

Centegra Health System Application

11-14-17 IHFSRB Hearing

E-036-17

If it please the Board.

My name is Richard Guy and I have lived in the Centegra Health System Service Area for over 24 years.

I have utilized the Centegra Woodstock and McHenry facilities, both as in-patient and out-patient several times over that 24 year period.

In the interest of Full Disclosure, I must advise this Board that my wife is employed by Mercyhealth, a healthcare competitor of Centegra. I assure this Board that neither my wife nor any persons associated with Mercyhealth provided any input to this presentation.

It is my understanding that while the **Illinois Facilities Health Planning Act** is slated for repeal on December 31, 2019, This Board is currently required to follow the Act as written.

Under **EXECUTIVE BRANCH (20 ILCS 3960/) Illinois Health Facilities Planning Act, Sec. 2. Purpose of the Act.** (States in part.) "This Act shall establish a procedure (1) which requires a person establishing, constructing or modifying a health care facility, as herein defined, to have the qualifications, background, character and financial resources to adequately provide a proper service for the community"; And further in part states: "to assure that the reduction and closure of health care services or facilities is performed in an orderly and timely manner, and that these actions are deemed to be in the best interests of the public; and to assess the financial burden to patients caused by unnecessary health care construction and modification". As I read the above it appears to me: This Board has the final authority over This Application and has to base its final decision on the Financial Stability of Centegra, and to ensure the changes in This Application does not create a financial and/or healthcare availability burden upon the residents of McHenry County.

Based on the above; I submit this Board is required to review not only the financial competency of the Board; Officers and Directors, and Management as to their ability to manage the finances of Centegra Health System before it approves This Application, but to also consider the input from Hearings were McHenry County residents voiced the hardships these changes would have on their healthcare.

I also submit the following to demonstrate the financial incompetency of the Centegra Board; Officers and Directors, and its Management.

Based on the Centegra Health System 990 IRS Information Filings, and information provided by Centegra at their October 18, 2017 Illinois Finance Authority Presentation, I found the following: From the Year End Tax Years 6/30/2008 through 6/30/2017 Centegra has lost a total of **<167.986> Million Dollars** in Operating Revenues.

Then if you add Centegra's Estimated Losses of **<45.020> Million** in Operating Revenue shown in their 2018 Budget; the Total Losses in Operating Revenue become **<207.461> Million Dollars**. (Support Documentation is attached.)

Black's Law Dictionary defines Bankrupt as: "The State or Condition of a person (individual, partnership, corporation, municipality) who is unable to pay its debts as they are, or become due". Based on this definition, and the Operating Revenue Losses of Centegra, I ask is Centegra Health System Bankrupt?

I would request This Board use its Current Authority to protect the healthcare of the residents of McHenry County by: (1) Conducting a full review of the Financial Stability of the Centegra Health System and its ability to perform, and to pay its financial obligations; (2) To require the necessary Management changes at Centegra to ensure adequate and financially responsible healthcare is provided; (3) to fully assess the healthcare burden these changes would have on the residents of McHenry County; and (4) To delay the approval of This Application until said time items (1), (2) and (3) are fully addressed.

Respectfully submitted.

Richard L. Guy
1241 Wood Drive
Woodstock, IL 60098
815-334-8247

Support Documents Sources:
Economic Research Institute
Pro Publica
Centegra 10/18/17 Presentation to the IHFSRB

Centegra Health System Operating Revenue: 2011 through 2017 (In Millions)

Fiscal Tax Year Ending on
June 30th

2008	-4.621
2009	-17.977
2010	-11.964
2011	-10.795
2012	-9.562
2013	-13.204
2014	-17.087
2015	-24.728
2016	4.301
2017	-62.349
Total	-167.986
Projected 2018	-39.475
Total	-207.461

Source 2008 - 2010: Economic Research Institute 990 Filings

Sources 2011 - 2015: Pro Publica

Sources 2016 - 2017: Centegra Health System

Source 2018 - Centegra Health System

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 black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C** Name of organization
Centegra Health SystemNumber and street (or P.O. box if mail is not delivered to street address) Room/suite
385 Millennium DriveCity or town, state or country, and ZIP + 4
Crystal Lake, IL 60012**D** Employer identification number

36-3196559

E Telephone number

(815) 788-5835

F Accounting method ☐ Cash ☒ Accrual☐ Other (specify) ▶♦ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).**G** Web site: ▶ www.centegra.org**J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are
normally not more than 25,000. A return is not required, but if the organization chooses to file a return,
be sure to file a complete return.**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization
covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to
attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 82,302,943**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1 Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b		
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		68,710,727
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		152,596
5	Dividends and interest from securities	5		1,061,831
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) subtract line 6b from line 6a	6c		
7	Other investment income (describe ▶)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		12,564,812	8a	
b	Less cost or other bases and sales expenses	10,752,507	8b	
c	Gain or (loss) (attach schedule)	1,812,305	8c	
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d		1,812,305
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11		-187,023
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		71,550,436
13	Program services (from line 44, column (B))	13		64,320,019
14	Management and general (from line 44, column (C))	14		11,852,120
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	Total expenses Add lines 16 and 44, column (A)	17		76,172,139
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		-4,621,703
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,650,298
20	Other changes in net assets or fund balances (attach explanation) <input type="checkbox"/>	20		-5,418,157
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		-4,389,562

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

- 8** Check if applicable:
- ☐ Address change
 - ☐ Name change
 - ☐ Initial return
 - ☐ Termination
 - ☐ Amended return
 - ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Centegra Health System

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
385 Millennium Drive

City or town, state or country, and ZIP + 4
Crystal Lake, IL 60012

D Employer identification number

36-3196559

E Telephone number

(815) 788-5800

G Gross receipts \$ 74,290,772

F Name and address of Principal Officer
Michael Easley
385 Millennium Drive
Crystal Lake, IL 60012

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☒ No
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number

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

J Web site: www.centegra.org

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of formation 1982

M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities The primary mission of the Centegra Health System is to coordinate the delivery of quality healthcare services with innovative and responsible use of resources and to promote wellness for the greater McHenry County area		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VII, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VII, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	543
	6 Total number of volunteers (estimate if necessary)	6	330
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-234,838
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-234,838
Revenue	8 Contributions and grants (Part VIII, line 1h)		0
	9 Program service revenue (Part VIII, line 2g)	68,710,727	76,490,838
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,026,732	-3,515,573
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-187,023	-234,838
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	71,550,436	72,740,427
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		35,293,749	36,578,948
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b (Total fundraising expenses, Part IX, column (D), line 25 ⁰)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		40,878,390	54,138,593
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	76,172,139	90,717,541	
19 Revenue less expenses Subtract line 18 from line 12	-4,621,703	-17,977,114	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	50,358,369	61,453,650
	21 Total liabilities (Part X, line 26)	54,747,931	80,889,502
	22 Net assets or fund balances Subtract line 21 from line 20	-4,389,562	-19,435,852

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.

Please Sign Here

Signature of officer: Robert Rosenberger Sr. VP & CFO
Date: 2010-05-13

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____
Firm's name (or yours if self-employed), address, and ZIP + 4: _____
Check if self-employed ☐ **EIN** _____
Phone no. _____

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

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047



Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection**A** For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Centegra Health System

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
385 Millennium DriveCity or town, state or country, and ZIP + 4
Crystal Lake, IL 60012**D** Employer identification number

36-3196559

E Telephone number

(815) 788-5800

G Gross receipts \$ 83,120,678**F** Name and address of principal officer
Michael Eesley
385 Millennium Drive
Crystal Lake, IL 60012**N(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ www.centegra.org**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1982**M** State of legal domicile IL**Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The primary mission of the Centegra Health System is to coordinate the delivery of quality healthcare services with the innovative and responsible use of resources and to promote wellness for the greater McHenry County area**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a) **3** **19****4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **7****5** Total number of employees (Part V, line 2a) **5** **524****6** Total number of volunteers (estimate if necessary) **6** **378****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** **-13,539****b** Net unrelated business taxable income from Form 990-T, line 34 **7b** **-13,539**

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	76,490,838	79,990,085
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,515,573	774,605
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-234,838	-13,539
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,740,427	80,751,151

Expenses

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,578,948	37,962,003
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	54,138,593	54,753,221
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	90,717,541	92,715,224
19 Revenue less expenses. Subtract line 18 from line 12	-17,977,114	-11,964,073

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	61,453,650	81,404,381
21 Total liabilities (Part X, line 26)	80,889,502	98,255,875
22 Net assets or fund balances. Subtract line 21 from line 20	-19,435,852	-16,851,494

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 **2011-05-13**
Date

Robert Rosenberger Sr. VP & CFO
Type or print name and title

Paid

Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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



DONATE

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Research Tax-Exempt Organizations

CENTEGRA HEALTH SYSTEM

358 MILLENNIUM DR, CRYSTAL LAKE, IL 60012-0000 | TAX-EXEMPT SINCE APRIL 1983

EIN: 36-3196559

Classification (NTEE)

Community Health Systems (Health — General and Rehabilitative)

Nonprofit Tax Code Designation: 501(c)(3)

Defined as: Organizations for any of the following purposes: religious, educational, charitable, scientific, literary, testing for public safety, fostering national or international amateur sports competition (as long as it doesn't provide athletic facilities or equipment), or the prevention of cruelty to children or animals.

Donations to this organization are tax deductible.

More Resources: [GuideStar](#) [National Center for Charitable Statistics](#)**Tax Filings by Year**

The IRS Form 990 is an annual information return that most organizations claiming federal tax-exempt status must file yearly. Read the IRS instructions for 990 forms.

If this organization has filed an amended return, it may not be reflected in the data below. Duplicated download links may be due to resubmissions or amendments to an organization's original return.

If you would like to download Form 990 document PDFs in bulk, the Internet Archive operates a mirror of the original bulk data.

Search for Nonprofit Data

Enter a nonprofit's name, a keyword, or city

Examples: ProPublica, Research or Minneapolis

Any State Any Category Any Type

SEARCH

Advanced Search

About This Data

Nonprofit Explorer includes summary data for nonprofit tax returns and PDFs of full Form 990 documents.

The summary data contains information processed by the IRS during the 2012-2016 calendar years; this generally consists of filings for the 2011-2015 fiscal years, but may include older records. This data release includes only a subset of what can be found in the full Form 990s.

In addition to the raw summary data, we link to PDFs of full Form 990 documents wherever possible. This consists of a separate release by the IRS of Form 990 documents processed by the agency through June 2016; these documents may contain filings as recent as the 2015 fiscal year.

Which Organizations Are Here?

Every organization that has been recognized as tax exempt by the IRS has to file Form 990 every year, unless they make less than \$200,000 in revenue and have less than \$500,000 in assets, in which case they have to file form 990-EZ. Organizations making less than \$50,000 don't have to file either form but do have to let the IRS they're still in business via a Form 990-N "e-Postcard."

Nonprofit Explorer has organizations claiming tax exemption in each of the 27 subsections of the 501(c) section of the tax

FISCAL YEAR
ENDING JUNE**2015**

PDF

990

990-1

Full Text

Full Text

Raw XML

990

Total Revenue \$155,152,807

Total Functional Expenses	\$179,881,047		
Net income	-\$24,728,240		
Notable sources of revenue		Percent of total revenue	
Contributions	\$0		
Program services	\$154,095,179	99.3%	
Investment income	\$685,900	0.4%	
Bond proceeds	\$0		
Royalties	\$0		
Rental property income	\$0		
Net fundraising	\$0		
Sales of assets	\$371,728	0.2%	
Net inventory sales	\$0		
Other revenue	\$0		
Notable expenses		Percent of total expenses	
Executive compensation	\$9,154,454	5.1%	
Professional fundraising fees	\$0		
Other salaries and wages	\$59,368,526	33.0%	
Other			
Total Assets	\$93,821,738		
Total Liabilities	\$120,034,031		
Net Assets	-\$26,212,343		

FISCAL YEAR
ENDING JUNE**2014**

PDF

990

990-T

Full Text

▼

Raw XML

990

Total Revenue \$147,507,837

Total Functional Expenses \$164,595,638
Net Income -\$17,087,801

Notable sources of revenue		Percent of total revenue	
Contributions	\$0		
Program services	\$146,803,736	99.5%	
Investment income	\$549,122	0.4%	
Bond proceeds	\$0		
Royalties	\$0		
Rental property income	\$0		
Net fundraising	\$0		
Sales of assets	\$154,979	0.1%	
Net inventory sales	\$0		
Other revenue	\$0		

Notable expenses		Percent of total expenses	
Executive compensation	\$8,274,256	5.0%	
Professional fundraising fees	\$0		
Other salaries and wages	\$56,441,831	34.3%	

Other
Total Assets \$73,793,941
Total Liabilities \$101,765,114
Net Assets -\$27,972,173

code, and which have filed a Form 990, Form 990EZ or Form 990PF. Taxable trusts and private foundations that are required to file a form 990PF are also included. Small organizations filing a Form 990N "e-Postcard" are not included in this data.

Types of Nonprofits

There are 27 nonprofit designations based on the numbered subsections of section 501(c) of the tax code. See the list »

How to Research Tax-Exempt Organizations

We've created a guide for investigating nonprofits for those just getting started as well as for seasoned pros.

API

The data powering this website is available programmatically, via an API. Read the API documentation »

Get the Data

For those interested in acquiring the original data from the source, here's where our data comes from:

- Raw filing data. Includes EINs and summary financials as structured data.
- Exempt Organization profiles. Includes organization names, addresses, etc. You can merge this with the raw filing data using EIN numbers.
- Form 990 documents requested and processed by Public.Resource.Org and ProPublica. We post bulk downloads of these documents at the Internet Archive.
- Form 990 documents as XML files. Includes complete filing data (financial details, names of officers, tax schedules, etc.) in machine-readable format. Only available for electronically filed documents.
- Audits. PDFs of single or program-specific audits for nonprofit organizations that spent \$750,000 or more in Federal grant money in a single fiscal year. Available for 2016 and later.

FISCAL YEAR
ENDING JUNE**2013**

PDF

990

990-T

990-T

Raw XML

990

Total Revenue \$133,675,752

Total Functional Expenses \$148,879,861
Net Income -\$13,204,109

Notable sources of revenue		Percent of total revenue	
Contributions	\$0		
Program services	\$131,956,822	96.7%	
Investment income	\$1,455,573	1.1%	
Bond proceeds	\$0		
Royalties	\$0		
Rental property income	\$0		
Net fundraising	\$0		
Sales of assets	\$263,357	0.2%	
Net inventory sales	\$0		
Other revenue	\$0		

Notable expenses		Percent of total expenses	
Executive compensation	\$7,402,799	5.0%	
Professional fundraising fees	\$0		
Other salaries and wages	\$46,001,581	31.3%	

Other
Total Assets \$73,190,686
Total Liabilities \$88,879,592
Net Assets -\$13,588,906

FISCAL YEAR
ENDING JUNE**2012**

PDF

990

Raw XML

990

Total Revenue \$108,441,771


Total Functional Expenses \$118,004,125
Net Income -\$9,562,354

Notable sources of revenue		Percent of total revenue	
Contributions	\$0		
Program services	\$107,379,472	99.0%	
Investment income	\$1,475,179	1.4%	
Bond proceeds	\$0		
Royalties	\$0		
Rental property income	\$0		
Net fundraising	\$0		
Sales of assets	-\$412,880		
Net inventory sales	\$0		
Other revenue	\$0		

Notable expenses		Percent of total expenses	
Executive compensation	\$6,589,978	5.6%	
Professional fundraising fees	\$0		

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3. Get Free Printable Tax Forms

Online  **FormFinder**

Total Revenue \$108,441,771

Total Functional Expenses	\$118,004,125	
Net income	-\$9,562,354	
Other salaries and wages	\$36,109,919	30.6%

Other	
Total Assets	\$68,280,033
Total Liabilities	\$80,685,158
Net Assets	-\$12,405,125

FISCAL YEAR
ENDING JUNE**2011**

PDF

990

Raw XML

990**Total Revenue \$89,984,554**

Total Functional Expenses	\$100,779,895
Net income	-\$10,795,341

Notable sources of revenue		Percent of total revenue
Contributions	\$0	
Program services	\$88,879,647	98.8%
Investment income	\$1,532,356	1.7%
Bond proceeds	\$0	
Royalties	\$0	
Rental property income	\$0	
Net fundraising	\$0	
Sales of assets	-\$427,449	
Net inventory sales	\$0	
Other revenue	\$0	

Notable expenses		Percent of total expenses
Executive compensation	\$8,578,456	8.5%
Professional fundraising fees	\$0	
Other salaries and wages	\$23,604,245	23.4%

Other	
Total Assets	\$76,016,802
Total Liabilities	\$88,843,359
Net Assets	-\$12,826,557

FISCAL YEAR
ENDING JUNE**2010**

PDF

990**990-T**

Raw XML

990**Form 990 documents available**

Extracted filing data is not available for this tax period, but Form 990 documents are available for download.

FISCAL YEAR
ENDING JUNE**2009**

PDF

990**990-T****Form 990 documents available**

Extracted filing data is not available for this tax period, but Form 990 documents are available for download.

FISCAL YEAR
ENDING JUNE**Form 990 documents available**

CENTEGRA HEALTH SYSTEM AND AFFILIATES
Consolidated Statements of Operations and Changes in Unrestricted Net Assets
Years ended June 30, 2017 and 2016
(In thousands)

	<u>2017</u>	<u>2016</u>
Net patient service revenue before provision for uncollectible accounts receivable	\$ 571,505	493,861
Provision for uncollectible accounts receivable	<u>39,994</u>	<u>25,838</u>
Net patient service revenue	531,511	468,025
Other revenue:		
Unrestricted contributions	451	836
Other revenue	31,874	31,443
Net assets released from restrictions for operations	<u>362</u>	<u>272</u>
Total revenue	<u>564,198</u>	<u>500,576</u>
Expenses:		
Salaries	275,642	222,308
Employee benefits	58,012	51,776
Purchased services and other	106,327	80,179
Supplies	94,849	73,830
Utilities	5,704	5,042
Professional fees	10,074	5,750
Depreciation and amortization	28,498	20,576
Interest	15,416	8,764
Insurance	7,258	6,273
Illinois Medicaid program assessment	15,113	13,069
Repairs and maintenance	<u>9,654</u>	<u>8,708</u>
Total expenses	<u>626,547</u>	<u>496,275</u>
Income (loss) from operations	(62,349)	4,301
Nonoperating gains:		
Investment income and other, net	6,370	968
Loss on disposal of equipment	(87)	
Gain on sale-leaseback transactions, net	<u>—</u>	<u>4,539</u>
Revenue and gains (deficient of) in excess of expenses and losses	(56,066)	9,808
Net assets released from restrictions for purchase of land, buildings, and equipment	1,194	1,978
Change in net unrealized gains and losses on other-than-trading securities	<u>10,404</u>	<u>(3,888)</u>
Increase (decrease) in unrestricted net assets	\$ <u>(44,468)</u>	<u>7,898</u>

Note: Bond covenant compliance is calculated on the financial results of the Obligated Group. Debt Service Coverage for the Obligated Group is 1.30 as of 6/30/17, and in compliance with the minimum requirements of 1.20:1.00..

FY2018 Budget

Centegra Health System

Consolidated Forecast

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	FY2018
Statement of Revenue & Expenses \$000's													
Patient Revenue													
Inpatient Services	\$53,421	\$52,936	\$47,714	\$49,382	\$48,793	\$49,649	\$49,690	\$45,380	\$52,546	\$49,404	\$50,469	\$49,404	\$598,788
Outpatient Services	\$102,228	\$100,411	\$97,572	\$100,690	\$97,572	\$100,690	\$100,759	\$91,054	\$100,659	\$97,710	\$100,395	\$97,439	\$1,187,156
Gross Patient Revenue	155,649	153,347	145,286	150,062	146,365	150,329	150,449	136,434	153,205	147,114	150,864	146,843	1,785,944
Deductions from Patient Revenue													
Contractual Discounts	\$106,982	\$103,338	\$96,864	\$100,211	\$97,181	\$99,681	\$99,489	\$90,212	\$100,570	\$96,255	\$98,529	\$96,091	\$1,185,402
Provision for Charity	\$2,573	\$2,141	\$2,041	\$2,089	\$2,029	\$2,096	\$2,098	\$1,900	\$2,141	\$2,060	\$2,108	\$2,062	\$25,339
Bad Debt	\$2,441	\$2,986	\$2,833	\$2,928	\$2,851	\$2,933	\$2,936	\$2,662	\$3,005	\$2,885	\$2,961	\$2,889	\$34,300
Total Deductions from Revenue	111,996	108,465	101,737	105,228	102,060	104,710	104,523	94,773	105,716	101,199	103,598	101,035	1,245,041
Net Patient Revenue	43,653	44,882	43,548	44,834	44,304	45,619	45,926	41,661	47,489	45,914	47,266	45,807	\$540,904
Other Operating Revenue	\$2,302	\$2,431	\$2,329	\$2,431	\$2,329	\$2,431	\$2,431	\$2,125	\$2,431	\$2,329	\$2,430	\$2,320	\$28,318
Total Operating Revenue	45,955	47,313	45,877	47,265	46,633	48,050	48,357	43,786	49,920	48,243	49,696	48,127	569,222
Operating Expenses													
Salaries and Wages	\$23,416	\$24,297	\$25,204	\$23,027	\$22,061	\$22,434	\$22,287	\$20,092	\$21,334	\$20,550	\$21,200	\$20,554	\$266,454
Employee Benefits	\$5,468	\$4,969	\$4,629	\$4,675	\$4,475	\$4,531	\$4,500	\$4,056	\$4,456	\$4,293	\$4,427	\$4,296	\$54,777
Professional fees	\$1,054	\$624	\$624	\$624	\$624	\$624	\$624	\$624	\$624	\$624	\$624	\$624	\$7,920
Supplies	\$7,461	\$8,648	\$8,106	\$8,208	\$7,661	\$7,693	\$7,651	\$6,763	\$7,857	\$7,506	\$7,825	\$7,549	\$92,928
Purchased Services/RBM	\$8,137	\$7,435	\$7,434	\$7,435	\$7,434	\$7,435	\$7,434	\$7,435	\$8,039	\$8,020	\$8,039	\$8,020	\$92,299
Depreciation & Amortization	\$2,980	\$2,980	\$2,980	\$2,980	\$2,980	\$2,980	\$2,980	\$2,980	\$2,980	\$2,980	\$2,980	\$2,980	\$35,755
Interest	\$1,414	\$1,414	\$1,414	\$1,414	\$1,414	\$1,414	\$1,414	\$1,414	\$1,414	\$1,414	\$1,414	\$1,414	\$16,969
Other Expense	\$2,305	\$2,731	\$2,730	\$2,728	\$2,731	\$2,730	\$2,729	\$2,731	\$2,729	\$2,730	\$2,729	\$2,730	\$32,336
10 PA Provider Tax	\$1,247	\$1,233	\$1,233	\$1,233	\$1,233	\$1,233	\$1,233	\$1,233	\$1,233	\$1,233	\$1,233	\$1,233	\$14,804
Total Operating Expenses	53,482	54,331	54,354	52,324	50,613	51,074	50,852	47,328	50,665	49,349	50,470	49,400	614,242
Excess of Revenue over Expenses from Operations	(7,528)	(7,019)	(8,477)	(5,059)	(3,980)	(3,024)	(2,495)	(3,542)	(745)	(1,106)	(774)	(1,273)	(45,020)
Operating EBIDA Margin	-6.6%	-5.5%	0.0%	0.0%	0.9%	2.9%	3.9%	1.9%	7.3%	6.8%	7.3%	6.5%	1.4%
Nonoperating Revenue													
Investment Income	\$287	\$333	\$542	\$333	\$333	\$1,258	\$333	\$333	\$542	\$333	\$333	\$588	\$5,546
Excess of Revenue over Expenses	(\$7,240)	(\$6,686)	(\$7,935)	(\$4,727)	(\$3,647)	(\$1,766)	(\$2,163)	(\$3,209)	(\$203)	(\$773)	(\$441)	(\$685)	(\$39,475)