

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

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

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

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 \$ 1,244,742,583

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

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)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	5
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5,371
6 Total number of volunteers (estimate if necessary)	923
7a Total unrelated business revenue from Part VIII, column (C), line 12	-389,943
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	29,727,876	10,151,638
9 Program service revenue (Part VIII, line 2g)	1,042,905,204	1,201,299,110
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	166,137	153,568
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,220,993	8,801,167
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,085,020,210	1,220,405,483
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,242,613	1,836,348
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	309,582,837	332,416,085
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	591,042,421	668,457,711
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	903,867,871	1,002,710,144
19 Revenue less expenses. Subtract line 18 from line 12	181,152,339	217,695,339

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	465,988,906	479,153,762
21 Total liabilities (Part X, line 26)	231,175,276	228,381,600
22 Net assets or fund balances. Subtract line 21 from line 20	234,813,630	250,772,162

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2022-11-15

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 939,947,853 including grants of \$ 1,836,348) (Revenue \$ 1,210,970,476)
See Additional Data

4b (Code:) (Expenses \$ 15,188,120 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 26,566,845 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 ▶ 981,702,818

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 5 main columns: Question/Section, Sub-question, Answer field, Yes/No field, and a final empty field. Rows include questions 2a through 17, covering topics like employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (5), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	4,284,502				
	e Government grants (contributions)	1e	5,434,214				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	432,922				
	g Noncash contributions included in lines 1a - 1f:\$	1g	564,631				
	h Total. Add lines 1a-1f			10,151,638			
Program Service Revenue	2a NET PATIENT CARE	Business Code 621110	1,198,516,876	1,198,278,193	238,683		
	b NET PATIENT CARE - ASC	621110	2,782,234	2,782,234			
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.		1,201,299,110				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		812			812	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		6a		9,585,646			
		b Less: rental expenses	6b	6,615,513			
		c Rental income or (loss)	6c	0	2,970,133		
	d Net rental income or (loss)			2,970,133		2,970,133	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a		1,011,051			
		b Less: cost or other basis and sales expenses	7b	858,295			
		c Gain or (loss)	7c		152,756		
	d Net gain or (loss)			152,756		241,573	-88,817
	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				
10a Gross sales of inventory, less returns and allowances							
	10a		12,449,725				
	b Less: cost of goods sold	10b	16,863,292				
c Net income or (loss) from sales of inventory			-4,419,141	-268,019	-4,151,122		
Miscellaneous Revenue		Business Code					
11a INTERNAL MANAGEMENT FEES		900099	6,828,727	6,548,007	280,720		
b CLINICAL TRIALS/REF LAB REVENUE		900099	3,114,422	3,089,613	24,809		
c CAOS TUITION		611430	146,593	146,593	0		
d All other revenue			160,433	155,172	5,261		
e Total. Add lines 11a-11d			10,250,175				
12 Total revenue. See instructions			1,220,405,483	1,210,731,793	-389,943	-88,005	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,836,348	1,836,348		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	89,297	89,297		
7 Other salaries and wages	266,425,807	262,147,414	4,278,393	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,775,244	13,559,510	215,734	
9 Other employee benefits	32,702,904	32,166,942	535,962	
10 Payroll taxes	19,422,833	19,082,310	340,523	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	8,381		8,381	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	62,547,390	60,890,900	1,656,490	
12 Advertising and promotion	78,871		78,871	
13 Office expenses	17,661,895	15,483,214	2,178,681	
14 Information technology	8,537,981	8,304,890	233,091	
15 Royalties	0			
16 Occupancy	47,301,498	44,332,926	2,968,572	
17 Travel	1,149,951	1,110,412	39,539	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	215,628	213,093	2,535	
20 Interest	46,529	39,796	6,733	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	17,814,213	17,705,397	108,816	
23 Insurance	911,355	756,458	154,897	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PATIENT CARE SUPPLIES	249,403,196	249,403,196		
b INTERNAL MANAGEMENT FEES	196,216,632	190,715,030	5,501,602	
c OTHER PURCHASED SERVICES	33,013,480	31,781,695	1,231,785	
d OTHER TAXES	30,873,534	30,186,802	686,732	
e All other expenses	2,677,177	1,897,188	779,989	
25 Total functional expenses. Add lines 1 through 24e	1,002,710,144	981,702,818	21,007,326	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,884	1	8,007
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	91,652,255	4	110,284,472
	5 Loans and other receivables from 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	5	0
	6 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	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	11,827,448	8	10,464,538
	9 Prepaid expenses and deferred charges	13,469,060	9	14,207,589
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 262,155,049		
	b Less: accumulated depreciation	10b 177,045,554	84,819,458	10c 85,109,495
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	264,211,801	15	259,079,661
16 Total assets. Add lines 1 through 15 (must equal line 33)	465,988,906	16	479,153,762	
Liabilities	17 Accounts payable and accrued expenses	120,488,874	17	127,492,314
	18 Grants payable	0	18	0
	19 Deferred revenue	179,859	19	6,197,902
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	110,506,543	25	94,691,384
	26 Total liabilities. Add lines 17 through 25	231,175,276	26	228,381,600
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	234,813,630	27	250,772,162
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	234,813,630	32	250,772,162	
33 Total liabilities and net assets/fund balances	465,988,906	33	479,153,762	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,220,405,483
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,002,710,144
3	Revenue less expenses. Subtract line 2 from line 1	3	217,695,339
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	234,813,630
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-201,736,807
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	250,772,162

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 37-1119538

Name: THE CARLE FOUNDATION HOSPITAL

Form 990 (2021)

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 453-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 2021, FINANCIAL ASSISTANCE FOR HOSPITAL PATIENTS ALONE TOTALED \$15,188,120 AT COST.

Form 990, Part III, Line 4c:

RESEARCH: CARLE FOUNDATION HOSPITAL'S 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. AS OF DECEMBER 31, 2021, THERE WERE 433 ACTIVE CLINICAL RESEARCH STUDIES CONDUCTED AT THE STEPHENS FAMILY CLINICAL RESEARCH INSTITUTE; A 50% INCREASE SINCE 2017. NEARLY 3,000 PATIENTS PARTICIPATED IN CLINICAL RESEARCH STUDIES DURING 2021, INCLUDING MORE THAN 1,200 NEW PARTICIPANTS. CARLE AND THE UNIVERSITY OF ILLINOIS AT URBANA CHAMPAIGN (UIUC) THROUGH THE CARLE ILLINOIS ADVANCED IMAGING CENTER INSTALLED THE FIRST SIEMENS 7 TESLA MRI SYSTEM APPROVED FOR CLINICAL USE IN THE STATE OF ILLINOIS. CLINICAL USE OF THE 7T MRI BEGAN IN SPRING 2021 AND EIGHT RESEARCH PROJECTS WERE INITIATED TO INCLUDE STUDIES OF EPILEPSY, TRAUMATIC BRAIN INJURY, BRAIN/HEART INTERACTION AND DEPRESSION. CARLE AND ILLINOIS ALSO LAUNCHED THE CHAMPAIGN-URBANA POPULATION STUDY, A LARGE MULTI-YEAR 7T MRI IMAGING STUDY THAT COLLECTS INFORMATION ABOUT BRAIN STRUCTURE AND FUNCTION OVER TIME. THESE PROJECTS LAY THE GROUNDWORK TO ADVANCE 7T MRI UTILIZATION AND BRING NEW APPROACHES TO DIAGNOSIS AND TREATMENT. THE CARLE CANCER INSTITUTE IS A STRONG EXAMPLE OF THE BENEFITS OF RESEARCH. CARLE CANCER INSTITUTE, A DESIGNATED NATIONAL CANCER INSTITUTE COMMUNITY ONCOLOGY RESEARCH PROGRAM, IS THE PREMIER CANCER TREATMENT AND SUPPORT CENTER IN EAST CENTRAL ILLINOIS, OFFERING THE MOST ADVANCED RESOURCES TO HELP PATIENTS FACING CANCER. THE CARLE CANCER INSTITUTE IS ONE OF ONLY 32 COMMUNITY SITES IN THE NATION BRINGING CANCER CLINICAL TRIALS TO INDIVIDUALS IN THEIR OWN COMMUNITIES THROUGH THE NATIONAL CANCER INSTITUTE COMMUNITY ONCOLOGY RESEARCH PROGRAM ("NCORP"). THE CARLE NCORP NETWORK NOW HAS 26 AFFILIATE SITES, BRINGING CUTTING-EDGE CANCER CLINICAL TRIALS TO UNDERSERVED AREAS IN EAST CENTRAL ILLINOIS AND WESTERN INDIANA. CARLE WAS ALSO RECOGNIZED AS THE TOP RECRUITING SITE IN THE NATION FOR TWO LARGE NCI TRIALS. 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 SIX MEDICAL RESIDENCY PROGRAMS AT THE CARLE FOUNDATION HOSPITAL LOCATION - FAMILY MEDICINE, GENERAL SURGERY, INTERNAL MEDICINE, ORAL AND MAXILLOFACIAL SURGERY (OMS), PSYCHIATRY, AND VASCULAR SURGERY. IN LATE 2021, THE NEUROLOGY PROGRAM, INITIALLY HOUSED AT CARLE BROMENN IN NORMAL, TRANSITIONED TO THE CARLE FOUNDATION HOSPITAL LOCATION IN URBANA. CARLE BROMENN CONTINUES TO HOUSE THE FAMILY MEDICINE AND NEUROSURGERY RESIDENCY PROGRAMS. GRADUATE MEDICAL EDUCATION WORKED TO EXPAND THE FOOTPRINT AND WILL OPEN AN OB/GYN RESIDENCY AND CARDIOVASCULAR DISEASE FELLOWSHIP IN JULY 2022. DURING ACADEMIC YEAR 2022-2023, THERE ARE A TOTAL OF 141 RESIDENTS AND FELLOWS 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 18 DIFFERENT DISCIPLINES. IN 2021, MORE THAN 27 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 WORLD'S FIRST ENGINEERING-BASED COLLEGE OF MEDICINE. IN 2021, CARLE ILLINOIS ADDED ANOTHER 64 MEDICAL STUDENTS TO THE PREVIOUS 82, WHO WILL CONTINUE TO THRIVE IN A RICH CLINICAL RESEARCH ENVIRONMENT THAT SUPPORTS STUDENT INNOVATIONS TO IMPROVE PATIENT CARE. LOOKING FORWARD, CARLE'S 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James C Leonard MD Ex-Officio, President & CEO	5.0 35.0			X				0	2,558,835	641,658
John Snyder Officer - Former	0.0 0.0						X	0	1,942,803	14,339
Dennis Hesch Exec VP & CFO	4.0 36.0			X				0	1,566,892	375,816
Matthew Kolb Exec VP & COO	5.0 35.0			X				0	1,159,563	337,604
Laurence Fallon Key Employee - Former	4.0 36.0						X	0	1,071,364	254,970
Lynette Barnes President, CFH	5.0 35.0			X				0	941,174	125,996
Charles Dennis MD Exec VP, Chief Medical Officer	5.0 35.0			X				0	919,813	127,085
Lauren Schmid Exec VP, Chief HR Officer	5.0 35.0				X			0	657,819	185,334
Pamela Bigler Key Employee-Former	20.0 20.0						X	0	727,332	114,315
Blair Rowitz MD Assoc CMO - Surgical Services	20.0 20.0				X			0	750,419	46,102

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			
Aja Lystila MD Trustee & Physician	1.0 39.0	X						0	332,845	47,729
Linda Fred Highest Comp - Former	30.0 10.0						X	0	280,507	67,191
Maria Fe P Celis RN 3 WkndOpt F - Crd-Plm M/S	40.0 0.0					X		246,457	0	43,907
Matthew Gibb MD Officer - Former	0.0 0.0						X	0	286,364	0
Allen Rinehart VP, CFH INPATIENT HOSP OPER	40.0 0.0					X		235,996	0	39,941
Jodi Davis RN - House Administrator	40.0 0.0					X		226,738	0	37,154
Joel Love Physicist - Radiation Oncology	40.0 0.0					X		216,588	0	42,848
Bruce Damon Dir - Clin Imaging Research	40.0 0.0					X		215,860	0	19,741
Jon Stewart Trustee	1.0 0.0	X						0	30,000	0
Karl Appelquist Immediate Past Chair	1.0 0.0	X		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 Vice Chair	1.0 0.0	X		X				0	0	0
Michael Devocelle Trustee	1.0 0.0	X						0	0	0
Guy Hall Immediate Pst Chair Term 9/21	1.0 0.0	X						0	0	0
Paul Tucker Chair of Board	1.0 0.0	X		X				0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization THE CARLE FOUNDATION HOSPITAL	Employer identification number 37-1119538
---	--

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

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

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

Part II-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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		8,381
j	Total. Add lines 1c through 1i			8,381
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHED C, PART II-B, LINE 1(I)	DESCRIPTION OF OTHER LOBBYING ACTIVITIES \$8,381 - PORTION OF DUES PAID TO MISCELLANEOUS HEALTH CARE ORGANIZATIONS ATTRIBUTED TO LOBBYING.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2021
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		209,154	152,957	56,197
c Leasehold improvements		1,581,952	1,309,245	272,707
d Equipment		247,471,364	172,819,007	74,652,357
e Other		12,892,579	2,764,345	10,128,234
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				85,109,495

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(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)		
(10)		
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	253,898,960
(2) OTHER RECEIVABLES	5,180,701
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	259,079,661

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) EST 3RD PARTY PAYOR SETTLEMENT	91,189,907
(3) EST LIABILITY FOR SELF INSURANCE	2,505,638
(4) FINANCE LEASE LIABILITY - LT	992,457
(5) OTHER LIABILITIES	3,382
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	94,691,384

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

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, 2021 AND 2020.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2021
 Open to Public Inspection

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

Name of the organization
 THE CARLE FOUNDATION HOSPITAL

Employer identification number
 37-1119538

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	Yes	
1b If "Yes," was it a written policy?	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 <i>free</i> 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 _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
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?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			15,188,120	0	15,188,120	1.240 %
b Medicaid (from Worksheet 3, column a)			179,697,949	190,867,498	0	0 %
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			194,886,069	190,867,498	15,188,120	1.240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			4,338,061	252,178	4,085,883	0.330 %
f Health professions education (from Worksheet 5)			18,513,406	15,036	18,498,370	1.520 %
g Subsidized health services (from Worksheet 6)			23,082,199	12,916	23,069,283	1.890 %
h Research (from Worksheet 7)			7,800,090	0	7,800,090	0.640 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,868,450	76,687	1,791,763	0.150 %
j Total. Other Benefits			55,602,206	356,817	55,245,389	4.530 %
k Total. Add lines 7d and 7j			250,488,275	191,224,315	70,433,509	5.770 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			77,200		77,200	0.010 %
3 Community support			98,163		98,163	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			3,346		3,346	0 %
9 Other			69,343		69,343	0.010 %
10 Total			248,052		248,052	0.030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	7,217,243
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	3,608,622
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	212,906,357
6	Enter Medicare allowable costs of care relating to payments on line 5	6	214,974,941
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-2,068,584
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

	(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 %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

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)

See Additional Data Table	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

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 _____

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

THE CARLE FOUNDATION HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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 <u>200</u> .% and FPG family income limit for eligibility for discounted care of <u>400</u> .%		
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): <u>see part v, section c</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>see part v, section c</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
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
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <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 <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) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 3

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I LINE 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 \$23,069,283.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>OTHER COMMUNITY BENEFITS / COMMUNITY BUILDING: 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. IN TOTAL, THE CARLE FOUNDATION HOSPITAL CONTRIBUTED MORE THAN \$248,000 IN COMMUNITY BUILDING ACTIVITIES IN 2021. 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 SIX MEDICAL RESIDENCY PROGRAMS AT THE CARLE FOUNDATION HOSPITAL LOCATION - FAMILY MEDICINE, GENERAL SURGERY, INTERNAL MEDICINE, ORAL AND MAXILLOFACIAL SURGERY (OMS), PSYCHIATRY, AND VASCULAR SURGERY. IN LATE 2021, THE NEUROLOGY PROGRAM, INITIALLY HOUSED AT CARLE BROMENN MEDICAL CENTER IN NORMAL, TRANSITIONED TO THE CARLE FOUNDATION HOSPITAL LOCATION IN URBANA. CARLE BROMENN MEDICAL CENTER CONTINUES TO HOUSE THE FAMILY MEDICINE AND NEUROSURGERY RESIDENCY PROGRAMS. GRADUATE MEDICAL EDUCATION WORKED TO EXPAND THE FOOTPRINT AND WILL OPEN AN OB/GYN RESIDENCY AND CARDIOVASCULAR DISEASE FELLOWSHIP IN JULY 2022. DURING ACADEMIC YEAR 2022-2023, THERE ARE A TOTAL OF 141 RESIDENTS AND FELLOWS IN GME PROGRAMS. CONTINUING MEDICAL EDUCATION (CME) STRIVES TO PROVIDE QUALITY AND WORLD-CLASS, EVIDENCE-BASED MEDICAL EDUCATION TO HEALTHCARE PROFESSIONALS BOTH LOCALLY AND REGIONALLY. AS AN INTERPROFESSIONAL CME PROVIDER, CARLE IS AN APPROVED PROVIDER OF CONTINUING EDUCATION CREDIT FOR 18 DIFFERENT DISCIPLINES. IN 2021, MORE THAN 27 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 WORLD'S FIRST ENGINEERING-BASED COLLEGE OF MEDICINE. IN 2021, CARLE ILLINOIS ADDED ANOTHER 64 MEDICAL STUDENTS TO THE PREVIOUS 82, WHO WILL CONTINUE TO THRIVE IN A RICH CLINICAL RESEARCH ENVIRONMENT THAT SUPPORTS STUDENT INNOVATIONS TO IMPROVE PATIENT CARE. LOOKING FORWARD, CARLE'S 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. RESEARCH: CARLE HEALTH'S 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. AS OF DECEMBER 31, 2021, THERE WERE 433 ACTIVE CLINICAL RESEARCH STUDIES CONDUCTED AT THE STEPHENS FAMILY CLINICAL RESEARCH INSTITUTE; A 50% INCREASE SINCE 2017. NEARLY 3,000 PATIENTS PARTICIPATED IN CLINICAL RESEARCH STUDIES DURING 2021, INCLUDING MORE THAN 1,200 NEW PARTICIPANTS. CARLE AND THE UNIVERSITY OF ILLINOIS AT URBANA CHAMPAIGN (UIUC) THROUGH THE CARLE ILLINOIS ADVANCED IMAGING CENTER INSTALLED THE FIRST SIEMENS 7 TESLA MRI SYSTEM APPROVED FOR CLINICAL USE IN THE STATE OF ILLINOIS. CLINICAL USE OF THE 7T MRI BEGAN IN SPRING 2021 AND EIGHT RESEARCH PROJECTS WERE INITIATED TO INCLUDE STUDIES OF EPILEPSY, TRAUMATIC BRAIN INJURY, BRAIN/HEART INTERACTION AND DEPRESSION. CARLE AND ILLINOIS ALSO LAUNCHED THE CHAMPAIGN-URBANA POPULATION STUDY, A LARGE MULTI-YEAR 7T MRI IMAGING STUDY THAT COLLECTS INFORMATION ABOUT BRAIN STRUCTURE AND FUNCTION OVER TIME. THESE PROJECTS LAY THE GROUNDWORK TO ADVANCE 7T MRI UTILIZATION AND BRING NEW APPROACHES TO DIAGNOSIS AND TREATMENT. THE CARLE CANCER INSTITUTE IS A STRONG EXAMPLE OF THE BENEFITS OF RESEARCH. CARLE CANCER INSTITUTE, A DESIGNATED NATIONAL CANCER INSTITUTE COMMUNITY ONCOLOGY RESEARCH PROGRAM, IS THE PREMIER CANCER TREATMENT AND SUPPORT CENTER IN EAST CENTRAL ILLINOIS, OFFERING THE MOST ADVANCED RESOURCES TO HELP PATIENTS FACING CANCER. THE CARLE CANCER INSTITUTE IS ONE OF ONLY 32 COMMUNITY SITES IN THE NATION BRINGING CANCER CLINICAL TRIALS TO INDIVIDUALS IN THEIR OWN COMMUNITIES THROUGH THE NATIONAL CANCER INSTITUTE COMMUNITY ONCOLOGY RESEARCH PROGRAM ("NCORP"). THE CARLE NCORP NETWORK NOW HAS 26 AFFILIATE SITES, BRINGING CUTTING-EDGE CANCER CLINICAL TRIALS TO UNDERSERVED AREAS IN EAST CENTRAL ILLINOIS AND WESTERN INDIANA. CARLE WAS ALSO RECOGNIZED AS THE TOP RECRUITING SITE IN THE NATION FOR TWO LARGE NCI TRIALS. CARLE REMAINS COMMITTED TO PURSUING INNOVATIVE RESEARCH THAT ADVANCES PATIENT</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>T CARE AND SAVES LIVES. ECONOMIC DEVELOPMENT CASH AND IN-KIND: A LARGE PORTION OF CARLE'S COMMUNITY-BUILDING ACTIVITIES FOCUSED ON ECONOMIC DEVELOPMENT, INCLUDING CASH, IN-KIND DON ATIONS AND BUDGETED EXPENDITURES FOR THE CITY, BUSINESS ASSOCIATIONS AND OTHER PROGRAMS IN CHAMPAIGN COUNTY. IN ADDITION TO THE MORE THAN \$77,000 IN CASH DONATIONS, LEADERSHIP PROVIDED IN-KIND SUPPORT BY SERVING ON BOARDS FOR CHAMPAIGN COUNTY CHAMBER OF COMMERCE, CHAMPAIGN COUNTY ECONOMIC DEVELOPMENT CORPORATION, VISIT CHAMPAIGN COUNTY AND MORE. THOUGH NOT INCLUDED IN THIS REPORT SINCE OUR LEADERSHIP IS PAID BY A SEPARATE COST CENTER OUTSIDE OF THE CARLE FOUNDATION, IN-KIND SUPPORT OUTSIDE OF THE CASH DONATIONS TOTALED OVER \$165,000 IN 2021.</p> <p>DISASTER READINESS/EMERGENCY MANAGEMENT: EMERGENCY MANAGEMENT CONTINUED TO BE A PRIORITY OF THE CARLE FOUNDATION HOSPITAL, AND INITIATIVES IN THIS AREA INCLUDE TRAINING THE FACILITY AND THE COMMUNITY, LEADERSHIP IN PLANNING COMMUNITY-WIDE RESPONSES TO VARIOUS SCENARIOS, AND STATE-LEVEL LEADERSHIP FOR THE 21-COUNTY REGIONAL HOSPITAL COORDINATING CENTER REGION (REGION 6). OUR FOCUS IS TO PREPARE OUR HOSPITAL AND SURROUNDING REGIONAL HOSPITALS TO BE READY TO RESPOND TO ANY NATURAL DISASTER, PANDEMIC OR ACT OF TERRORISM. PREVIOUSLY, CARLE HAD DIRECTLY RECEIVED A FEDERAL GRANT FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR) TO PUT TOWARDS REGIONAL PROJECTS FOR EMERGENCY MANAGEMENT WITHIN THE COMMUNITY. FOR THE PAST FIVE YEARS, THOSE EXTRA FUNDS HAVE BEEN CONSIDERED "REGIONAL COALITION FUNDS, ARE OVERSEEN BY THE EMERGENCY MANAGEMENT DIRECTOR FOR USE IN THE REGION. IN 2021, THE CARLE FOUNDATION HOSPITAL PURCHASED PPE FOR DISTRIBUTION OF PPE TO AREA HOSPITALS IN RESPONSE TO THE COVID-19 PANDEMIC. ADDITIONALLY, CARLE PURCHASED EMERGENCY NOTIFICATION SYSTEMS, VENTILATORS, PAPRS, AND CAPRS FOR AREA HOSPITALS. IT GOES WITHOUT SAYING THAT THE CARLE FOUNDATION HOSPITAL, LIKE MANY OTHERS ACROSS THE COUNTRY, DEDICATED THEIR WORK TO SERVE OUR COMMUNITY AGAINST THE COVID-19 PANDEMIC. WHILE THE TIME OF FRONT LINE STAFF AND LEADERS FROM EVERY LEVEL DROPPED EVERYTHING TO COMBAT THE PANDEMIC, WE CONSERVATIVELY REPORTED ONLY A VERY SMALL NUMBER OF PUBLIC INFORMATION ITEMS- IN WHICH THE CARLE FOUNDATION HOSPITAL STAFF WORKED TO EDUCATE THE COMMUNITY ON COVID-19, WITH NO EXPECTATION OF ANY BUSINESS IN RETURN. THIS WAS NOT REIMBURSED BY STATE OR FEDERAL FUNDS.</p> <p>WORKFORCE DEVELOPMENT JOB SHADOWING: A LARGE AMOUNT OF COMMUNITY BUILDING EFFORTS - MORE THAN \$50,000 - 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 HEALTH CARE CAREERS. FIFTEEN PEOPLE SHADOWED VARIOUS STAFF AT BOTH THE CARLE FOUNDATION HOSPITAL AND CARLE PHYSICIAN GROUP IN 2021. THE HOSPITAL ALONE ACCOUNTED FOR OVER 140 HOURS AS COMMUNITY BENEFIT, WHICH IS A CONSERVATIVE CALCULATION OF 20-50% OF THE TOTAL NUMBER OF HOURS SPENT WITH A SUPERVISOR. CARLE JOB READINESS AND LEARNING PROGRAM (JRLP): IN ITS FIFTH YEAR, THE CARLE JOB READINESS AND LEARNING PROGRAM PROVIDES EMPLOYMENT AND WORKFORCE TRAINING TO UNDER- AND UNEMPLOYED INDIVIDUALS IN THE COMMUNITY. INDIVIDUALS SELECTED FOR THE PROGRAM ARE HIRED FROM DAY ONE AND EMBARK ON A THREE-WEEK PAID TRAINING PROGRAM DESIGNED TO EQUIP THEM WITH THE NECESSARY SKILLS TO MAINTAIN SUCCESSFUL EMPLOYMENT AND BUILD SELF-SUSTAINABILITY. TO DATE, THE PROGRAM HAS SEEN OVER 189 INDIVIDUALS. THE PROGRAM CONTINUOUS TO GROW 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 PARTICIPANTS AND CREATING CAREER PATHWAYS WITHIN THE ORGANIZATION. SINCE THE START OF THE PROGRAM IN 2017, EMPLOYEES HAVE SEEN A MORE THAN 17.6% INCREASE IN HOURLY WAGES. OF THE 189 HIRES, OVER 10% RECEIVED PR</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	THE CARLE FOUNDATION HOSPITAL USES 50% AS A GENERAL ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	THE FOOTNOTE PERTAINING TO BAD DEBT EXPENSE CAN BE FOUND ON PAGE 28 OF THE ATTACHED CONSOLIDATED FINANCIAL STATEMENTS.

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Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	<p>THE NUMERATOR (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 REVENUE, 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 ADJUSTMENTS 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 HOSPITAL, 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 CARLE 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 IN THE COUNTY, HAVE EXPERIENCED INCREASING COSTS OVER THE PAST DECADE WHILE LIVING ON FIXED INCOMES DETERMINED 20 YEARS AGO.</p>

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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 PATIENT'S 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>

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 2 NEEDS ASSESSMENT</p>	<p>CARLE PRIMARILY ADDRESSES HEALTHCARE NEEDS IN OUR COMMUNITY BY BEING A PART OF THE AFOREMENTIONED CHNA IN PARTNERSHIP WITH CHAMPAIGN URBANA PUBLIC HEALTH DISTRICT, OSF HEALTHCARE, 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 2020-2022 CHNA, IT WILL CONTINUE TO BE A PRIORITY FOR CARLE. AS A TAX-EXEMPT ORGANIZATION, THE CARLE FOUNDATION HOSPITAL PROVIDES CARE TO PATIENTS REGARDLESS OF THE 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 2020 - 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 WORK FORCE EXPANSION, AND SOCIAL SERVICES THAT PROVIDE COMPLEMENTARY HEALTHCARE-RELATED SERVICES. THE 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 FAITH COMMUNITY NURSE PROGRAM, BREASTFEEDING CLINIC AND LANGUAGE ASSISTANCE SERVICES</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>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'S 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 THE 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 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</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>DESCRIPTION OF THE COMMUNITY/POPULATION CARLE'S SERVICE AREA IS GENERALLY DEFINED AS EAST CENTRAL ILLINOIS, INCLUDING ALL OR PARTS OF MORE THAN 40 COUNTIES IN EAST CENTRAL ILLINOIS AND WESTERN INDIANA. 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. OUR REACH EXTENDS INTO 14 ADJOINING, RURAL ILLINOIS COUNTIES. OUR REACH EXTENDS INTO 14 ADJOINING, RURAL ILLINOIS COUNTIES. THESE AREAS COMPRISE NEARLY 50% OF THE CARLE SERVICE AREA'S POPULATION OF ABOUT 1.1 MILLION RESIDENTS. 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. THE 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 EUREKA AND EAST INTO WESTERN INDIANA. FOR THE PURPOSES OF THE CARLE FINANCIAL ASSISTANCE PROGRAM, COVERAGE ENCOMPASSES THE ENTIRE CARLE SERVICE AREA. 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 EUREKA AND EAST INTO WESTERN INDIANA. FOR THE PURPOSES OF THE CARLE FINANCIAL ASSISTANCE PROGRAM, COVERAGE ENCOMPASSES THE ENTIRE CARLE SERVICE AREA.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	THE 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.

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**

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		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			

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V SUPPLEMENTAL INFORMATION</p>	<p>COMMUNITY HEALTH NEEDS ASSESSMENT (PART V, SECT B, LINE 5) USING THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) MODEL, A COMMUNITY-BASED MODEL THAT NECESSITATES COMMUNITY ENGAGEMENT AT ALL LEVELS, CARLE AND THE REGIONAL EXECUTIVE COMMITTEE, CONSISTING OF CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT (CUPHD), OSF HEART OF MARY MEDICAL CENTER (FOR MERLY PRESENCE COVENANT MEDICAL CENTER) AND UNITED WAY OF CHAMPAIGN COUNTY, ASSESSED THE C U R R E N T HEALTH STATUS OF THE COMMUNITY, IDENTIFIED NEEDS AND CREATED A COMPREHENSIVE COMMUN ITY HEALTH IMPROVEMENT PLAN TO IMPROVE OUR COMMUNITY'S HEALTH BY ACQUIRING INPUT FROM COMMUNITY PARTNERS, PLANNERS, ELECTED OFFICIALS AND RESIDENTS. CARLE PAID \$22,500 FOR A PORTIO N OF THE SALARY FOR THE REGIONAL COMMUNITY HEALTH PLAN COORDINATOR, A POSITION HOUSED AT C UPHD. THIS PERSON IS RESPONSIBLE FOR COORDINATING IMPLEMENTATION EFFORTS ACROSS THE COMMUN ITY FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE MAPP PROCESS IS COMPOSED OF FOUR ASSESS MENTS: 1) THE COMMUNITY HEALTH STATUS ASSESSMENT, EVALUATING BASIC DEMOGRAPHICS AND HEALTH -RELATED STATISTICS OF CHAMPAIGN COUNTY RESIDENTS; 2) COMMUNITY THEMES AND STRENGTHS ASSES SMENT, SURVEYING 748 COMMUNITY RESIDENTS THROUGH FOCUS GROUPS AND COMMUNITY MEETINGS; 3) L O C A L PUBLIC HEALTH SYSTEM ASSESSMENT, INCLUDING 84 COMMUNITY LEADERS FROM MORE THAN 50 COM MUNITY AGENCIES; AND 4) FORCES OF CHANGE ASSESSMENT, IDENTIFYING FACTORS THAT MAY HAVE IMP ACTED THE COMMUNITY'S HEALTH. AFTER PERFORMING THESE ASSESSMENTS, COMMUNITY LEADERS MET TO REVIEW THE RESULTS OF THE SURVEY AND COMMUNITY HEALTH DATA, SET A VISION AND IDENTIFY PRI ORITIES AND GOALS FOR THE UPCOMING YEARS. THE FOLLOWING THREE HEALTH AREAS WERE SELECTED A S THE TOP PRIORITIES: 1. BEHAVIORAL HEALTH 2. REDUCING OBESITY AND PROMOTING HEALTHY LIFES TYLES 3. VIOLENCE EACH OF THE COMMUNITY PARTNERS INVOLVED IN THE ASSESSMENT PLAYS A ROLE I N REPRESENTING THE MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS IN CHAMPAIGN COUNTY. THOSE COMMUNITY PARTNERS ARE: THE CARLE FOUNDATION HOSPITAL, HABITAT FOR HUMANITY, COURT APPOINTED SPECIAL ADVOCATES FOR CHILDREN, HEALTH ALLIANCE, CHAMPAIGN COUNTY SHERIFF 'S OFFICE, HEALTHY CHAMPAIGN COUNTY, CHAMPAIGN COUNTY BOARD, ILLINOIS DENTAL SOCIETY, CHAM PAIGN COUNTY BOARD OF HEALTH, LAND OF LINCOLN, CHAMPAIGN COUNTY HEAD START, MIDWEST CENTER FOR INVESTIGATIVE REPORTING, CHAMPAIGN COUNTY HEALTHCARE CONSUMERS, NATIONAL ALLIANCE ON MENTAL ILLNESS, CHAMPAIGN COUNTY MENTAL HEALTH BOARD, PARKLAND COLLEGE, CHAMPAIGN COUNTY R EGIONAL PLANNING COMMISSION, PRAIRIE CENTER, CHAMPAIGN PARK DISTRICT, OSF HEALTHCARE SYSTE M, CHAMPAIGN POLICE DEPARTMENT, PROMISE HEALTHCARE, CHAMPAIGN URBANA PUBLIC HEALTH DISTRIC T, PROSPERITY GARDENS INC., CHRISTIE CLINIC, ROSECRANCE, CITY OF CHAMPAIGN, UNITED WAY OF CHAMPAIGN COUNTY, CITY OF URBANA, UNIVERSITY OF ILLINOIS, COMMUNITY GARDENS AT LEIRMAN, UN IVERSITY OF ILLINOIS EXTENSION OFFICE, CRIS HEALTHY AGING, UNIVERSITY OF ILLINOIS MCKINLEY HEALTH CENTER, CU MASS TRANSI</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V SUPPLEMENTAL INFORMATION	T DISTRICT, UNIVERSITY OF ILLINOIS POLICE, CUNNINGHAM CHILDREN'S HOME, URBANA ADULT EDUCATION, DEVELOPMENT SERVICES CENTER, URBANA PARK DISTRICT, FAITH IN ACTION, URBANA SCHOOL DISTRICT, FAMILY RESILIENCY CENTER, URBANA NEIGHBORHOOD CONNECTIONS CENTER, FAMILY SERVICES CENTER, WELLS FARGO, AND GREATER COMMUNITY AIDS PROJECT. COMMUNITY ASSESSMENT RAN MARCH THROUGH JULY 2020, WITH 634 TOTAL SURVEYS COMPLETED. THE PLAN WAS ADOPTED AND APPROVED BY THE CARLE FOUNDATION BOARD OF TRUSTEES ON DECEMBER 11, 2020. THE 2020-2022 COMMUNITY BENEFIT IMPLEMENTATION PLAN WAS ADOPTED AND APPROVED BY THE BOARD OF TRUSTEES ON DECEMBER 11, 2020 .

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

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

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT (PART V, SECT B, LINE 6A)	RELATED: NONE UNRELATED: OSF HEART OF MARY MEDICAL CENTER

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

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

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT (PART V, SECT B, LINE 6B)	CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT UNITED WAY OF CHAMPAIGN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT AND implementation strategy (PART V, SECTION B, LINE 7A AND 10a) THE CHNA AND IMPLEMENTATION STRATEGY ARE AVAILABLE AT HTTPS://CARLE.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

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

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

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT (PART V, SECT B, LINE 7B)	https://carle.org/getmedia/bfd65226-f76c-4799-8ba3-f81a43417be7/2020-2022-Champaign-County-CHNA-Final.pdf

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

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT (PART V, SECT B, LINE 11)	<p>HEALTH NEEDS SELECTED PRIORITY #1: BEHAVIORAL HEALTH / ACCESS, PREVENTION, SUBSTANCE ABUSE , AND RESOURCES CARLE IMPLEMENTATION PLAN - ANTICIPATED IMPACT & PLAN TO EVALUATE: THE CAR LE FOUNDATION HOSPITAL WILL PURSUE THESE INITIATIVES TO INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES: 1. EXPLORE VIABILITY OF INCREASING PRIMARY CARE PHYSICIANS' COMFORT LEVEL IN PRESCRIBING PSYCHOTROPIC PRESCRIPTIONS. 2. RECRUIT BEHAVIORAL HEALTH PROVIDERS TO ADD CAPA CITY WITHIN THE COMMUNITY. 3. TRAIN EMERGENCY DEPARTMENT PERSONNEL OF BEHAVIORAL HEALTH SYMPTOMS TO BEST DIRECT CARE. 4. INCREASE ACCESS TO TRAINED MENTAL/BEHAVIORAL HEALTH PROFESSIONALS IN HOME/VIRTUAL CARE SETTINGS IN PARTNERING WITH OUR NURSE FAITH PRACTITIONERS/HEALTHY BEGINNINGS PROGRAM. 5. IMPLEMENT IN-HOME COUNSELING SERVICES TO OFFER ACES SCREENING, AND TRAUMA INFORMED CARE DELIVERY APPROACHES THROUGH HEALTHY BEGINNINGS PROGRAM UNDER THE CARLE COMMUNITY HEALTH INITIATIVE. 6. SUPPORT EDUCATIONAL AND TRAINING PROGRAMS OF LOCAL PROVIDER. 7. SUPPORT COMMUNITY BEHAVIORAL/MENTAL HEALTH SERVICES THROUGH DONATIONS. EVALUATION OF PRIOR IMPACT: BEHAVIORAL HEALTH HAS BEEN A PRIORITY HEALTH ISSUE IN THE CURRENT AND PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENTS. CARLE CONTINUES TO SUPPORT ACTIVITIES AIMED AT IMPROVING ACCESS TO BEHAVIORAL HEALTH CARE SERVICES. MENTAL HEALTH FIRST AID: IN 2021, CARLE FACILITATED A TRAIN THE TRAINER PROGRAM FOR CARLE AND REGIONAL PARTNER EMPLOYEES TO TEACH MENTAL HEALTH FIRST AID TRAINING. WE HOSTED 6 CLASSES REGIONALLY. WE HAD THE OPPORTUNITY TO TRAIN HEALTHCARE PROFESSIONALS, FARMERS, EMPLOYERS, CLERGY MEMBERS, FIRST RESPONDERS AND MANY OTHER COMMUNITY MEMBERS. PSYCHIATRY RESIDENCY: PSYCHIATRIC RESIDENTS TREAT PATIENTS UNDER SUPERVISION FROM ATTENDING PSYCHIATRISTS AND MEDICAL SCHOOL FACULTY AT THREE PARTNERING HOSPITALS - CARLE, OSF, AND VA IN DANVILLE. TRAINING INCLUDES THE AREAS OF INPATIENT AND OUTPATIENT PSYCHIATRY, ADDICTIONS, GERIATRICS, CHILD, FORENSICS, EMERGENCY AND ADMINISTRATIVE PSYCHIATRY. THIS TRAINING PROGRAM WILL GRADUATE PSYCHIATRISTS WHO WILL BE MORE LIKELY TO SETTLE AND PRACTICE IN THE AREA, FOR WHICH RECRUITMENT HAS HISTORICALLY BEEN DIFFICULT. WE ADDED FOUR ADDITIONAL RESIDENTS IN 2021, WITH THE EXPECTATION OF FOUR NEW RESIDENTS JOINING THE PROGRAM EACH YEAR. IN 2021, CARLE HIRED A RESIDENT OUT OF THIS PROGRAM. PREVENTING DRUG OVERDOSE WITH NARCAN: CARLE PARTNERS WITH THE CHAMPAIGN COUNTY SHERIFF'S OFFICE TO EQUIP OFFICERS WITH NARCAN, OR NALOXONE, A DRUG THAT STOPS RESPIRATORY FAILURE CAUSED BY OPIOIDS. IN A RURAL REGION, IT'S CRITICAL TO GET NARCAN IN THE HANDS OF BOTH LAW ENFORCEMENT AND EMS TO SAVE LIVES AND STOP AN OVERDOSE AS IT IS HAPPENING. IN 2021, THERE WERE 4 HEROIN OVERDOSES IN CHAMPAIGN COUNTY UNDER THE JURISDICTION OF THE CHAMPAIGN COUNTY SHERIFF'S OFFICE; 0 OF WHICH WERE FATAL. 4 LIVES WERE SAVED AFTER EMERGENCY RESPONDERS ADMINISTERED NARCAN: 4 TIMES BY CHAMPAIGN COUNTY SHERIFF'S OFFICE, 0 TIMES BY EMERGENCY MEDICAL SERVICES, AND 2 TIMES BY CITI</p>

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

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT (PART V, SECT B, LINE 11)	<p>ZENS. ADDITIONALLY, NARCAN PURCHASED BY CARLE WAS PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO HAD OVERDOSED TO TAKE HOME, ALLOWING THESE INDIVIDUALS TO TAKE HOME LIFE-SAVING TREATMENT FOR THEIR USE ONCE THEY HAVE LEFT THE EMERGENCY DEPARTMENT AT THE CARLE FOUNDATION HOSPITAL. OTHER IMPACT: PROVIDED FUNDING TO COMMUNITY AGENCIES AND EVENTS THAT PROMOTE AWARENESS OF BEHAVIORAL HEALTH EDUCATION, INCLUDING OPIOID AWARENESS EVENTS; AMOUNTING TO OVER \$50,000 IN BEHAVIORAL HEALTH FUNDING INCREASED BEHAVIORAL HEALTH PROVIDERS WITH FOURTEEN NEW PROVIDERS IN 2021. PRIORITY #2: OBESITY AND HEALTHY LIFESTYLES / NUTRITION, ENVIRONMENT, AND PHYSICAL ACTIVITY CARLE IMPLEMENTATION PLAN - ANTICIPATED IMPACT & PLAN TO EVALUATE: THE CARLE FOUNDATION HOSPITAL WILL PURSUE THESE INITIATIVES TO REDUCE OBESITY LEVELS: 1. ENCOURAGE PROVIDERS TO GIVE OUT NUTRITION RX AND PHYSICAL ACTIVITY RX. 2. INCREASE REFERRALS AND INFORMATION OF CARLE'S MOBILE HEALTH MARKET. 3. USE CARLE PATIENT BMI DATA TO TRACK CHILDHOOD OBESITY IN CHAMPAIGN COUNTY. 4. CONTINUE TO DISTRIBUTE FOOD BOXES TO FAMILIES IN NEED UNDER THE CARLE COMMUNITY HEALTH INITIATIVE. 5. COLLABORATE AND SUPPORT LOCAL DIABETIC PREVENTION PROGRAMS. 6. INCREASE AWARENESS OF OVERALL HEALTH AND WELLNESS THROUGH CARLE AND HEALTH ALLIANCE HEALTH-BASED SOCIAL MEDIA PLATFORMS. 7. DONATIONS TO COMMUNITY AND SCHOOL-BASED PROGRAMS THAT ENCOURAGE PHYSICAL ACTIVITY AND NUTRITIONAL EDUCATION. EVALUATION OF PRIOR IMPACT: OBESITY HAS BEEN A PRIORITY HEALTH ISSUE IN THE CURRENT AND PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENTS. CARLE CONTINUES TO SUPPORT ACTIVITIES AIMED AT IMPROVING THE HEALTH OF THE COMMUNITY AND ADDRESSING OBESITY. HEALTHY FOOD BOXES: CARLE, THROUGH OUR COMMUNITY HEALTH INITIATIVES PROGRAM, CONTRIBUTED OVER 1,600 HEALTHY FOOD BOXES TO FAMILIES IN NEED IN 2021 ALONE, ENSURING THOSE MOST AT NEED HAD ACCESS TO HEALTHY AND NUTRITIONAL OPTIONS. CARLE ALSO SUPPORTED 'THE LAND CONNECTION' IN 2021, IN PROVIDING HEALTHY INSTRUCTIONAL FOOD TAKE-HOME BOXES FOR CHILDREN AND FAMILIES WHO VISITED THEIR FARMER'S MARKET. FUNDING: PROVIDED FUNDING OF COMMUNITY EVENTS THAT PROMOTE PHYSICAL ACTIVITY, INCLUDING VARIOUS WALKS AND RACES; AMOUNTING TO MORE THAN \$200,000 IN FINANCIAL SUPPORT PRIORITY #3: VIOLENCE / GUN VIOLENCE, DOMESTIC VIOLENCE, CHILD ABUSE AND NEGLECT THE CARLE FOUNDATION HOSPITAL WILL PURSUE THESE INITIATIVES TO REDUCE THE LEVELS OF VIOLENCE: 1. SEXUAL ASSAULT NURSE EXAMINERS (SANE) / INTERPERSONAL VIOLENCE PROGRAM 2. CHILD ABUSE SAFETY TEAM (CAST) 3. RISK WATCH 4. PLAYING IT SAFE SAFETY FAIR FOR KIDS AND FAMILIES 5. DONATION SUPPORT TO COMMUNITY AGENCIES EVALUATION OF PRIOR IMPACT: VIOLENCE HAS BEEN A PRIORITY HEALTH ISSUE IN THE CURRENT AND PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENTS. CARLE CONTINUES TO SUPPORT ACTIVITIES AIMED AT REDUCING LEVELS OF VIOLENCE IN THE COMMUNITY. SANE/INTERPERSONAL VIOLENCE PROGRAM: INTERPERSONAL VIOLENCE PROGRAM: THIS PROGRAM FOCUSES ON REDUCING INTERPERSONAL VIOLENCE THROUGH</p>

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

Form and Line Reference	Explanation
<p>COMMUNITY HEALTH NEEDS ASSESSMENT (PART V, SECT B, LINE 11)</p>	<p>COMMUNITY EDUCATION AND THE DEVELOPMENT AND TRAINING OF A STAFF OF SEXUAL ASSAULT NURSE EXAMINERS (SANES) WHO TREAT SEXUAL ASSAULT AND ABUSE SURVIVORS. CARLE HAS 16 NURSES TOTAL WORKING WITH SEXUAL ASSAULT PATIENTS; 2 WHO ARE INTERNATIONALLY BOARD CERTIFIED, 7 WHO ARE STATE CERTIFIED, AND 7 WHO ARE IN TRAINING, WHO ASSISTED WITH 199 TOTAL SEXUAL ASSAULT EXAMS, INCLUDING 85 PEDIATRIC SEXUAL ASSAULT EXAMS THIS YEAR. CARLE IS KNOWN AS A RESOURCE AND LEADER THROUGHOUT THE LOCAL COMMUNITY AND THE STATE IN TREATING VICTIMS OF ASSAULT. NOTABLE 2021 ACCOMPLISHMENTS INCLUDE BUT ARE NOT LIMITED TO: PROVIDED CLINICAL AND CLASSROOM EDUCATION TO RAPE ADVOCATES, UNIVERSITY OF ILLINOIS AND PARKLAND COLLEGE NURSING STUDENTS, AND PARKLAND COLLEGE PARAMEDIC STUDENTS (100 HOURS) PARTICIPATED IN COMMUNITY MULTIDISCIPLINARY TEAM TO FOLLOW UP ON PEDIATRIC ABUSE CASES (48 HOURS) PARTICIPATED IN UNIVERSITY OF ILLINOIS RAPE AWARENESS AND PREVENTION COMMITTEE (24 HOURS) ORGANIZING AND LEADING THE CHAMPAIGN COUNTY SEXUAL ASSAULT RESPONSE TEAM COMMITTEE (50 HOURS) ORGANIZED AND HOSTED A TWO DAY SEMINAR ON CHILD ABUSE AND INTIMATE PARTNER VIOLENCE IN MARCH 2021 (100 HOURS) PLANNED AND PREPARED TO HOST A ONE DAY SEMINAR ON SEXUAL ASSAULT PATIENT CARE TO BE HELD IN MARCH 2022 (50 HOURS) PROVIDED SANE TRAINING TO ALL ED CLINICAL STAFF THAT MEETS NEW STATE MANDATES (200 HOURS) HOSTED AND TAUGHT AN ADULT/ADOLESCENT SANE CLASS (200 HOURS) CHILD ABUSE SAFETY TEAM (CAST): THE CHILD ABUSE SAFETY TEAM (CAST) IS A PROGRAM DEDICATED TO THE SAFETY OF CHILD ABUSE VICTIMS, LED BY A PEDIATRIC HOSPITALIST. THIS PHYSICIAN EXPERT IS ON CALL 24/7 TO IDENTIFY SUSPECTED ABUSE, ENSURE PROPER INVESTIGATION AND TESTING, AND COMMUNICATE WITH STATE AND LOCAL AGENCIES. IN 2021, THE CAST PROGRAM SERVED 145 CHILDREN. SINCE EACH PATIENT HAS A UNIQUE SET OF CIRCUMSTANCES, SOME CASES MAY ONLY REQUIRE A 10-MINUTE PHONE CALL, WHILE OTHERS REQUIRE HOURS OF COURTROOM WORK AND PREPARATION. OVERALL, THIS PROGRAM AMOUNTED TO MORE THAN \$130,000 IN COMMUNITY BENEFIT. TO DATE, THIS INITIATIVE LED BY ONE PHYSICIAN CHAMPION HAS HELPED 759 CHILDREN SINCE LAUNCHING IN 2012. RISK WATCH: A LONGSTANDING PARTNERSHIP BETWEEN CARLE AND LOCAL POLICE AND FIRE DEPARTMENTS, RISK WATCH REACHED ALL ELEMENTARY-AGED CHILDREN IN CHAMPAIGN-URBANA'S PUBLIC SCHOOLS IN 2021 BY INTEGRATING THE MESSAGE INTO CURRICULUM AT THESE SCHOOLS. RISK WATCH CURRICULUM INCLUDES EDUCATION ABOUT AVOIDING FALLS, CHOKING, STRANGULATION, SUFFOCATION AND POISONING, AND IS TAUGHT BY APPROPRIATE EXPERTS MEETING ILLINOIS STATE LEARNING STANDARDS FOR PREVENTION EDUCATION AT THE ELEMENTARY LEVEL. A TEAM OF NURSING STAFF FROM THE CARLE FOUNDATION HOSPITAL TAUGHT RISK WATCH CURRICULUM COVERING THE PREVENTION OF FALLS, CHOKING/SUFFOCATION/STRANGULATION, AND POISONING. THESE PRESENTATIONS MEET THE ILLINOIS STATE LEARNING STANDARDS FOR PREVENTION EDUCATION AT THE ELEMENTARY LEVEL. DUE TO THE COVID-19 PANDEMIC PRESENTATIONS WERE PERFORMED VIA VIRTUAL RECORDINGS FOR THE</p>

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

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

Form and Line Reference	Explanation
FINANCIAL ASSISTANCE POLICY (FAP) (PART V, SECTION B, LINE 16A)	HTTPS://CARLE.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

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

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

Form and Line Reference	Explanation
FAP APPLICATION (PART V, SECTION B, LINE 16B)	https://carle.org/getmedia/61308d9a-9998-4742-a484-6f4fc05e043c/CFAP-Application-English.PDF

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

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

Form and Line Reference	Explanation
PLAIN LANGUAGE SUMMARY OF FAP (PART V, SECTION B, LINE 16C)	HTTPS://CARLE.ORG/GETMEDIA/79F45A9C-712A-4F5F-9829-FD8EDA1428BE/PLAIN-LANG UAGE-SUMMARY.PDF

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization THE CARLE FOUNDATION HOSPITAL

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...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 22
3 Enter total number of other organizations listed in the line 1 table 1

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
PARKLAND COLLEGE FOUNDATION 2400 W BARDLEY AVE CHAMPAIGN, IL 61821	23-7025130	501(c)(3)	260,000				Scholarships & Sponsorships
PROMISE HEALTHCARE NFP PO BOX 154 CHAMPAIGN, IL 61824	14-1880824	501(c)(6)	150,000				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
LUELLAS LODGE NFP 7397 E 1500 NORTH RD OAKWOOD, IL 61858	85-0797144	501(c)(3)	150,000				PROGRAM SUPPORT
URBANA PARK DISTRICT 303 W UNIVERSITY AVE URBANA, IL 61801	37-6000532	501(c)(3)	100,000				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
CHAMPAIGN COUNTY HEALTHCARE CONSUMERS 44 E MAIN ST CHAMPAIGN, IL 61820	37-1073411	501(c)(3)	120,000				PROGRAM SUPPORT
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX ST STE 208 CHAMPAIGN, IL 223142045	13-1635294	501(c)(3)	50,000				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
CHAMPAIGN PARK DISTRICT 706 KENWOOD RD CHAMPAIGN, IL 61821	37-6000474	501(c)(3)	100,000				PROGRAM SUPPORT
LAND OF LINCOLN LEGAL ASSISTANCE FNDN 302 SOUTH FIRST ST CHAMPAIGN, IL 61820	37-0958448	501(c)(3)	113,000				VOLUNTEER STIPEND

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
THE ROSENCRANCE FOUNDATION 1021 N MULFORD RD ROCKFORD, IL 61107	36-4167891	501(c)(3)	50,000				PROGRAM SUPPORT
HOUSING AUTHORITY OF CHAMPAIGN CO 2008 N MARKET ST CHAMPAIGN, IL 61822	32-0596990	501(c)(3)	50,000				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
CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER PO BOX 1400 CHAMPAIGN, IL 61824	56-2421584	501(c)(3)	30,000				OPERATIONS & FACILITIES
CHAMPAIGN COUNTY CHAMBER OF COMMERCE 303 W KIRBY AVE CHAMPAIGN, IL 61820	37-1269310	501(c)(3)	26,575				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
AMERICAN MEDICAL GROUP ASSOCIATION FOUNDATION ONE PRINCE STREET ALEXANDRIA, VA 22314	54-6059304	501(c)(3)	10,000				PROGRAM SUPPORT
CHAMPAIGN COUNTY CONVENTION BUREAU 108 S NEIL ST CHAMPAIGN, IL 61820	37-1167754	501(c)(3)	10,000				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
CHAMPAIGN COUNTY ECONOMIC DEVELOPMENT CORP 1817 SOUTH NEIL ST CHAMPAIGN, IL 61820	37-1200848	501(c)(3)	10,000				COMMUNITY BUILDING
EASTERN ILLINOIS FOOD BANK 2405 NORTH SHORE DR URBANA, IL 61801	37-1130252	501(c)(3)	10,753				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)	7,500				PROGRAM SUPPORT
Vermilion Advantage NFP 15 N WALNUT STREET DANVILLE, IL 61832	37-0238000	501(c)(3)	6,000				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
VISIT CHAMPAIGN COUNTY FOUNDATION 17 E TAYLOR ST CHAMPAIGN, IL 61820	47-4095548	501(c)(3)	20,000				PROGRAM SUPPORT
CROSSPOINT HUMAN SERVICES 210 AVENUE C DANVILLE, IL 61832	37-1085771	501(c)(3)		15,400	COST	DEMO & RMVL OF HOUSE	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
THE SALVATION ARMY 5550 PRAIRE STONE PKWY HOFFMAN ESTATES, IL 60192	36-2167910	501(c)(3)	7,500				PROGRAM SUPPORT
CITY OF DANVILLE 17 WEST MAIN ST DANVILLE, IL 61832	37-6002207	501(c)(3)	6,000				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
UNIVERSITY OF ILLINOIS 505 S MATHEWS AVE URBANA, IL 61801	37-6000511	501(C)(3)	446,601				Scholarships & Sponsorships

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CARLE FOUNDATION HOSPITAL

Employer identification number
37-1119538

Part I Questions Regarding Compensation

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

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 2021, SEVERANCE PAYMENTS WERE PAID TO MATTHEW GIBB, MD (\$286,364) AND JOHN SNYDER (\$773,686).
FORM 990, SCHEDULE J, PART I, QUESTION 4B	THE 2021 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 ELIZABETH ANGELO, LYNETTE BARNES, PAMELA BIGLER, CHARLES DENNIS, MD, LAURENCE FALLON, LINDA FRED, DENNIS HESCH, MATTHEW KOLB, JAMES LEONARD, MD, CALEB MILLER, ALLEN RINEHART, SALLY SALMONS, MD, LAUREN SCHMID, JULIANNA SELLETT, AND DAWN WALDEN. THE 2021 PAYMENTS FROM THE 457(F) PLAN WERE MADE TO ELIZABETH ANGELO (\$23,573), LYNETTE BARNES (\$458,681), PAMELA BIGLER (\$292,821), CHARLES DENNIS, MD (\$59,622), LAURENCE FALLON (\$233,014), DENNIS HESCH (\$329,498), MATTHEW KOLB (\$68,733), JAMES LEONARD, MD (\$524,075), CALEB MILLER (\$65,092), SALLY SALMONS, MD (\$36,484), LAUREN SCHMID (\$58,248), JULIANNA SELLETT (\$45,478), DAWN WALDEN (\$67,748), AND JOHN SNYDER (\$1,154,778).
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, 1099-MISC compensation, and/or 1099-NEC			(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				
1 James C Leonard MD Ex-Officio, President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,484,721	505,818	568,296	621,615	20,043	3,200,493	524,075
1 John Snyder Officer - Former	(i)	0	0	0	0	0	0	0
	(ii)	0	0	1,942,803	0	14,339	1,957,142	1,928,464
2 Dennis Hesch Exec VP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	928,295	275,474	363,123	357,272	18,544	1,942,708	329,498
3 Matthew Kolb Exec VP & COO	(i)	0	0	0	0	0	0	0
	(ii)	868,994	197,972	92,597	311,540	26,064	1,497,167	68,733
4 Laurence Fallon Key Employee - Former	(i)	0	0	0	0	0	0	0
	(ii)	643,001	161,741	266,622	237,130	17,840	1,326,334	233,014
5 Lynette Barnes President, CFH	(i)	0	0	0	0	0	0	0
	(ii)	363,135	76,039	502,000	118,687	7,309	1,067,170	458,681
6 Charles Dennis MD Exec VP, Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	687,108	158,913	73,792	109,379	17,706	1,046,898	59,622
7 Blair Rowitz MD Assoc CMO - Surgical Services	(i)	0	0	0	0	0	0	0
	(ii)	692,485	35,100	22,834	23,244	22,858	796,521	0
8 Issam Moussa MD Med Dir-HVI	(i)	0	0	0	0	0	0	0
	(ii)	660,694	48,400	35,327	23,244	2,184	769,849	0
9 Pamela Bigler Key Employee-Former	(i)	0	0	0	0	0	0	0
	(ii)	330,649	69,541	327,142	106,815	7,500	841,647	292,821
10 Lauren Schmid Exec VP, Chief HR Officer	(i)	0	0	0	0	0	0	0
	(ii)	468,482	107,632	81,705	161,242	24,092	843,153	58,248
11 Kenneth Aronson MD Med Dir - Neuroscience Inst	(i)	0	0	0	0	0	0	0
	(ii)	488,249	35,100	45,043	23,244	13,568	605,204	0
12 Malec Mokraoui MD Key Employee - Former	(i)	0	0	0	0	0	0	0
	(ii)	453,107	350	43,772	23,244	20,172	540,645	0
13 David Chan MD Associate CMO	(i)	0	0	0	0	0	0	0
	(ii)	410,365	31,200	42,385	23,244	10,320	517,514	0
14 Caleb Miller SVP Surg/Diag Svcs, Prim Care	(i)	0	0	0	0	0	0	0
	(ii)	300,857	63,708	114,605	97,314	26,755	603,239	65,092
15 Uretz Oliphant MD Secretary & Physician	(i)	0	0	0	0	0	0	0
	(ii)	418,661	0	39,267	17,444	4,786	480,158	0
16 Dawn Walden Sr VP, Chief Rev Cycle Officer	(i)	0	0	0	0	0	0	0
	(ii)	305,014	61,601	86,163	93,044	12,546	558,368	67,748
17 Elizabeth Angelo Sr. VP Chief Nursing Officer	(i)	0	0	0	0	0	0	0
	(ii)	328,034	65,100	46,310	64,405	24,469	528,318	23,573
18 Sally Salmons MD VP-Assoc CMO Hosp Med	(i)	0	0	0	0	0	0	0
	(ii)	367,823	54,828	68,983	65,944	15,655	573,233	36,484
19 Julianna Sellett Key Employee-Former	(i)	0	0	0	0	0	0	0
	(ii)	234,014	38,183	80,862	68,652	25,584	447,295	45,477

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
21 Aja Lystila MD Trustee & Physician	(i)	0	0	0	0	0	0	
	(ii)	330,375	0	2,470	23,244	24,485	380,574	
1 Matthew Gibb MD Officer - Former	(i)	0	0	0	0	0	0	
	(ii)	0	0	286,364	0	0	286,364	
2 Linda Fred Highest Comp - Former	(i)	0	0	0	0	0	0	
	(ii)	227,747	35,739	17,021	48,959	18,232	347,698	
3 Maria Fe P Celis RN 3 WkndOpt F - Crd-Plm M/S	(i)	236,614	500	9,343	18,970	24,937	290,364	
	(ii)	0	0	0	0	0	0	
4 Allen Rinehart VP, CFH INPATIENT HOSP OPER	(i)	194,931	28,595	12,470	22,712	17,229	275,937	
	(ii)	0	0	0	0	0	0	
5 Jodi Davis RN - House Administrator	(i)	226,198	500	40	10,863	26,291	263,892	
	(ii)	0	0	0	0	0	0	
6 Joel Love Physicist - Radiation Oncology	(i)	212,963	500	3,125	17,125	25,723	259,436	
	(ii)	0	0	0	0	0	0	
7 Bruce Damon Dir - Clin Imaging Research	(i)	203,522	10,000	2,338	0	19,741	235,601	
	(ii)	0	0	0	0	0	0	

Schedule L (Form 990) Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

OMB No. 1545-0047 2021 Open to Public Inspection

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

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.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KATHRYN OLIPHANT	FAMILY MEMBER OF TRUSTEE	89,297	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)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **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 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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				
25 Other ▶ (SEE ATTACHMENT)	X	1	564,631	FMV
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**

	Yes	No
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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

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 PROGRAM SUPPORT, PEDIATRIC SENSORY KITS, PEDIATRIC THERAPY MATS AND EVALUDATION TOYS, MOBILE HEALTH CLINIC FUNDING, HEALTHY BEGINNINGS FUNDING, JOB READINESS AND LEARNING PROGRAM SUPPORT, ONCOLOGY SUPPORT GARDEN, PATIENT MEAL VOUCHERS, PRESSURE MONITORS AND CUFFS AND SCALES FOR HEART FAILURE PATIENTS, PEDIATRIC SURGICAL BACKPACKS, HOSPICE PATIENT COMFORT SUPPORT, AND OTHER HOSPITAL PROGRAM SUPPORT.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization
THE CARLE FOUNDATION HOSPITAL

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 THROUGH 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	AJA LYSTILA, MD (TRUSTEE), JON STEWART (TRUSTEE), KARL APPELQUIST (IMMEDIATE PAST CHAIR), MARK CZYS (VICE CHAIR OF BOARD), PAUL TUCKER, PHD (CHAIR OF BOARD), URETZ OLIPHANT, MD (SECRETARY/TREASURER), AND MICHAEL DEVOCELLE (TRUSTEE) HAD BUSINESS RELATIONSHIPS. JON STEWART (TRUSTEE) AND DENNIS HESCH (OFFICER) HAD A BUSINESS RELATIONSHIP. BLAIR ROWITZ, MD (KEY EMPLOYEE), CHARLES DENNIS, MD (OFFICER), ELIZABETH ANGELO (KEY EMPLOYEE), JAMES C. LEONARD, MD (OFFICER), LAWRENCE FALLON (FORMER), MATTHEW KOLB (OFFICER), AND SALLY SALMONS, MD (KEY EMPLOYEE) HAD A BUSINESS RELATIONSHIP. MARK CZYS (VICE CHAIR OF BOARD), JOHN STEWART, PHD (TRUSTEE), PAUL TUCKER, PHD (CHAIR OF BOARD), AND MICHAEL DEVOCELLE (TRUSTEE) HAD BUSINESS RELATIONSHIPS. CHARLES DENNIS, MD (OFFICER) AND MATTHEW KOLB (OFFICER) HAD A BUSINESS RELATIONSHIP. KARL APPELQUIST (IMMEDIATE PAST CHAIR), LAUREN SCHMID (KEY EMPLOYEE), AND DENNIS HESCH (OFFICER) HAD BUSINESS RELATIONSHIPS.

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 CEO'S 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 AN 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 COMPLIANCE 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 DELIBERATING AND 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 WWW.DACBOND.COM AND HTTPS://EMMA.MSRB.ORG/ ITS QUARTERLY UNAUDITED FINANCIAL STATEMENTS, ANNUAL AUDITED FINANCIAL STATEMENTS, A MANAGEMENT'S DISCUSSION & 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 WWW.DACBOND.COM WEBSITE. IN ADDITION, THE FORM 990S OF THE ORGANIZATION'S FILING ENTITIES ARE AVAILABLE THROUGH DACBOND.COM. 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 \$202,556,601. 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. PART XI, LINE 9 ALSO INCLUDES \$819,794 ADJUSTMENT FOR A 2020 DONATION REVERSAL.

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)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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
See Additional Data Table							

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

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

(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
See Additional Data Table									

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

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

	Yes	No
1 During the tax year, did the 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	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

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

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 II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
611 W PARK ST URBANA, IL 61801 37-0673465	PARENT/INVMGT	IL	501(c)(3)	12c, III-FI	NA		No
611 W PARK ST URBANA, IL 61801 37-1159978	FUNDRAISING	IL	501(c)(3)	7	TCF	Yes	
611 W PARK ST URBANA, IL 61801 37-1140016	VAR MED SVCS	IL	501(C)(3)	10	TCF	Yes	
611 W PARK ST URBANA, IL 61801 37-1160033	RTRMT LIVING	IL	501(C)(3)	10	TCF	Yes	
611 W PARK ST URBANA, IL 61801 36-4458371	FNDN MISSION	IL	501(C)(3)	12a, Type I	TCDF	Yes	
701 E ORANGE ST HOOPESTON, IL 60942 36-3637465	HOSPITAL SVCS	IL	501(C)(3)	3	TCF	Yes	
800 EAST LOCUST STREET OLNEY, IL 64250 37-1363001	HOSPITAL SVCS	IL	501(C)(3)	3	TCF	Yes	
611 W Park Street Urbana, IL 61801 85-0682363	Hospital SVCS	IL	501c(3)	3	TCF	Yes	
611 W Park Street Urbana, IL 61801 85-0688306	Hospital svcs	IL	501c(3)	3	TCF	Yes	
407 E VERNON AVE NORMAL, IL 61761 37-1363717	Cancer trmt	IL	501c(3)	12a Type I	TCF	Yes	
611 W Park Street Urbana, IL 61801 85-0703768	Phys Services	IL	501c(3)	10	CHCI	Yes	

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 MANAGEME	IL	TCFH	C CORP	2,785,131	310,466	100.000 %	Yes	
EVALIDATA INC 611 W PARK ST URBANA, IL 618012595 46-2022658	PHYS CREDENTI	IL	TCFH	C CORP	259,271	29,901	100.000 %	Yes	
CHA HOLDING INC 3310 SOUTH FIELDS DR CHAMPAIGN, IL 61822 47-1854275	HOLDING CO	IL	NA	C CORP				Yes	
CARLE HOLDING COMPANY INC 611 W PARK ST URBANA, IL 618012595 37-1188284	HOLDING CO	IL	NA	C CORP				Yes	
HEALTH ALLIANCE MEDICAL PLANS INC 3310 SOUTH FIELDS DR CHAMPAIGN, IL 61822 37-1260731	HEALTH COVERA	IL	NA	C CORP				Yes	
HEALTH ALLIANCE CONNECT INC 3310 SOUTH FIELDS DR CHAMPAIGN, IL 61822 46-4796891	HEALTH CARE C	IL	NA	C CORP				Yes	
HEALTH ALLIANCE NORTHWEST HOLDING 820 N CHELAN AVE WENATCHEE, WA 98801 46-1717578	HOLDING CO	WA	NA	C CORP				Yes	
HEALTH ALLIANCE NORTHWEST HEALTH PLAN 820 N CHELAN AVE WENATCHEE, WA 98801 46-1966323	HEALTH COVERA	WA	NA	C CORP				Yes	
HEALTH ALLIANCE MIDWEST INC 3310 South Fields Dr Champaign, IL 61822 37-1354502	HEALTH COVERA	IL	NA	C CORP				Yes	
CARLE VENTURES INC 611 W Park Street Urbana, IL 618012595 37-1313150	Health Care P	IL	TCF	C Corp				Yes	
CARLE HEALTH PHYSICIAN PARTNERS INC 611 W Park Street Urbana, IL 618012595 85-0718392	PHYS SERVICES	IL	TCF	C Corp				Yes	
FIRST CAROLINA CARE INSURANCE COMPANY 42 Memorial Drive Pinehurst, NC 28374 33-1160597	Insurance	IL	CHA Holding	C Corp				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CARLE COMMUNITY HEALTH CORP	C	2,618,160	BOOK
THE CARLE DEVELOPMENT FOUNDATION	C	1,388,660	BOOK
HEALTH ALLIANCE MEDICAL PLANS	L	118,971,877	BOOK
HEALTH ALLIANCE CONNECT INC	L	52,000,743	BOOK
CARLE HEALTH CARE INCORPORATED	L	4,589,219	BOOK
CARLE RISK MANGEMENT COMPANY	L	54,000	BOOK
CHAMPAIGN SURGICENTER LLC	L	830,331	BOOK
CARLE HEALTH CARE INCORPORATED	M	12,466,845	BOOK
HEALTH SYSTEMS INSURANCE LIMITED	M	1,121,730	BOOK
CARLE HEALTH CARE INCORPORATED	P	1,501,749	BOOK
HOOPESTON COMMUNITY MEMORIAL HOSPITAL	Q	1,125,108	BOOK
HOOPESTON COMMUNITY MEMORIAL HOSPITAL	R	1,048,511	BOOK
CARLE HEALTH CARE INCORPORATED	R	672,443	BOOK
CHAMPAIGN SURGICENTER LLC	R	225,727	BOOK
RICHLAND MEMORIAL HOSPITAL INC	R	193,835	BOOK
CARLE BROMENN MEDICAL CENTER	R	174,046	BOOK
CARLE WEST PHYSICIAN GROUP	R	71,771	BOOK
CHAMPAIGN SURGICENTER LLC	S	87,264	BOOK