPPORT
CHAMPAIGN COUNTY HEALTH CARE CONSUMERS 44 E MAIN ST CHAMPAIGN, IL 61820	37-1073411	501(c)(3)	110,650				PROGRAM SUPPORT

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
DON MOYER BOYS & GIRLS CLUB 201 EAST PARK ST URBANA, IL 61801	37-0906638	501(c)(3)	7,700				PROGRAM SUPPORT
EASTERN ILLINOIS FOOD BANK 2405 NORTH SHORE DR URBANA, IL 61801	37-1130252	501(c)(3)	7,500				PROGRAM SUPPORT

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
LAND OF LINCOLN LEGAL ASSISTANCE FNDN 302 SOUTH FIRST ST CHAMPAIGN, IL 61820	37-0958448	501(c)(3)	80,000				VOLUNTEER STIPEND SUPPORT
PARKLAND COLLEGE FOUNDATION 2400 WEST BRADLEY CHAMPAIGN, IL 61821	37-0892090	501(C)(3)	260,000				Scholarships & Sponsorships

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
PROMISE HEALTHCARE NFP PO BOX 154 CHAMPAIGN, IL 61824	14-1880824	501(c)(3)	537,703				PROGRAM SUPPORT
UNITED WAY OF CHAMPAIGN COUNTY 404 W CHURCH ST CHAMPAIGN, IL 61820	37-0662519	501(c)(3)	122,725				PROGRAM SUPPORT

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
UNIVERSITY OF ILLINOIS 505 S MATHEWS AVE URBANA, IL 61801	37-6000511	501(c)(3)	969,306				SCHOLARSHIPS & SPONSORSHIPS
URBANA PARK DISTRICT 303 W UNIVERSITY AVE URBANA, IL 61801	37-6000532	GOV'T	500,500				PROGRAM SUPPORT



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
CHAMPAIGN PARK DISTRICT 706 KENWOOD RD CHAMPAIGN, IL 61821	37-6000474	GOV'T	500,000				PROGRAM SUPPORT
THE ROSENCRANCE FOUNDATION 1021 N MULFORD RD ROCKFORD, IL 61107	36-4167891	501(C)(3)	250,000				PROGRAM SUPPORT

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
HOUSING AUTHORITY OF CAMPAIGN CO 2008 N MARKET ST CHAMPAIGN, IL 61822	32-0596990	501(C)(3)	151,500				PROGRAM SUPPORT
CHAMPAIGN COUNTY ECONOMIC DEVELOPMENT CORP 1817 SOUTH NEIL ST CHAMPAIGN, IL 61820	37-1200848	501(C)(6)	12,500				COMMUNITY BUILDING

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
AMERICAN MEDICAL GROUP ASSOCIATION FOUNDATION ONE PRINCE STREET ALEXANDRIA, VA 22314	54-6059304	501(C)(3)	10,000				CAMPAIGN FOR A HEALTHIER AMERICA
CHAMPAIGN COUNTY YMCA 2501 FIELDS SOUTH DR CHAMPAIGN, IL 61822	37-0673564	501(C)(3)	5,700				PROGRAM SUPPORT

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
CHAMPAIGN COUNTY CASA INC 154C LINCOLN SQUARE URBANA, IL 61801	37-1325204	501(C)(3)	5,200				PROGRAM SUPPORT

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
THE CARLE FOUNDATION HOSPITAL

Employer identification number  
37-1119538

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div></div>		

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.

[illegible]

**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, QUESTION 3	THE BOARD OF TRUSTEES OF THE CARLE FOUNDATION, PARENT ORGANIZATION OF THE CARLE FOUNDATION HOSPITAL, THROUGH ITS COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS FREE OF CONFLICT, ANNUALLY REVIEWS EXECUTIVE COMPENSATION LEVELS AND ESTABLISHES APPROPRIATE SALARY RANGES AND OTHER FEATURES OF THE COMPENSATION PLAN IN ACCORDANCE WITH THE ORGANIZATION'S APPROVED COMPENSATION PHILOSOPHY AND STRATEGY: * THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES; WHO ARE INDEPENDENT OF THE CARLE FOUNDATION MANAGEMENT; HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENTS; ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION ARRANGEMENT IS BEING REVIEWED; AND HAVE NO MATERIAL BUSINESS RELATIONSHIP WITH THE CARLE FOUNDATION. * THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE IN RELATION TO APPROPRIATE COMPARABILITY DATA. COMPENSATION FOR OTHER MEMBERS OF THE EXECUTIVE STAFF IS DEVELOPED BY THE CEO, EVALUATED AGAINST MARKET DATA, AND REVIEWED AND APPROVED BY THE COMMITTEE. * THE COMMITTEE APPROVES ALL ANNUAL COMPENSATION DECISIONS IN ADVANCE OF THEIR IMPLEMENTATION AND DOCUMENTS ITS DETERMINATIONS AND DISCUSSIONS. * THE COMPENSATION COMMITTEE RELIES UPON A NUMBER OF EXTERNAL RESOURCES AND COMPARISONS, AND ITS ANALYSIS INCLUDES TOTAL COMPENSATION (CASH COMPENSATION PLUS BENEFITS PROVIDED BY THE CARLE FOUNDATION) IN RELATION TO ORGANIZATIONAL PERFORMANCE AND PREVAILING INDUSTRY PRACTICES FOR LIKE RESPONSIBILITIES AT COMPARABLY-SIZED ORGANIZATIONS. THE COMMITTEE HAS ENGAGED THE SERVICES OF A COMPENSATION CONSULTING FIRM SPECIALIZING IN THE NOT-FOR-PROFIT SECTOR WHICH HAS WORKED WITH THE CARLE FOUNDATION AND MAKES ITS REPORTS DIRECTLY AVAILABLE TO THE COMPENSATION COMMITTEE.
FORM 990, SCHEDULE J, PART I, QUESTION 4A	IN 2019, SEVERANCE PAYMENTS WERE PAID TO STEPHANIE BEEVER (\$301,898), MATTHEW GIBB, MD (\$602,729), AND JOHN SNYDER (\$586,504).
FORM 990, SCHEDULE J, PART I, QUESTION 4B	THE 2019 PARTICIPANTS IN THE 457(F) PLAN OFFERED BY THE CARLE FOUNDATION, THE PARENT ORGANIZATION OF THE CARLE FOUNDATION HOSPITAL, THAT ARE LISTED IN THE 990 PART VII INCLUDE LYNETTE BARNES, STEPHANIE BEEVER, PAMELA BIGLER, CHARLES DENNIS, MD, LAURENCE FALLON, MATTHEW GIBB, MD, DENNIS HESCH, MATTHEW KOLB, JAMES LEONARD, MD, CALEB MILLER, SALLY SALMONS, MD, LAUREN SCHMID, JULIANNA SELLETT, JOHN SNYDER, AND DAWN WALDEN. THE 2019 PAYMENTS FROM THE 457(F) PLAN WERE MADE TO LYNETTE BARNES (\$127,249), STEPHANIE BEEVER (\$465,733), PAMELA BIGLER (\$76,662), LAURENCE FALLON (\$187,071), MATTHEW GIBB, MD (\$663,578), DENNIS HESCH (\$262,322), MATTHEW KOLB (\$40,837), JAMES LEONARD, MD (\$501,708), CALEB MILLER (\$31,645), LAUREN SCHMID (\$44,771), JULIANNA SELLETT (\$38,528), JOHN SNYDER (\$1,076,615), AND DAWN WALDEN (\$53,610).
FORM 990, SCHEDULE J, PART I, QUESTION 7	PART OF THE OVERALL EMPLOYEE'S COMPENSATION PROGRAM INCLUDES AN INCENTIVE COMPONENT THAT COVERS MOST EMPLOYEES AND IS DESIGNED TO ENCOURAGE AND PROMOTE THE ACHIEVEMENT OF CERTAIN QUALITY, OPERATIONAL, AND EFFICIENCY IMPROVEMENTS. ALTHOUGH THIS INCENTIVE COMPONENT IS BASED ON THE ORGANIZATION MEETING CERTAIN MINIMUM FINANCIAL THRESHOLDS, ALL PAYMENTS MUST BE APPROVED BY THE BOARD OF DIRECTORS PRIOR TO ANY INCENTIVE PAYOUT.

Additional Data

Software ID:  
Software Version:  
EIN: 37-1119538  
Name: THE CARLE FOUNDATION HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ANDY ARWARI MD SECRETARY & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	544,198	25,060	13,343	22,542	26,074	631,217	0
1URETZ OLIPHANT MD TRUSTEE & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	501,705	1,463	35,443	16,942	1,368	556,921	0
2KENNETH ARONSON MD MED DIR - NEUROSCIENCE INST	(i)	0	0	0	0	0	0	0
	(ii)	364,735	24,960	27,262	22,542	12,208	451,707	0
3JAMES C LEONARD MD EX-OFFICIO, PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,364,934	467,565	534,892	534,231	7,385	2,909,007	501,708
4JOHN SNYDER EXEC VP & COO (Thru 06/19)	(i)	0	0	0	0	0	0	0
	(ii)	482,857	298,156	1,695,314	2,161,020	16,783	4,654,130	1,076,615
5DENNIS HESCH EXEC VP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	817,104	188,433	288,030	273,284	15,576	1,582,427	262,322
6MATTHEW GIBB MD EXEC VP & CMO (Thru 02/19)	(i)	0	0	0	0	0	0	0
	(ii)	105,783	164,915	1,303,451	1,099,022	11,136	2,684,307	663,578
7LYNETTE BARNES COO-CFH, SVP-FACILITIES	(i)	0	0	0	0	0	0	0
	(ii)	346,208	72,337	166,540	112,772	5,911	703,768	127,249
8LAURENCE FALLON Key Employee - Former	(i)	0	0	0	0	0	0	0
	(ii)	586,747	145,606	216,195	208,671	21,847	1,179,066	187,071
9BLAIR ROWITZ MD MED DIR- SURGICAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	651,656	38,025	22,487	22,542	21,002	755,712	0
10MALEC MOKRAOUI MD Key Employee - Former	(i)	0	0	0	0	0	0	0
	(ii)	578,226	40,100	36,100	22,542	11,262	688,230	0
11PAMELA BIGLER SVP-NURSING & CNO	(i)	0	0	0	0	0	0	0
	(ii)	314,121	66,150	109,723	101,470	7,240	598,704	76,662
12DAWN WALDEN SR VP, CHIEF REV CYCLE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	282,455	41,872	67,144	78,254	12,047	481,772	53,610
13MATTHEW KOLB Exec VP & COO	(i)	0	0	0	0	0	0	0
	(ii)	537,981	58,621	107,346	104,199	25,342	833,489	40,837
14LAUREN SCHMID Exec VP, Chief HR Officer	(i)	0	0	0	0	0	0	0
	(ii)	322,593	40,818	66,898	76,250	22,630	529,189	44,771
15SALLY SALMONS MD VP-ASSOC CMO HOSP MED	(i)	0	0	0	0	0	0	0
	(ii)	350,208	48,601	6,843	62,826	14,738	483,216	0
16CALEB MILLER SVP-SURG/DIAG SVCS, PRIME CARE	(i)	0	0	0	0	0	0	0
	(ii)	261,283	51,283	63,337	74,476	26,364	476,743	31,645
17ISSAM MOUSSA MD MED DIR-HVI	(i)	0	0	0	0	0	0	0
	(ii)	583,512	8,775	5,106	0	24,611	622,004	0
18LINDA FRED Dir - Pharmacy Svcs	(i)	208,498	26,483	2,186	19,066	17,808	274,041	0
	(ii)	0	0	0	0	0	0	0
19JOEL LOVE PHYSICIST - RADIATION ONCOLOGY	(i)	203,273	500	1,918	16,362	25,128	247,181	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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>21</b> ALLEN RINEHART Exec Dir - ED, ICU & Inpt Svcs	(i)	180,948	23,587	4,452	16,226	17,596	242,809	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> STEPHANIE BEEVER Key Employee - Former	(i)	0	0	0	0	0	0	0
	(ii)	243,318	127,452	800,762	1,078,177	11,847	2,261,556	465,733
<b>2</b> JULIANNA SELLETT Key Employee-Former	(i)	0	0	0	0	0	0	0
	(ii)	212,845	33,471	65,506	62,087	24,117	398,026	38,528
<b>3</b> Charles Dennis MD EXEC VP, CMO (START 02/19)	(i)	0	0	0	0	0	0	0
	(ii)	562,415	89,059	25,632	79,334	19,816	776,256	0
<b>4</b> Kerry Fox Dir - Periop Svcs & Ortho SM	(i)	172,301	16,470	6,139	14,950	23,288	233,148	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Annabelle Maylas RN - CCU	(i)	194,682	5,950	0	11,502	7,863	219,997	0
	(ii)	0	0	0	0	0	0	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
THE CARLE FOUNDATION HOSPITAL

Employer identification number  
37-1119538

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$

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

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

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

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
(1) KATHRYN OLIPHANT	FAMILY MEMBER OF TRUSTEE	13,145	Employment		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN D	KATHRYN OLIPHANT WAS AN EMPLOYEE OF THE CARLE FOUNDATION HOSPITAL AND HAS A FAMILY RELATIONSHIP WITH URETZ OLIPHANT, MD WHO SERVES AS TRUSTEE AND PHYSICIAN FOR THE HOSPITAL.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**  
▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization  
THE CARLE FOUNDATION HOSPITAL

Employer identification number  
37-1119538

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
SEE	X	1	344,877	FMV
25 Other ▶ ( ATTACHMENT )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, LINE 25	DESCRIPTION OF OTHER PROPERTY GUEST HOUSE RENOVATIONS, MOBILE HEALTH CLINIC FUNDING, HEALTHY BEGINNINGS FUNDING, JOB READINESS AND LEARNING PROGRAM SUPPORT, BREAST PUMPS, MENTAL HEALTH FIRST AID TRAINING, NICU ISOLETES, MRI PATIENT GOGGLES, BLOOD PRESSURE MONITORS AND CUFFS AND SCALES FOR HEART FAILURE PATIENTS, PATIENT PHONE CHARGING STATIONS, PAGERS FOR PATIENTS AND VISITORS, AND HOSPICE PATIENT COMFORT SUPPORT. THE CARLE DEVELOPMENT FOUNDATION IS THE SOURCE OF ALL THESE CONTRIBUTIONS AND HAS A POLICY THAT MANDATES REVIEW OF ANY NON-STANDARD CONTRIBUTION.

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

Department of the Treasury

Internal Revenue Service

Name of the organization  
THE CARLE FOUNDATION HOSPITAL

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

37-1119538

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION	FORM 990, PART I, LINE I THE CARLE FOUNDATION HOSPITAL'S MISSION IS TO SERVE PEOPLE THROUG H HIGH QUALITY CARE, MEDICAL RESEARCH, AND EDUCATION. HEALTH CARE SERVICES ARE PROVIDED TO INDIVIDUALS IN THE COMMUNITY REGARDLESS OF ABILITY TO PAY.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTION 2	JAMES C. LEONARD, MD (EX-OFFICIO), MATTHEW KOLB (OFFICER), CHARLES DENNIS, MD (OFFICER), AND SALLY SALMONS, MD (KEY EMPLOYEE) HAD A BUSINESS RELATIONSHIP. GUY HALL (IMMEDIATE PAST CHAIR), MARK CZYS (TRUSTEE), JAMES C. LEONARD, MD (EX-OFFICIO), KARL APPELQUIST (CHAIR OF BOARD), URETZ OLIPHANT, MD (TRUSTEE), PAUL TUCKER (VICE CHAIR OF BOARD), ANDY ARWARI, MD (SECRETARY/TREASURER OF BOARD), AND JON STEWART (TRUSTEE) HAD A BUSINESS RELATIONSHIP. JAMES C. LEONARD, MD (EX-OFFICIO), CHARLES DENNIS, MD (OFFICER), DENNIS HESCH (OFFICER), AND JON STEWART (TRUSTEE) HAD A BUSINESS RELATIONSHIP. JAMES C. LEONARD, MD (EX-OFFICIO), MATTHEW KOLB (OFFICER), AND DENNIS HESCH (OFFICER) HAD A BUSINESS RELATIONSHIP.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 6 & 7A	THE CARLE FOUNDATION HOSPITAL'S SOLE MEMBER, THE CARLE FOUNDATION, ACTING THROUGH ITS BOARD OF TRUSTEES, HAS THE EXCLUSIVE POWER TO ELECT AND REMOVE MEMBERS OF THE BOARD OF TRUSTEES FOR THE CORPORATION IN ADDITION TO FILLING VACANCIES.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	THE CARLE FOUNDATION HOSPITAL'S BOARD OF TRUSTEES MUST HAVE THE APPROVAL OF ITS SOLE MEMBER, THE CARLE FOUNDATION, THROUGH ITS BOARD OF TRUSTEES, WHEN VOTING ON MATTERS INCLUDING THE AMENDING OF THE BY-LAWS; AMENDMENTS TO THE ARTICLES OF THE CORPORATION; TO APPROVE EXPENDITURES IN EXCESS OF THE CEOS AUTHORITY; TO ORGANIZE OR ACQUIRE, OR TO AUTHORIZE OR APPROVE THE ORGANIZATION'S ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION; TO PLEDGE ALL OR ANY PART OF THE CORPORATION'S ASSETS AS SECURITY FOR A DEBT; AND THE AUTHORIZATION TO ENTER INTO ANY CONTRACT OR ENGAGE IN ANY TRANSACTION OR ACTIVITY WHICH REQUIRES APPLICATION TO THE ILLINOIS HEALTH FACILITIES PLANNING BOARD FOR A PERMIT OR CERTIFICATE OF NEED.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	THE FORM 990 WAS PREPARED BY STAFF AND AN EXTERNAL TAX ADVISOR AND REVIEWED BY MANAGEMENT. PRIOR TO FILING THIS FORM 990, A FULL AND COMPLETE COPY WAS PROVIDED TO THE GOVERNING BODY BY POSTING TO THE ORGANIZATION'S DIRECTOR COMMUNICATION PORTAL. ALSO BEFORE FILING, EACH TRUSTEE RECEIVED NOTIFICATION THAT THE FORM 990 WAS POSTED AND AVAILABLE FOR REVIEW AT HIS/HER DISCRETION, EACH TRUSTEE HAS THE OPPORTUNITY TO CONTACT MANAGEMENT OR DISCUSS AND ADDRESS CONCERNS AT SUBSEQUENT BOARD MEETINGS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	<p>THE ORGANIZATION'S ESTABLISHED CONFLICT OF INTEREST POLICIES REQUIRE ANNUAL DISCLOSURE OF ACTUAL AND POTENTIAL CONFLICTS OF INTEREST FOR OFFICERS, DIRECTORS, TRUSTEES, MEMBERS OF BOARD COMMITTEES, ADMINISTRATIVE AND MANAGERIAL EMPLOYEES AS WELL AS ALL EMPLOYEES OF THE PURCHASING DEPARTMENT. IF CIRCUMSTANCES CHANGE DURING THE COURSE OF A YEAR, INTERIM DISCLOSURE IS ALSO REQUIRED OF THE SAME INDIVIDUALS. THE DISCLOSURES OF EMPLOYEES ARE REVIEWED INITIALLY BY THE HUMAN RESOURCES DEPARTMENT AND ANY IDENTIFIED CONFLICTS ARE REFERRED TO, AND ADDRESSED BY, THE ORGANIZATION'S INTERNAL LEGAL COUNSEL AND/OR CORPORATE INTEGRITY OFFICER. THE DISCLOSURES OF TRUSTEES AND MEMBERS OF BOARD COMMITTEES ARE REVIEWED BY THE CHAIR OF THE BOARD. THE ENTIRE BOARD, ABSENT THE SUBJECT TRUSTEE OR COMMITTEE MEMBER, DETERMINES WHETHER A CONFLICT EXISTS. TRUSTEES AND/OR BOARD COMMITTEE MEMBERS WITH IDENTIFIED CONFLICTS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON MATTERS THAT MAY PRESENT A CONFLICT. THE ORGANIZATION ALSO MAINTAINS PURCHASING POLICIES REQUIRING COUNTER SIGNATURES TO FURTHER MINIMIZE THE RISK ASSOCIATED WITH ACTUAL AND/OR POTENTIAL CONFLICTS OF INTEREST.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15A & 15B	<p>THE CARLE FOUNDATION HOSPITAL DOES NOT COMPENSATE ITS OFFICERS AND KEY EMPLOYEES. EMPLOYEE COMPENSATION FOR THESE INDIVIDUALS IS PAID BY THE PARENT ORGANIZATION, THE CARLE FOUNDATION. THE BOARD OF TRUSTEES OF THE CARLE FOUNDATION, PARENT ORGANIZATION OF THE CARLE FOUNDATION HOSPITAL, THROUGH ITS COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS FREE OF CONFLICT, ANNUALLY REVIEWS EXECUTIVE COMPENSATION LEVELS AND ESTABLISHES APPROPRIATE SALARY RANGES AND OTHER FEATURES OF THE COMPENSATION PLAN IN ACCORDANCE WITH THE ORGANIZATION'S APPROVED COMPENSATION PHILOSOPHY AND STRATEGY: *THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES; WHO ARE INDEPENDENT OF THE CARLE FOUNDATION MANAGEMENT; HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENTS; ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION ARRANGEMENT IS BEING REVIEWED; AND HAVE NO MATERIAL BUSINESS RELATIONSHIP WITH THE CARLE FOUNDATION. *THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE IN RELATION TO APPROPRIATE COMPARABILITY DATA. COMPENSATION FOR OTHER MEMBERS OF THE EXECUTIVE STAFF IS DEVELOPED BY THE CEO, EVALUATED AGAINST MARKET DATA, AND REVIEWED AND APPROVED BY THE COMMITTEE. *THE COMMITTEE APPROVES ALL ANNUAL COMPENSATION DECISIONS IN ADVANCE OF THEIR IMPLEMENTATION AND DOCUMENTS ITS DETERMINATIONS AND DISCUSSIONS. *THE COMPENSATION COMMITTEE RELIES UPON A NUMBER OF EXTERNAL RESOURCES AND COMPARISONS, AND ITS ANALYSIS INCLUDES TOTAL COMPENSATION (CASH COMPENSATION PLUS BENEFITS PROVIDED BY THE CARLE FOUNDATION) IN RELATION TO ORGANIZATIONAL PERFORMANCE AND PREVAILING INDUSTRY PRACTICES FOR LIKE RESPONSIBILITIES AT COMPARABLY-SIZED ORGANIZATIONS. THE COMMITTEE HAS ENGAGED THE SERVICES OF A COMPENSATION CONSULTING FIRM SPECIALIZING IN THE NOT-FOR-PROFIT SECTOR WHICH HAS WORKED WITH THE CARLE FOUNDATION AND MAKES ITS REPORTS DIRECTLY AVAILABLE TO THE COMPENSATION COMMITTEE.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 18 & 19	<p>THE CARLE FOUNDATION, THE PARENT ORGANIZATION OF THE CARLE FOUNDATION HOSPITAL, PUBLISHES THROUGH <a href="http://WWW.DACBOND.COM">WWW.DACBOND.COM</a> AND <a href="https://emma.msrb.org/">https://emma.msrb.org/</a> ITS QUARTERLY UNAUDITED FINANCIAL STATEMENTS, ANNUAL AUDITED FINANCIAL STATEMENTS, A MANAGEMENT'S DISCUSSION &amp; ANALYSIS TO ACCOMPANY THE FINANCIAL STATEMENTS, AND AN ANNUAL REPORT OF CERTAIN OPERATING AND FINANCIAL INFORMATION. ADDITIONALLY, OFFICIAL STATEMENTS FOR OUTSTANDING MUNICIPAL BOND ISSUES FOR WHICH THE CARLE FOUNDATION IS OBLIGATED ARE AVAILABLE AT THIS WEBSITE. THESE DOCUMENTS INCLUDE EXTENSIVE INFORMATION ABOUT THE ORGANIZATION'S HEALTH CARE DELIVERY SYSTEM MODEL, RECENT HIGHLIGHTS/ACCOMPLISHMENTS, GOVERNANCE AND ADMINISTRATION, STRATEGIC PLAN, FACILITIES, CLINICAL PROGRAMS, MEDICAL STAFF, SERVICE AREA, COMPETITIVE ENVIRONMENT, DEMOGRAPHIC DATA, UTILIZATION STATISTICS, SUMMARY FINANCIAL INFORMATION, ACADEMIC AFFILIATIONS AND EDUCATIONAL PROGRAMS, MEDICAL RESEARCH, ACCREDITATIONS, AND ITS EMPLOYEES. THIS INFORMATION IS AVAILABLE AT NO CHARGE TO THOSE WHO REGISTER AT THE <a href="http://WWW.DACBOND.COM">WWW.DACBOND.COM</a> WEBSITE. IN ADDITION, THE FORM 990S OF THE ORGANIZATION'S FILING ENTITIES ARE AVAILABLE THROUGH <a href="http://DACBOND.COM">DACBOND.COM</a>. A COMMUNITY BENEFIT REPORT IS ALSO PUBLISHED AND DISTRIBUTED ANNUALLY TO THE COMMUNITY. QUARTERLY FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST DELIVERED TO THE ORGANIZATION'S ADMINISTRATIVE OFFICES. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE ALSO AVAILABLE UPON REQUEST TO THE ORGANIZATION'S ADMINISTRATIVE OFFICES.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN B	THE AVERAGE ESTIMATED HOURS PER WEEK LISTED FOR THE REPORTING ORGANIZATION AND RELATED ORGANIZATIONS ARE BASED ON A STANDARD 40 HOUR WEEK. MEMBERS MAY FREQUENTLY DEVOTE MORE THAN 40 HOURS OF SERVICE TO THE ENTIRE ORGANIZATION DURING AN AVERAGE WEEK.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	THE CARLE FOUNDATION HOSPITAL SETTLED VARIOUS INTERCOMPANY RECEIVABLE/PAYABLE BALANCES THROUGH EQUAL OFFSETTING EQUITY TRANSFERS IN THE AMOUNT OF \$257,739,329. THE INTERCOMPANY RECEIVABLE/PAYABLE BALANCE RESULTED FROM THE NORMAL COURSE OF OPERATIONS AND WERE PRIMARILY ATTRIBUTABLE TO CENTRALIZED CASH MANAGEMENT AND DISBURSEMENT ACTIVITIES. THESE INTERCOMPANY RECEIVABLE/PAYABLE SETTLEMENTS HELPED PROVIDE SUPPLEMENTAL FUNDING FOR CERTAIN RELATED ORGANIZATIONS TO FURTHER THEIR EXEMPT PURPOSES.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINES 2A, B, C AND PART IV, LINES 12, 12A	THE FINANCIAL STATEMENTS FOR THE CARLE FOUNDATION HOSPITAL WERE REVIEWED ON A CONSOLIDATED BASIS UNDER THE PARENT ORGANIZATION, THE CARLE FOUNDATION. THE CARLE FOUNDATION HAS AN AUDIT COMMITTEE CONSISTING OF MEMBERS OF THE GOVERNING BOARD AND THE CHIEF FINANCIAL OFFICER WHO TOGETHER ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE REVIEW AND AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT OR AUDITOR.



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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
THE CARLE FOUNDATION HOSPITAL

Employer identification number  
37-1119538

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)THE CARLE FOUNDATION 611 W PARK ST  URBANA, IL 618012595 37-0673465	PARENT/INVMGT	IL	501(c)(3)	12c, III-FI	NA		No
(2)THE CARLE DEVELOPMENT FOUNDATION 611 W PARK ST  URBANA, IL 61801 37-1159978	FUNDRAISING	IL	501(c)(3)	7	TCF	Yes	
(3)CARLE HEALTH CARE INCORPORATED 611 W PARK ST  URBANA, IL 618012595 37-1140016	VAR MED SVCS	IL	501(C)(3)	10	TCF	Yes	
(4)CARLE RETIREMENT CENTERS INC 611 W PARK ST  URBANA, IL 61801 37-1160033	RTRMT LIVING	IL	501(C)(3)	10	TCF	Yes	
(5)CARLE COMMUNITY HEALTH CORPORATION 611 W PARK ST  URBANA, IL 61801 36-4458371	FNDN MISSION	IL	501(C)(3)	12a, Type I	TCDF	Yes	
(6)HOOPESTON COMMUNITY MEMORIAL HOSPITAL 701 E ORANGE ST  HOOPESTON, IL 609421801 36-3637465	HOSPITAL SVCS	IL	501(C)(3)	3	TCF	Yes	
(7)RICHLAND MEMORIAL HOSPITAL INC 800 EAST LOCUST STREET  OLNEY, IL 64250 37-1363001	HOSPITAL SVCS	IL	501(C)(3)	3	TCF	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> CHAMPAIGN SURGICNTR  611 w park st urbana, IL 618012595 20-1915925	surgical ctr	IL	NA	N/A								

**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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

**s** Other transfer of cash or property from related organization(s) . . . . .

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

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

See Additional Data Table

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

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.

[illegible]

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

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

Return Reference	Explanation
Schedule R, Supplemental Information	SCHEDULE R, PART II CARLE HEALTH CARE INCORPORATED PRIMARY ACTIVITY: EMERGENCY TRANSPORT, DAY CARE, PHYSICIAN SERVICES.

Additional Data

Software ID:  
Software Version:  
EIN: 37-1119538  
Name: THE CARLE FOUNDATION HOSPITAL

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HEALTH SYSTEMS INSURANCE LIMITED governors sq 2nd fl bldg 3 grand cayman ky1-1102 CJ	INSURANCE	CJ	NA	C CORP				Yes	
CARLE RISK MANAGEMENT COMPANY 611 W PARK ST URBANA, IL 618012595 37-1217973	RISK MANAGEMENT	IL	TCFH	C CORP	2,267,447	402,417	100.000 %	Yes	
EVALIDATA INC 611 W PARK ST URBANA, IL 618012595 46-2022658	PHYS CREDENTIAL	IL	TCFH	C CORP	411,385	36,506	100.000 %	Yes	
CHA HOLDING INC 3310 SOUTH FIELDS DR CHAMPAIGN, IL 61822 47-1854275	HOLDING COMPANY	IL	NA	C CORP				Yes	
CARLE HOLDING COMPANY INC 611 W PARK ST URBANA, IL 618012595 37-1188284	HOLDING COMPANY	IL	NA	C CORP				Yes	
HEALTH ALLIANCE MEDICAL PLANS INC 3310 SOUTH FIELDS DR CHAMPAIGN, IL 61822 37-1260731	HEALTH COVERAGE	IL	NA	C CORP				Yes	
HEALTH ALLIANCE CONNECT INC 3310 SOUTH FIELDS DR CHAMPAIGN, IL 61822 46-4796891	HEALTH CARE COORD	IL	NA	C CORP				Yes	
HEALTH ALLIANCE NORTHWEST HOLDING 820 N CHELAN AVE WENATCHEE, WA 98801 46-1717578	HOLDING COMPANY	WA	NA	C CORP				Yes	
HEALTH ALLIANCE NORTHWEST HEALTH PLAN 820 N CHELAN AVE WENATCHEE, WA 98801 46-1966323	HEALTH COVERAGE	WA	NA	C CORP				Yes	
HEALTH ALLIANCE MIDWEST INC 3310 South Fields Dr Champaign, IL 61822 37-1354502	HEALTH COVERAGE	IL	NA	C CORP				Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
CARLE COMMUNITY HEALTH CORPORATION	C	2,618,160	BOOK
THE CARLE DEVELOPMENT FOUNDATION	C	1,149,381	BOOK
RICHLAND MEMORIAL HOSPITAL	L	721,997	BOOK
HEALTH ALLIANCE CONNECT INC	L	49,605,484	BOOK
HEALTH ALLIANCE MEDICAL PLANS	L	120,214,753	BOOK
CARLE HEALTH CARE INCORPORATED	L	3,405,191	BOOK
HOOPESTON COMMUNITY MEMORIAL HOSPITAL	L	759,470	BOOK
CHAMPAIGN SURGICENTER LLC	L	763,161	BOOK
CARLE HEALTH CARE INCORPORATED	M	12,054,827	BOOK
HEALTH SYSTEMS INSURANCE LIMITED	M	2,031,837	BOOK
CARLE HEALTH CARE INCORPORATED	P	1,138,848	BOOK
HOOPESTON COMMUNITY MEMORIAL HOSPITAL	Q	90,730	BOOK
CARLE HEALTH CARE INCORPORATED	R	514,439	BOOK
HOOPESTON COMMUNITY MEMORIAL HOSPITAL	R	724,788	BOOK
CHAMPAIGN SURGICENTER LLC	R	407,903	BOOK