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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

2008

Open to Public  
Inspection

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

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>FRANCISCAN PACE, INC</b>			D Employer identification number <b>26-0297860</b>	
	Doing Business As			E Telephone number <b>(225) 923-2701</b>	
	Number and street (or P O box if mail is not delivered to street address) <b>4200 ESSEN LANE</b>			Room/suite	
	City or town, state or country, and ZIP + 4 <b>BATON ROUGE, LA 70809</b>				
	F Name and address of principal officer <b>SR. KATHLEEN CAIN</b>			G Gross receipts \$ <b>2,061,864</b>	
	4200 ESSEN LANE BATON ROUGE, LA 70809			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (03) ◀ (insert no) 4947(a)(1) or 527				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website. ► N/A				If "No," attach a list. (see instructions)	
K Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation <b>2007</b>	M State of legal domicile <b>LA</b>

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>FRANCISCAN PACE, INC. PROVIDES NON-PROFIT HEALTH AND SUPPORTIVE SERVICES DESIGNED TO ASSIST SENIORS WHO DESIRE AN ALTERNATIVE TO NURSING HOME CARE.</b>				
	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 VI, line 1a)	3	8		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6		
	5 Total number of employees (Part V, line 2a)	5	24		
	6 Total number of volunteers (estimate if necessary)	6	7		
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE		
	8 Contribution and grants (Part VIII, line 1h)	Prior Year			Current Year
	9 Program service revenue (Part VIII, line 2g)				<b>2,061,864</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)				<b>-3,586</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				<b>NONE</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				<b>2,058,278</b>	
Revenue	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				<b>NONE</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)				<b>NONE</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				<b>1,056,057</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)				<b>NONE</b>
	b Total fundraising expenses, Part IX, column (D), line 25 ►				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				<b>934,502</b>
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)				<b>1,990,559</b>
	19 Revenue less expenses Subtract line 18 from line 12				<b>67,719</b>
Expenses	20 Total assets (Part X, line 16)	Beginning of Year			End of Year
	21 Total liabilities (Part X, line 26)	78,978			<b>772,156</b>
	22 Net assets or fund balances Subtract line 21 from line 20	425,966			<b>1,027,393</b>
		-346,988			<b>-255,237</b>
Net Assets or Fund Balances					

## Part II Signature Block

Sign Here	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				
	<i>Robert D. Ramsey, Jr / CFO</i>				
Signature of officer		Date			
<i>Robert D. Ramsey, Jr / CFO</i>		<i>5/17/10</i>			
Type or print name and title					

Paid Preparer's Use Only	Preparer's signature ► <i>Ryan B. Hooks</i>	Date 5/13/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>P00746825</b>
	Firm's name (or yours if self-employed) address, and ZIP + 4 ► <b>KPMG LLP 450 LAUREL STREET, SUITE 1700 BATON ROUGE, LA 70801</b>	EIN ► <b>13-5565207</b>	Phone no ► <b>225-344-4000</b>	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

JSA  
8E1010 2 000

Form 990 (2008)

**Part III Statement of Program Service Accomplishments (see instructions)**1 Briefly describe the organization's mission

SEE STATEMENT 1

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 exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 810,488 including grants of \$ ) (Revenue \$ 1,399,689 )

THE PACE PROGRAM IS DESIGNED TO PROVIDE PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY. AN ARRAY OF SERVICES ARE PROVIDED AT THE PACE CENTER SUCH AS RECREATIONAL THERAPY, MEALS, SOCIAL ACTIVITIES, AND A MEDICAL CLINIC. PACE RETAINS AN ON-STAFF TEAM OF NURSES, A PHARMACIST AND TWO PHYSICIANS WHO DISPENSE MEDICATION, MONITOR VITAL SIGNS AND TEND TO THE WELL-BEING OF THE PARTICIPANTS. DURING THE CURRENT YEAR, THE PROGRAM HAD 45 PARTICIPANTS.

4b (Code) (Expenses \$ 162,888 including grants of \$ ) (Revenue \$ 60,081. )

PARTICIPANTS IN THE PACE PROGRAM CAN RECEIVE OUTPATIENT OR INPATIENT PHYSICIAN VISITS. EXAMPLES OF OUTPATIENT AND INPATIENT SERVICES ARE HOSPITALIZATION AND SPECIALIST VISITS. DURING THE CURRENT YEAR, 384 VISITS OCCURRED.

4c (Code) (Expenses \$ 61,182 including grants of \$ ) (Revenue \$ 197,252 )

FRANCISCAN PACE HAS ESTABLISHED THE PATIENT CARE ASSISTANCE PROGRAM. THIS PROGRAM OFFERS BASIC SERVICES SUCH AS MEALS, CLEANING AND RESTROOM ASSISTANCE FOR THE PARTICIPANTS AT THEIR HOMES. DURING THE CURRENT YEAR, THE PROGRAM HAD 41 PARTICIPANTS.

## 4d Other program services (Describe in Schedule O)

(Expenses \$ 597,017 including grants of \$ ) (Revenue \$ 404,843 )

4e Total program service expenses ► \$ 1,631,575. (Must equal Part IX, Line 25, column (B))

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
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 questions 24b-24d and complete Schedule K If "No," go to question 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	

## Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

Form 990 (2008)

## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	1a	49
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	NONE
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	24
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
b	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	X
5b		5b	X
5c		5c	
6a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	6a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	6b	
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	7a	X
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	7b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	7c	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7d	
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	7e	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7f	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7g	X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7h	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	8	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	9a	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	9b	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations.</b> Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
11	<b>Section 501(c)(12) organizations.</b> Enter	11a	
a	Gross income from members or shareholders . . . . .	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions		
1a Enter the number of voting members of the governing body	1a	8
1b Enter the number of voting members that are independent	1b	6
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ►	
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input type="checkbox"/> Upon request	
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ROBERT_RAMSEY_4200_ESSEN_LANE_BATON_ROUGE_LA_70809 225-923-2701	

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

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

**1b Total** . . . . . ► 253,447. 1,112,254. 226,819.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

## Part VIII Statement of Revenue

26-0297860

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns . . . . .	1a				
	1b Membership dues . . . . .	1b				
	1c Fundraising events . . . . .	1c				
	1d Related organizations . . . . .	1d				
	1e Government grants (contributions) . . . . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f				
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f . . . . .</b>					
<b>Program Service Revenue</b>		<b>Business Code</b>				
	2a ADULT DAY CARE	900099	272,202	272,202		
	b MEDICARE/MEDICAID PATIENT REVENUE	900099	1,789,662	1,789,662		
	c					
	d					
	e					
	f All other program service revenue . . . . .					
	<b>g Total. Add lines 2a-2f . . . . .</b>		2,061,864			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		NONE			
	4 Income from investment of tax-exempt bond proceeds . . . . .		NONE			
	5 Royalties . . . . .		NONE			
		(i) Real	(ii) Personal			
	6a Gross Rents . . . . .					
	b Less rental expenses . . . . .					
	c Rental income or (loss) . . . . .					
	d Net rental income or (loss) . . . . .			NONE		
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory						
b Less cost or other basis and sales expenses . . . . .		3,586				
c Gain or (loss) . . . . .		-3,586				
d Net gain or (loss) . . . . .			-3,586	-3,586		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18. . . . .	a					
b Less direct expenses . . . . .	b					
c Net income or (loss) from fundraising events . . . . .			NONE			
9a Gross income from gaming activities See Part IV, line 19 . . . . .	a					
b Less direct expenses . . . . .	b					
c Net income or (loss) from gaming activities . . . . .			NONE			
10a Gross sales of inventory, less returns and allowances . . . . .	a					
b Less cost of goods sold . . . . .	b					
c Net income or (loss) from sales of inventory. . . . .			NONE			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11a						
b						
c						
d All other revenue . . . . .						
e Total. Add lines 11a-11d . . . . .			NONE			
<b>12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .</b>		2,058,278	2,061,864	NONE	-3,586	

**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) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	277,462.	160,928.	116,534.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	657,059.	604,412.	52,647.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . . . .	12,100.	9,909.	2,191.	
9 Other employee benefits . . . . .	109,436.	89,624.	19,812.	
10 Payroll taxes . . . . .	NONE			
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	NONE			
c Accounting . . . . .	NONE			
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	NONE			
g Other . . . . .	484,749.	396,993.	87,756.	
12 Advertising and promotion . . . . .	5,855.	5,855.		
13 Office expenses . . . . .	116,302.	95,247.	21,055.	
14 Information technology . . . . .	34,109.	11,807.	22,302.	
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	192,118.	176,930.	15,188.	
17 Travel . . . . .	11,958.	1,495.	10,463.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . . .	8,858.	1,107.	7,751.	
20 Interest . . . . .	128.		128.	
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	23,630.	21,031.	2,599.	
23 Insurance . . . . .	53,712.	53,712.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a LICENSES . . . . .	652.	534.	118.	
b DUES & SUBSCRIPTIONS . . . . .	2,431.	1,991.	440.	
c . . . . .				
d . . . . .				
e . . . . .				
f All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24f	1,990,559.	1,631,575.	358,984.	
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	52,896.	1	484,743.
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	STMT. 2 .	9	19,700.
	10a Land, buildings, and equipment cost basis . . .	10a 291,167		
	b Less accumulated depreciation Complete Part VI of Schedule D. . . . .	10b 23,454	13,732.	10c 267,713.
	11 Investments - publicly traded securities . . . . .		11	
	12 Investments - other securities. See Part IV, line 11 . . . . .		12	
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets See Part IV, line 11 . . . . .		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	78,978.	16	772,156.
Liabilities	17 Accounts payable and accrued expenses . . . . .	35,767.	17	446,184.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	390,199.	25	581,209.
	26 Total liabilities. Add lines 17 through 25 . . . . .	425,966.	26	1,027,393.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	-346,988.	27	-255,237.
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	-346,988.	33	-255,237.
	34 Total liabilities and net assets/fund balances . . . . .	78,978.	34	772,156.

## Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	

Form 990 (2008)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

**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 (Please check only one organization.)

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.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  
 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 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.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  
 11  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 that describes the type of supporting organization and complete lines 11e through 11h  
     a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. \_\_\_\_\_   
 g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
     (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_  
     (ii) A family member of a person described in (i) above? \_\_\_\_\_  
     (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h Provide the following information about the organizations the organization supports.**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1-3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						12
12 Gross receipts from related activities, etc (See instructions) . . . . .						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV 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 - 2007. 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 IV 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 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 . . . . .						2,061,864
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 <b>Total.</b> Add lines 1-5 . . . . .					2,061,864	2,061,864
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						2,061,864.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .					2,061,864	2,061,864
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						2,061,864.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input checked="" type="checkbox"/>						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%
19a 33 1/3% support tests - 2008. 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 . . . . . ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. 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 . . . . . ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate 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? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax 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 8/17/06 . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, 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" to Form 990, Part IV, line 8..

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116, 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)	Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$
(ii)	Assets included in Form 990, Part X . . . . . ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$
b	Assets included in Form 990, Part X . . . . . ► \$

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

Schedule D (Form 990) 2008

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

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

a <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	Preservation for future generations		

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

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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

Yes	No
3a(i)	
3a(ii)	

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .	NONE	2,840.	142.	2,698.
d Equipment . . . . .	NONE	279,205.	14,190.	265,015.
e Other . . . . .	NONE	9,122.	9,122.	

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) . . . . . ► 267,713.

**Part VII Investments - Other Securities. 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
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

**Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )** ►

**Part IX Other Assets. See Form 990, Part X, line 15.**

**Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)**

**Part X Other Liabilities. See Form 990, Part X, line 25.**

(a) Description of liability	(b) Amount	
Federal income taxes		
DUE TO FMOL HEALTH SYSTEM, INC.	555,621	
DUE TO OUR LADY OF THE LAKE RMC	25,588	

In Part XIV, 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.

## Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	3
4	Net unrealized gains (losses) on investments . . . . .	4
5	Donated services and use of facilities . . . . .	5
6	Investment expenses . . . . .	6
7	Prior period adjustments . . . . .	7
8	Other (Describe in Part XIV) . . . . .	8
9	Total adjustments (net) Add lines 4-8 . . . . .	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 . . . . .	10

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

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 on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	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 XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

### Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV | Supplemental Information

Complete this part to 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; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

FIN 48 FOOTNOTE

SCHEDULE D, PART XIV

ON JULY 1, 2007, FMOLHS ADOPTED FASB INTERPRETATION NO. 48 (FIN 48),

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB

STATEMENT NO. 109. FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN

INCOME TAX POSITIONS RECOGNIZED IN ACCORDANCE WITH FASB STATEMENT NO.

109, ACCOUNTING FOR INCOME TAXES. IT ALSO PROVIDES GUIDANCE ON WHEN TAX

POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE

VALUES OF THOSE POSITIONS ARE DETERMINED. THERE WAS NO IMPACT ON FMOLHS'S

CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48.

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**Open to Public  
Inspection

Employer identification number

26-0297860

Name of the organization

FRANCISCAN PACE, INC

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is 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 . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment? . . . . .  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

	Yes	No
1b		
2		
4a		X
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7		X
8		X

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization? . . . . .  
**b** Any related organization? . . . . .  
If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization? . . . . .  
**b** Any related organization? . . . . .  
If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.**

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation				
CYNTHIA J. ROGERS	(I) <u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
	(II) <u>154,703.</u>	<u>9,800.</u>			<u>16,904.</u>	<u>12,430.</u>	<u>193,837.</u>
SUSAN NELSON, M. D.	(I) <u>NONE</u>	<u>NONE</u>	<u>35,278.</u>		<u>14,666.</u>	<u>16,735.</u>	<u>284,848.</u>
	(II) <u>NONE</u>				<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
HOWARD HARVILL	(I) <u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
	(II) <u>386,033.</u>	<u>138,858.</u>	<u>154,238.</u>		<u>123,836.</u>	<u>15,812.</u>	<u>818,777.</u>
JOLEE BOLLINGER	(I) <u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
	(II) <u>182,617.</u>	<u>58,522.</u>	<u>27,483.</u>		<u>7,213.</u>	<u>19,223.</u>	<u>295,058.</u>
	(III) <u>NONE</u>						
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**Part III Supplemental Information**

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

**PART I - QUESTION 4A**

HOWARD HARVILL IS ENTITLED TO A SEVERANCE BENEFIT... THE PAYOUT OF SUCH BENEFIT IS REMOTE AS IT IS EFFECTIVE ONLY FOR A TERMINATION OF EMPLOYMENT WITHOUT CAUSE... IF TRIGGERED, THE EXECUTIVE WOULD BE PAID HIS BASE SALARY AND AN ANNUAL INCENTIVE AT TARGET AND PROVIDED RETIREMENT AND WELFARE BENEFITS FOR AN ENTITLEMENT PERIOD. THE ENTITLEMENT PERIOD RANGES FROM 18 MONTHS TO 36 MONTHS DEPENDING ON THE LENGTH OF SERVICE OF SUCH EXECUTIVE. NO PAYMENTS WERE MADE UNDER THE PLAN IN THE CURRENT YEAR.

**PART I - QUESTION 4B**

FMOL HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION, MAINTAINS FOUR SEPARATE, UNFUNDED DEFERRED COMPENSATION PLANS WHICH MEET THE REQUIREMENTS OFIRC SECTION 457(F) ANDIRC SECTION 409A. THE PLANS PROVIDE FOR COMPENSATION TO BE DEFERRED AND PAID AT THE EARLIEST OF ONE'S DISABILITY, DEATH OR ATTAINMENT OF A SPECIFIC PAYMENT DATE. PARTICIPATION IN THE PLANS IS LIMITED TO CERTAIN EXECUTIVES AND IS SUBJECT TO THE

**Part III Supplemental Information**

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

APPROVAL\_OF\_FMOL\_HEALTH\_SYSTEM,\_INC.\_BOARD\_OF\_DIRECTORS\_OR\_A\_DESIGNATED\_COMMITTEE\_OF SUCH BOARD,\_NO\_PERSONS\_LISTED\_IN\_FORM\_990,\_PART\_VII,\_SECTION\_A,\_RECEIVED\_PAYMENTS\_FROM THESE DEFERRED COMPENSATION PLANS DURING THE CURRENT YEAR.

**SCHEDULE O**  
**(Form 990)**

## **Supplemental Information to Form 990**

Department of the Treasury  
Internal Revenue Service

---

**Name of the organization**

### Name of the organization

FRANCISCAN PACE, I

- **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

**Employer identification number**

26-0297860

PART VI, SECTION A: QUESTION 6

FMOL HEALTH SYSTEM (AN IRC SECTION 501(C)(3) ORGANIZATION) IS THE SOLE MEMBER OF FRANCISCAN PACE, INC.

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

PART VI, SECTION A: QUESTION 7AFMOL HEALTH SYSTEM, AS THE SOLE MEMBER OF FRANCISCAN PACE, INC., RETAINSTHE POWER TO APPOINT AND REMOVE THE MEMBERS OF THE BOARD OF TRUSTEES ANDOFFICERS OF FRANCISCAN PACE, INC.

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

PART VI, SECTION A: QUESTION 7BTHE PROVINCIAL COUNCIL OF FRANCISCAN MISSIONARIES OF OUR LADY AS THE SOLEMEMBER OF FMOL HEALTH SYSTEM RESERVES THE FOLLOWING POWERS:

1. TO CHANGE PHILOSOPHY, OBJECTIVES, PURPOSES OF CORPORATION
2. TO AMEND ARTICLES OF INCORPORATION AND BYLAWS OF CORPORATION
3. TO AUTHORIZE MERGER, CONSOLIDATION OR AFFILIATION, OR PARTICIPATE IN  
JOINT VENTURES
4. TO DISSOLVE AND DISTRIBUTE ASSETS OF CORPORATION
5. TO APPOINT AND TERMINATE THE CEO
6. TO ACQUIRE, LEASE, ENCUMBER REAL ESTATE ON BEHALF OF CORPORATION
7. TO ADD TO OR INCUR CAPITAL DEBT IN EXCESS OF \$5 MILLION BY  
CORPORATION

THE FMOL HEALTH SYSTEM AS THE SOLE MEMBER OF FRANCISCAN PACE, INC.,RESERVES THE FOLLOWING POWERS:

1. TO APPOINT OR REMOVE MEMBERS OF THE BOARD
2. TO APPOINT AND TERMINATE THE PRESIDENT, CHAIR AND VICE-CHAIR
3. TO APPOINT FISCAL AUDITOR OF CORPORATION
4. TO ADD OR INCUR CAPITAL DEBT IN EXCESS OF \$3 MILLION BY CORPORATION
5. TO APPROVE OPERATING AND CAPITAL BUDGETS
6. TO APPROVE STRATEGIC BUSINESS PLANS
7. TO ADOPT POLICIES GOVERNING OPERATION

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

PART VI, SECTION A: QUESTION 10AFTER PREPARATION AND REVIEW OF FORM 990 BY KPMG LLP, MANAGEMENT REVIEWSTHE FORM 990, A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'SGOVERNING BODY BEFORE IT IS FILED WITH THE IRS.

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

PART VI, SECTION B: QUESTION 12C

FRANCISCAN PACE HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY THAT REQUIRES EACH OFFICER, TRUSTEE, BOARD COMMITTEE MEMBER AND EMPLOYEE TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. COMPLETED DISCLOSURE FORMS ARE REVIEWED AND MAINTAINED BY THE CHIEF COMPLIANCE OFFICER. IF ANY TRUSTEE, BOARD COMMITTEE MEMBER OR SENIOR MANAGER HAS A POTENTIAL CONFLICT, THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES WHETHER ACTION NEEDS TO BE TAKEN AND COMMUNICATES ANY SUCH ACTION TO THE INDIVIDUAL. A POTENTIAL CONFLICT OF ANY OTHER EMPLOYEE IS REVIEWED BY THE CEO OR HIS DESIGNEE. THE EXECUTIVE COMMITTEE, CEO OR DESIGNEE, AS APPLICABLE, DETERMINES IF A CONFLICT OF INTEREST EXISTS OR CREATES THE APPEARANCE OF IMPROPRIETY. IF SUCH A DETERMINATION IS MADE, THE INDIVIDUAL WILL BE EXCUSED FROM PARTICIPATING IN THE BUSINESS DECISION.

DURING THE YEAR, ANY CHANGE TO THE INFORMATION IN THE DISCLOSURE STATEMENT MUST BE DISCLOSED PROMPTLY TO THE CHIEF COMPLIANCE OFFICER, WHO TAKES APPROPRIATE ACTION. THE PROCESS ALSO REQUIRES AFFIRMATION FROM EACH INDIVIDUAL THAT SHE/HE (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; (B) HAS READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY; AND (D) UNDERSTANDS THAT FRANCISCAN PACE IS A CHARITABLE ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IN ADDITION TO THE ABOVE, FRANCISCAN PACE PROVIDES MECHANISMS FOR CONFIDENTIAL REPORTING OF COMPLIANCE ISSUES. THESE MECHANISMS INCLUDE AN

**Name of the organization**

FRANCISCAN PACE, INC

**Employer identification number**

26-0297860

ANONYMOUS HOTLINE AND WEB SITE WHERE INDIVIDUALS MAY RAISE ISSUES, SEEK CLARIFICATION, AND REPORT POSSIBLE CONFLICTS OF INTEREST OR OTHER CONCERNs. THESE REPORTS, INCLUDING REPORTS OF POSSIBLE CONFLICTS OF INTEREST, ARE REVIEWED AND INVESTIGATED BY THE CORPORATE COMPLIANCE DEPARTMENT AND APPROPRIATE ACTION IS TAKEN.

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

PART VI, SECTION B: QUESTION 15

THE BOARD OF DIRECTORS DESIGNATES THE COMPENSATION COMMITTEE, MADE UP OF INDEPENDENT BOARD MEMBERS, TO REVIEW AND SET THE COMPENSATION ANNUALLY OF EXECUTIVES AND KEY EMPLOYEES. THE COMPENSATION COMMITTEE OBTAINS AND RELIES UPON COMPARABLE DATA INCLUDING INDUSTRY-WIDE COMPENSATION INFORMATION FROM AN OUTSIDE CONSULTING FIRM. THE COMPENSATION COMMITTEE REVIEWS COMPENSATION PACKAGES AND APPROPRIATE COMPENSATION IS DETERMINED AND APPROVED. THE BASIS FOR DETERMINATION IS THEN DOCUMENTED BY THE COMPENSATION COMMITTEE. THE EXECUTIVES OF FRANCISCAN PACE ARE PAID BY RELATED TAX EXEMPT ORGANIZATIONS WHOSE PAY PRACTICES ARE SIMILAR TO THOSE LISTED ABOVE.

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

PART VI, SECTION C: QUESTION 19THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ANDFINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

OTHER PROGRAM SERVICESADDITIONAL SERVICES INCLUDE SUCH THINGS AS FAMILY CAREGIVER SUPPORT,MEDICAL EQUIPMENT, NUTRITIONAL COUNSELING, PASTORAL CARE, TRANSPORTATIONSERVICES TO AND FROM THE DAY CENTER.

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

PART V, QUESTIONS 7G & 7HTHE ORGANIZATION WAS NOT REQUIRED TO FILE FORM 8899 OR FORM 1098-C.

Name of the organization

FRANCISCAN PACE, INC

Employer identification number

26-0297860

PART XI, QUESTION 2B

THE ENTITY IS AUDITED BY AN INDEPENDENT ACCOUNTANT, BUT ONLY AS PART OF A  
CONSOLIDATED FINANCIAL STATEMENT AUDIT.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

EBANCTSCAN PAGE TNC

## Related Organizations and Unrelated Partnerships

Attach to Form 990 To be completed by organizations that answered "Yes" to Form 990 Part IV line 33. 34. 35. 36. or 37.

## Inspection

Employer identification number  
26-0297860

## Part I Identification of Disregarded Entities

## 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
ST. BERNARD HEALTH FUND	20-4685614	BATON ROUGE, LA	501(C ) (3)	11 TYPE 1	EMOLHS
4200 ESSEN LANE	HEALTH PARTNERS NETWORK OF SOUTH LA	HEALTHCARE	501(C ) (3)	3	LOURDES RMC
611 ST. LANDRY STREET	LAFAYETTE, LA 70506	HEALTHCARE			
	</td				

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

Schedule R (Form 990) 2008

**Part III Identification of Related Organizations Taxable as a Partnership**

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocation?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
Yes	No				Yes	No			
SEE SCHEDULE R-1									
						</td			

## Part V Transactions With Related Organizations

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

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 (iv) rent from a controlled entity .....
- b Gift, grant, or capital contribution to other organization(s) .....
- c Gift, grant, or capital contribution from other organization(s) .....
- d Loans or loan guarantees to or for other organization(s) .....
- e Loans or loan guarantees by other organization(s) .....
- f Sale of assets to other organization(s) .....
- g Purchase of assets from other organization(s) .....
- h Exchange of assets .....
- i Lease of facilities, equipment, or other assets to other organization(s) .....
- j Lease of facilities, equipment, or other assets from other organization(s) .....
- k Performance of services or membership or fundraising solicitations for other organization(s) .....
- l Performance of services or membership or fundraising solicitations by other organization(s) .....
- m Sharing of facilities, equipment, mailing lists, or other assets .....
- n Sharing of paid employees .....
- o Reimbursement paid to other organization for expenses .....
- p Reimbursement paid by other organization for expenses .....

q Other transfer of cash or property to other organization(s) .....

r Other transfer of cash or property from other organization(s) .....

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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

## Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2008

## Part II Continuation of Identification of Related Tax-Exempt Organizations

**Part III Continuation of Identification of Related Organizations Taxable as a Partnership**

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disposition of assets?	(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner?
Yes	No								
LOURDES IMAGING CENTER LLC 20-1105 KALISTE SALOON ROAD	HEALTHCARE	LA	LOURDES	N/A					X
HEART HOSPITAL OF ACADIANA 30-5000 HENNESSY BOULEVARD	REAL ESTATE	LA	OLOL	N/A					X
PERKINS PLAZA MEDICAL ARTS DEV 5000 HENNESSY BOULEVARD	REAL ESTATE	LA	OLOL	N/A					X
PERKINS PLAZA IMAGING CENTER 2 5000 HENNESSY BOULEVARD	REAL ESTATE	LA	OLOL	N/A					X
PERKINS PLAZA IMAGING DEVELOPM 5000 HENNESSY BOULEVARD	REAL ESTATE	LA	OLOL	N/A					X
P&S SURGERY CENTER 11A 72-118 312 GRAMMONT STREET	REAL ESTATE	LA	ST. FRANCIS	N/A					X
NUCLEAR IMAGING LLC 72-147006 ST FRANCIS - PEDIATRIC - AFTER HO POST OFFICE 207	REAL ESTATE	LA	OLOL	N/A					X
LOURDES IMAGING DEVELOPMENT LL 611 ST LANDRY STREET	REAL ESTATE	LA	ST. FRANCIS	N/A					X
PARK PLACE SURGICAL HOSPITAL 7-901 WILSON STREET	REAL ESTATE	LA	ST. FRANCIS	N/A					X
BRPT LAKE REHABILITATION CENTER 530 SHADOWS LANE	REAL ESTATE	LA	OLOL	N/A					X
CONVENIENT CARE LLC 72-1439481 7777 HENNESSY BOULEVARD, SUITE 2080 BLUEBONNET BOULEVARD	REAL ESTATE	LA	OLOL	N/A					X
PERKINS PLAZA AMBULATORY SURGE 54 THE LEGENDS PARKWAY, SUITE SURGICAL SPECIALTY CENTER OF B	REAL ESTATE	LA	OLOL	N/A					X
MONROE SURGICAL HOSPITAL LLC P.O. BOX 4887 MONROE, LA 71211	REAL ESTATE	LA	ST. FRANCIS	N/A					X
ST. ELIZABETH - MARY BIRD PERKIN 4950 ESSEN LANE	REAL ESTATE	LA	STEH	N/A					X
REGIONAL EYE SURGERY CENTER, L 7777 HENNESSY BLVD., SUITE 400	REAL ESTATE	LA	OLOL	N/A					X

**Part III Continuation of Identification of Related Organizations Taxable as a Partnership**

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocation?	(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner?
Yes	No								
ST MARY'S IMAGING CENTER II, 611 ST LANDRY STREET NORTHEAST LA CANCER INSTITUTE 141 DESTARD STREET, SUITE 704	HEALTHCARE	LA	LOURDES IMAGING	N/A					X
LOURDES AFTER HOURS, LLC 20-13 7777 HENNESSY BLVD., SUITE 100	HEALTHCARE	LA	ST FRANCIS	N/A					X
LHC G-XIII, LLC 20-8069308 420 WEST PINHOOK ROAD, SUITE A	HEALTHCARE	LA	LOURDES	N/A					X
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## Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

**Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)**

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

INSPIRED BY THE VISION OF ST. FRANCIS AND IN THE TRADITION OF THE ROMAN CATHOLIC CHURCH, WE EXTEND THE HEALING MINISTRY OF JESUS CHRIST TO GOD'S PEOPLE, ESPECIALLY THOSE MOST IN NEED. WE CALL FORTH ALL WHO SERVE IN THIS HEALTHCARE MINISTRY, TO SHARE THEIR GIFTS AND TALENTS TO CREATE A SPIRIT OF HEALING - WITH REVERENCE AND LOVE FOR ALL OF LIFE, WITH JOYFULNESS OF SPIRIT, AND WITH HUMILITY AND JUSTICE FOR ALL THOSE ENTRUSTED TO OUR CARE. WE ARE, WITH GOD'S HELP, A HEALING AND SPIRITUAL PRESENCE FOR EACH OTHER AND FOR THE COMMUNITIES WE ARE PRIVILEGED TO SERVE.

FRANCISCAN PACE, INC

26-0297860

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES AND DEFERRED	19,700.
TOTALS	19,700.

=====

STATEMENT 2

Application for Extension of Time To File an  
Exempt Organization Return

NOV 09 2009

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 8-month extension - check this box and complete

Part I only . . . . . ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>FRANCISCAN PACE, INC</b>	Employer identification number <b>26-0297860</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. <b>4200 ESSEN LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BATON ROUGE, LA 70809</b>	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► HOWARD HARVILL, CFO

Telephone No. ► 225 923-2701 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the whole group, check this box . ►  . If it is for part of the group, check this box . . ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year \_\_\_\_\_ or  
►  tax year beginning 07/01/2008, and ending 06/30/2009 .

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an Additional (Not Automatic) 3-Month Extension complete only Part II and check this box
- Note: Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)**

Type or print	Name of Exempt Organization <b>FRANCISCAN PACE, INC</b>	Employer identification number <b>26-0297860</b>
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. if a P.O. box. See instructions <b>4200 ESSEN LANE</b>	For IRS use only
	City, town or post office, state and ZIP code. For a foreign address, see instructions <b>BATON ROUGE, LA 70809</b>	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041 A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- The books are in the care of  **HOWARD HARVILL, CFO**
- Telephone No.  **225 923-2701** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0928**. If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **05/17/2010**
- 5 For calendar year , or other tax year beginning **07/01/2008** and ending **06/30/2009**
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions	<b>8a \$</b>
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b \$</b>
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c \$</b>

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature  **Ryan Cook** Title  **CPA** Date  **2/9/10**  
 KPMG LLP  
 450 LAUREL STREET, SUITE 1700  
 BATON ROUGE, LA 70801

Form 8868 (Rev. 4-2009)

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