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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

Inspection

\ Fo	rthe 2	008 ca	lendar vea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9					
		plicable		C Name of organization	and chaing to 50 200		D Employer ide	ntification number			
_	dress cha		Please use IRS	WHEATON FRANCISCAN HEALTHCARE ST	JOSEPH INC		39-081685	7			
_		,	label or	Doing Business As				E Telephone number			
_	me chan	-	print or type. See				(414) 447-2	000			
Inıt	ıal retur	n	Specific Instruc-	Number and street (or P O box if mail is	not delivered to street addre	ess) Room/suite	G Gross receipt				
Ter	mınatıoı	n	tions.	5000 WEST CHAMBERS STREET			d dross receipt	3 \$ 314,033,170			
– Am	ended r	eturn		City or town, state or country, and ZIP +	4		1				
– Apr	olication	pending		MILWAUKEE, WI 53210							
			E Non	Lne and address of Principal Officer		l					
				DLIVERIO		H(a) Is th affilia	is a group return	for ┌Yes ┌ No			
				EST RIVER WOODS PARKWAY			ites.	1 165 1 110			
				UKEE, WI 53212		H(b) Are al	II affiliates include	d?			
Та	x-exem	pt status	✓ 501(c)) (3) ◀ (ınsert no)	527			See instructions)			
W	eb site	e: 🕨 www	w wfhealthc	are org		H(c) Grou	ıp Exemption Nur	nber ▶ 0928			
🕻 Тур	e of org	anızatıon	Corporat	ion trust association other 🟲		L Year of Fo	ormation 1927 M S	State of legal domicile WI			
Рa	rt I	Sumi	marv								
				e organization's mission or most sig	nıfıcant actıvıtıes						
		•		nt and outpatient healthcare service		in Southeast	Wisconsin				
2		10 0101	ide ilipatie	nt and outputient hearthcare service	s to marviduals located	iii Southeast	Wisconsin				
Ē											
Ų	2	Chack t	his box \Box	ıf the organization discontinued its o	parations or disposed	of more than 3	5% of its assets				
antelliquice			,								
ð				nembers of the governing body (Part				16			
,				ident voting members of the governi		b)		3			
	5	Total nu	ımber of en	nployees (Part V , line 2a)			5 _	2,738			
Hourings	6	Total nu	ımber of vo	lunteers (estimate if necessary) .	6 _	300					
ť	7a	Total gr	oss unrela	ted busıness revenue from Part VIII		7a _	0				
	ь	Net unr	elated busi	ness taxable income from Form 990	-T, line 34		7b	0			
						Pri	or Year	Current Year			
	8	Contri	butions and	d grants (Part VIII, line 1h)		1,552,103	1,315,837				
≗	9			revenue (Part VIII, line 2g)			290,315,388	309,726,702			
Revenu	10			ne (Part VIII, column (A), lines 3, 4			337,973	324,794			
æ	11			art VIII, column (A), lines 5, 6d, 8c			4,388,588	3,323,020			
	12		•	dd lines 8 through 11 (must equal Pa		e	1,200,200	3,323,323			
		12)		aa iiiios o tiiioagii 11 (iiiast eqaa i t	are 1111, corami (, , , , , m		296,594,052	314,690,353			
	13	Grants	and simila	ar amounts paid (Part IX, column (A)), lınes 1–3)			0			
	14	Benefit	ts paid to d	or for members (Part IX, column (A),	line 4)			0			
	15	Salarıe	s, other co	ompensation, employee benefits (Pai	rt IX, column (A), lines	5 –					
Expenses		10)	,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		121,429,102	121,611,288			
<u>क</u>	16a	Profes	sıonal fund	raising fees (Part IX, column (A), lin	ne 11e)			0			
ੜੇ	ь	(Total fu	ındraising ex	penses, Part IX, column (D), line 25 ⁰)						
ш	17			Part IX, column (A), lines 11a-11d	. 11f-24f)		180,896,253	175,058,438			
	18			add lines 13–17 (must equal Part I)	•		302,325,355	296,669,726			
	19			penses Subtract line 18 from line 12			-5,731,303	18,020,627			
8 de				The state of the s		Reginn	ing of Year	End of Year			
		-	·	A.V. haranto							
net Assets ta Fund Balances	20		•	t X, line 16)			238,991,948	241,936,642			
Ę.	21	Totall	ıabılıtıes (F	Part X, line 26)			125,271,485	110,195,552			
ž Ž	22	Net as	sets or fun	d balances Subtract line 21 from lir	ne 20		113,720,463	131,741,090			
Pai	rt II	Sign	ature Blo	ock							
				rgury, I declare that I have examined this re							
		١	,	correct, and complete Declaration of prepare	er (other than officer) is base	ed on all informa i	tion of which prepare	r has any knowledge			
Plea Sign		****	** ature of office			2010 Date	-05-10				
ler		y Signa	ature or ornce	21		Date					
	-			IN SENIOR VP AND CFO							
		Type	or print nam	e and the							
		Preparer'			Date	Check If self-	Preparer's PTIN (See Gen Inst)			
Paid		signature	• 🖊			self- empolyed 🕨 🦲	.				
repa	arer's	Firm's na	me (or your			'					
Jse (Only	ıf self-en		/			EIN 🕨				
	-	uuulC55,	ana 217 † 4				Phone no 🕨				
								Tyes TNo			
aav t	rna IDS	- 4166116	c thic ratii	rn with the preparer shown above? (- aa inctructions \			I VAC I NA			

Cat No 11282Y

Form 990 (2008)

1 See <i>P</i>	Briefly describe the o	rganization's mission		•	
2	the prior Form 990		gram services during the year whi		s 🔽 No
3	Did the organizatio	n cease conducting or make si	gnificant changes in how it conduc		s √ No
		hese changes on Schedule O		Ye	s ✓ No
4	Section 501(c)(3)	and (4) organizations and 494	ach of the organization's three larg 7 (a)(1) trusts are required to repo r each program service reported		
4a	(WFSI) is a Catholic, campuses, four long-services offices in Wh the Mission and Value of their ability to pay respond to an increas not-for-profit organiza patients and residents with respect and dign regional holding compservices in Illinois, Iov Ministries, Inc. Since 2 Franciscan Health Systems Qualifusing information technology information for excommon Values, which into practice through on and meaning to each that combines the physical operation of the physical outpatient victovenant Medical Ceccare Foundation, Inc. OAK PARK HOSPITAL, Francis Franklin Maria Franciscan Laboratoric Foundation Elmbrook Franklin, WI Affinity Proposition of the Rehabilitation Center Wisconsin St. Catherii Association, the Robe to raise awareness of Uninsured Week has defforts included displained acoverage of ur region of WFH worker Statement of Program Southeast Wisconsin of first hospital in Milwaticare ministry and, in groups, and corporate efficiencies WHEATOI	dealthcare IRS Form 990 Part III - Stanot-for-profit health care and housing term care facilities, two home health a eaton, Illinois and Glendale, Wisconsines of its Sponsors, the Wheaton Francisch WFSI was incorporated in 1983 to provingly complex environment, ensure control, WFSI reinvests all net income in the sthrough highly-trained staff, advance ity, working to improve the health of sanies organized in the Southeast, Wis was, and Colorado The System's housing the "doing business as" name for the was recognized nationally for quality ty/Efficiency Study Wheaton Francisch including the incomposition of the incomposition of the area considered experts in the field lickesson Corporate Structure for an experimental that promotes wheelence in property management and other incomposition of choice, and the preferred partner of conate environment that promotes wheelence in property management and other incomposition of the wheaton Franciscan System in the Object of Housing 2,681 Associates 22,385 in 1982,065 Hospital Patient Days 17,622 inter, Inc. Mercy Hospital of Franciscan Covenant Regional Services, Inc. Illinois, Iowa, and Wisconsin System Covenant Regional Services, Inc. Illinois, Iowa, and Wisconsin System in Franciscan Center Franciscan Woods in Franciscan Health Plan of Wisconsin Affine's Medical Center Kenosha Medical Center General Medical Center Franciscan Health Plan of Postore Accomplishments WHEATON dates back to 1879 when the Franciscan Health P	ement of Program Service Accomplishme organization serving at sites in Wisconsin, igencies, 70 clinic sites, and nearly 2,700. Started more than 125 years ago and for scan Sisters, by providing excellent and conserve and strengthen Judeo-Christian vantinuity of Franciscan sponsorship, and as to the communities it serves. Its multiple did technology, and superior and compassion of the communities, and ensuring health carconsin region, the Fox Valley, Wisconsin ring and spiritual development services are on WFSI's health care ministry has been Whealth care, named one of the best perform Healthcare also received a 2009 VIP Avisos nine hospital sites and more than 100 mance in the use of healthcare IT WFH of healthcare IT use - to receive the awarent Company. Wheaton Franciscan Ser Franciscan Ministries, Inc. Health Care Mistompassionate health care service that provide the community we serve for superior of physicians. Housing Mission. Franciscan oleness of life within ourselves and the consumers of life within ourselves and the consumers of life within ourselves and the consumers of life and work. Excellence were and as a spects of life and work. Excellence were and an another and a spects of life and work. Excellence were an associated and natural resources entrusted to ranciscan Services, Inc. 's health care divisionation of the services, Inc. 's health care divisionation of the services, Inc. Section Memorial Hospital, Inc. Sisters, Inc. Sartori Memorial Hospital, Inc. Sisters Proundation Volunteers in Partne and Itsaard Praender Fund Wisconsin All Saints Sisters Praender Fund Wisconsin All Saints Sisters Praender Fund Wisconsin All Saints Sisters All Saints Foundation for St. Francis Alt. Elizabeth Hospital Mercy Medical Center in the mission of the service of the nearly 46 million Americanal leaders to make health care coverage	Ints June 30, 2009 WHEATON FRANCIS. Iowa, Illinois, and Colorado The Sysunits of assisted living and other house ormally incorporated in 1983, WFSI is officially incorporated in 1983, WFSI is organized in 1983, and excellence through official incorporated in 1983, we will as other regional holding organized under the holding company heaton Franciscan Healthcare (WFH) in 1985, which is one of five health care organization of the incorporate in 1984, which is one of five health care organization of the incorporate in 1984, which is one of five health care organization of the incorporate in 1984, which is one of five health care organization of the incorporate in 1984, which is one of the earlier provides. In 1984, we serve Housing Vision incorporate in 1984, which is one of the incorporate in 1984, which is one of 1984, which is o	tem includes 17 hospital ing, and the corporate committed to living out services to all, regardless ertise and involvement, ut the organization As a ality health care to shody, mind, and spirit zed into market-based grompanies conducting aname of Franciscan In 2009 Wheaton risk 100 Top Hospitals ions for its success in presented annually to shelf seed and in 100 seed to 100 for the seed in July 2009 by foundations received a ealthcare Health care is committed to living out the people we serve inical excellence, as the ing quality and affordable Our housing ministries will poportunity Values Our aling ministry of Jesus God, which gives worth not professional growth work and service concern for those who iscan Healthcare (WFH), are Facilities 4 Home and 15 Section 100 for 1
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se (Expenses \$	rvices (Describe in Schedule (including q	•) (Revenue \$)
4e			233,505 Must equal Part IX, Line	· · ·	,

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
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	Yes	
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		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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		Νο
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? <i>If</i> "Yes," complete Schedule F, Part II	15		N o
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? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
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		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
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		Νο
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Ī	
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		Νο
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		No
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		No
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		No

Part VI

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			
а	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		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
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		Νo
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	Yes	
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	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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.	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					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	194			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t		·	4-	V	
-	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	2,738			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent ta	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a		N o
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	• • edule i		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			30		
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?	-	•	4a		Νο
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 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	v Reaardina Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat sud	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\sf p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?	I . .		7c		No_
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?					<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	ı	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Yes

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	

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	cumstances,							
1a	Enter the number of voting members of the governing body	1a		16					
Ь	Enter the number of voting members that are independent	1b		3					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's asset	s?	5		No		
6	Does the organization have members or stockholders?				6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				7a	Yes			
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other pers	sons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken d	luring the					
а	the governing body?				8a	Yes			
b	each committee with authority to act on behalf of the governing body?				8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?				9a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, 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 describe in Schedule O the process, if any, the organization uses to review the		_		10	Yes			
11	• • • • • • • • • • • • • • • • • • • •								

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νo
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

- f 17 List the States with which a copy of this Form 990 is required to be filed $\ WI$
- Section 6104 requires an organization to make its Form 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 own website. another's website. 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ELIZABETH A SCHINKO 400 WEST RIVER WOODS PARKWAY MILWAUKEE, WI 53212 (414) 465-3542

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

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related organizations
							_			

(A) Name and Title	(B) Average hours per week		on a Institutional Trustee	appl	у)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			-							
							Ļ	1 400 040	4.646.004	1 244 545
1b Total		• •			•		-	1,406,019	L	1,344,545

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►35

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes		
4	For any individual listed online 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				
	ındıvıdual	4	Yes		
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	5		Νo	

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

(A) Name and business address	(B) Description of services	(C) Compensation
JP CULLEN AND SONS PO BOX 1957 JANESVILLE, WI 53547	CONSTRUCTION SERV	6,054,447
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK MILWAUKEE, WI 53226	PHYSICIANS/RESIDENTS	5,706,636
ARAMARK 2300 WARRENVILLE RD DOWNERS GROVE, IL 60515	MAINTENANCE SERV	3,653,418
ST JOSEPH EMERGENCY PHYSICIANS LLP PO BOX 793 TRAVERSE CITY, MI 49685	ER MANAGEMENT SERV	2,517,639
EPPSTEIN UHEN ARCHITECTS INC 333 E CHICAGO ST MILWAUKEE, WI 53202	ARCHITECT SERV	1,767,396
2 Total number of independent contractors (including those in 1) who rec	. ,	44

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
1.1	1a	Federated campaigns 1a					
ants ints	ь	Membership dues					
gra	С	1b Fundraising events					
gifts, grants Ilar amounts		1c Related organizations1d					
s, gi	d e	Related organizations1d Government grants (contributions) 1e					
ion: r sir	f	All other contributions, gifts, grants, and	16,873				
ibut the		similar amounts not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in					
ပည	h	Ines 1a-1f \$ Total (Add lines 1a-1f)		1,315,837			
			▶ Business Code				
an	2a	PATIENT REVENUES	900,099	225,304,961	225,304,961		
ием	ь	MEDICARE MEDICAID PAYMENTS	900,099	82,764,875	82,764,875		
9H e	С	RENTAL INCOME	900,099	1,656,866	1,656,866		
, MC	d						
98 L	e						
Program Service Revenue	f	All other program service revenue					
Prος	g	Total. Add lines 2a-2f					
	3	Investment income (including divi	· •				
		other similar amounts)	▶	160,181			160,181
	4	Income from investment of tax-exempt b	ond proceeds	0			
	5	Royalties		0			
		(i) Real	(II) Personal				
	6a b	Gross Rents 770,443 Less rental					
	_ c	expenses Rental income 770,443					
	d	or (loss) Net rental income or (loss)		770,443			770,443
	_ u		▶	770,113			,,,,,,,
	7a	Gross amount from sales of assets other	(11) O ther 327,430				
	ь	than inventory Less cost or other basis and sales expenses	162,817				
	С	Gain or (loss)	164,613	454.542			164.642
	d	Net gain or (loss)	. ▶	164,613			164,613
	8a	Gross income from fundraising events (not including					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds					
<u>₩</u>	ь	\$15,000					
Ě	c	Net income or (loss) from fundrais	ıng events	0			
,	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total	•				
	_	exceeds \$15,000					
	b c	Less direct expensesb Net income or (loss) from gaming a	activities •-	o			
	10a	Gross sales of inventory, less returns and allowances					
		a a					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of		0			
	11~	Miscellaneous Revenue	Business Code 900,099	1,106,813			1,106,813
	11a b	CAFETERIA RECEIPTS MEDICAL RECORDS	900,099	223,651	223,651		1,100,013
	С	OTHER OPERATING REVENUE	900,099	1,222,113	1,222,113		+
		All other revenue	·		•		+
	d e	Total. Add lines 11a-11d					+
			\$ 2,552,577	314,690,353	311,172,466		2,202,050
	12	Total Revenue. Add lines 1h, 2g, 3 8c,		214,020,233	311,172,400		2,202,030
	J	9c, 10c, and 11e	. •				Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not reference in the section of the se) <u>.</u>
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·	,	· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	516,510		516,510	_
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	94,019,998	79,003,983		
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	4,965,774	4,184,193	781,581	
9	Other employee benefits	14,681,701	12,305,952	2,375,749	
10	Payroll taxes	7,427,305	6,211,589	1,215,716	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	20,274,277	19,587,698	686,579	
12	Advertising and promotion	2,702	1,018	1,684	
13	Office expenses	37,826,113	32,084,968	5,741,145	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	8,180,184	6,057,260	2,122,924	
17	Travel	216,334	120,842	95,492	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	13,775	15,585	-1,810	
20	Interest	29,737		29,737	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	18,918,761	18,099,847	818,914	
23	Insurance	155,624	155,624		
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)				
а	MANAGEMENT FEES	48,703,464		48,703,464	
	BAD DEBT	16,937,312	16,937,312	, -,	
c	PURCHASED SERVICES	12,013,902	4,819,109	7,194,793	
d	OTHER	137,728		137,728	
	HOSPITAL ASSESSMENT	11,648,525	11,648,525	1,1-1	
	All other expenses	,_,_,	,,		
25	Total functional expenses. Add lines 1 through 24f	296,669,726	211,233,505	85,436,221	0
26	Joint Costs. Check 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	230,003,720	211,233,303	03,130,221	<u> </u>

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	-88,703
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	_			3	
	4	Accounts receivable, net			43,744,442	4	39,083,797
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			2,542,130	8	3,152,150
S	9	Prepaid expenses and deferred charges			311,224		859,536
et	10a	Trepara expenses and acterred charges					
Assets	100	Land, buildings, and equipment cost basis	10a	437,070,370)		
	b	Less accumulated depreciation Complete Part VI of	10ь	248,270,820	184,269,674	10-	188,799,550
	44	Schedule D	TOB	240,270,020	336,008		000,799,330
	11	Investments—publicly traded securities			336,006	11	0
	12	Investments—other securities See Part IV, line 11 <i>Complete F Schedule D</i>				12	
	13	Investments—program-related See Part IV, line 11 $\it Complete B$ of $\it Schedule D$.		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	7,788,470	15	10,130,314		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			238,991,948	16	241,936,642
	17	Accounts payable and accrued expenses .	15,757,594	17	18,292,221		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	ı			20	
es	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L		22			
_	23	Secured mortgages and notes payable to unrelated third parties		422,847	23	0	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			109,091,044	25	91,903,331
	26	Total liabilities. Add lines 17 through 25			125,271,485	26	110,195,552
		Organizations that follow SFAS 117, check here ▶ ✓ and comp	olete I	ines 27			<u> </u>
ces		through 29, and lines 33 and 34.	- -				
Balance	27	Unrestricted net assets			113,169,310	27	131,240,587
Bal	28	Temporarily restricted net assets		551,153	28	500,503	
M	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ are lines 30 through 34.	ıplet e				
or,	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
S	32						
it A		Retained earnings, endowment, accumulated income, or other fu	anus		113 720 463	32	131,741,090
Net	33	Total liabilities and not assets /fund balances			113,720,463	33	
	34	Total liabilities and net assets/fund balances			238,991,948	34	241,936,642
Da	rt VI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 2a			
b	Were the organization's financial statements audited by an independent accountant?			
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		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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

Open to Public Inspection

WHEA	ION FR	ANCISCAN HEA	ILIHCARE SI JUSEI	TH INC				30	-081685	7	
Pai	rt I	Reason	for Public Cl	harity Status (to be co	mnleted	hy all or	nanizatio				
				ation because it is (Please					moduce	101137	
1	Ē		•	iurches, or association of ch					A)(i).		
2	Ė	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	<u> </u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4		A medical i	esearch organı	zation operated in conjuncti	on with a l	nospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the
			name, city, and	•		•			. , ,		
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
				(Complete Part II)							
6	Γ			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public
				o)(1)(A)(vi) (Complete Par							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities rel	ated to its exempt functions	-subject	to certair	nexceptio	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	income (l	ess sectio	n 511 tax	() from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509(a)(4). (Se	ee instruct	tions)
11	Γ			and operated exclusively fo							
				orted organizations describe						Section 5	09(a)(3). Check
		_	t describes the ype I b	type of supporting organization Type II c			nes lle t nally Integ		n d	□ Type	III - Other
e	Г			rtify that the organization is							
•	,	•	-	agers and other than one or			•			•	•
		section 50									
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organization,
g		check this Since Augu		as the organization accepted	d anv gift (or contribi	ution from	anv of the			
_		following pe		3	, 3			,			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) bel	ow, the governı	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)
				ty of a person described in (11g(iii)
h		Provide the	following inforr	nation about the organizatio	ns the org	anızatıon	supports				
			/**> =·	(m) = (
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) I	s the ation in	1 * . *	ou notify nization		s the ation in	(vii) A mount of support?
		ızatıon		above or IRC section		listed in	_) of your		rganized	зарроге
	•			(See Instructions))	yourgo	verning	supp		ın the		
						nent?				1	
					Yes	No	Yes	No	Yes	No	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	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	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% 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 **33 1/3% 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 39-0816857

Name: WHEATON FRANCISCAN HEALTHCARE ST JOSEPH INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C non (hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Brıan Smıgelskı , Dırector	1 0	Х						0	0	0	
Chris Leberfing , Director	1 0	Х						0	0	0	
Daniel Donovan DO , Director	40 0	Х						0	349,689	30,706	
Daniel Mattes , Director	40 0	Х						0	260,391	62,165	
Dean Schmelzer , Dırector	1 0	Х						0	0	0	
Debra Standridge , President/Vice Chair - Directo	40 0	Х		х				0	299,577	51,777	
Gary Swart MD , Director	1 0	Х						0	26,117	0	
Glenn Wilder , Director	1 0	Х						0	0	0	
Jack Manley MD , Director	40 0	Х						0	546,433	48,319	
John Andreolı , Dırector	1 0	Х						0	0	0	
Kenneth Buser , Director	40 0	Х						0	661,238	94,055	
Neal Harmelink MD , Director	1 0	Χ						0	525	0	
Nicholas O mdahl MD , Director	40 0	Х						0	489,679	49,555	
Rita Hanson-Melzer MD , Director	40 0	Х						307,310	0	31,348	
Robert Koebert MD , Secretary/Treasurer - Director	1 0	Х		х				0	0	0	
Ronald Groepper , President/Chairperson - Direct	40 0	Х		х				0	365,285	339,410	
Sharon Baughman , Dırector	40 0	Х						144,083	0	33,767	
Sr M Ramona Dombrowskı , Dırector	1 0	Х						0	0	0	
Stephen Cardamone DO , Chair/Vice Chairperson/Secreta	40 0	Х		х				0	394,857	83,617	
Tod Poremski MD , Director	40 0	Х						0	178,454	1,039	
Louis Yaeger III , VP-SUPPORT SRVCS	40 0				Х			0	164,947	252,340	
Norma McCutcheon , SVP- OPERATIONS-NORTH MARKET	40 0				x			0	267,657	48,293	
Gerald Dorff , MEDICAL DIRECTOR-QI & INF CONT	40 0					х		154,836	0	31,029	
James Mckee Jr , MEDICAL PHYSICIST	40 0					Х		150,557	0	25,604	
Michael Rutstein , MEDICAL PHYSICIST	40 0					Х		193,542	0	28,453	
Steven Brandenburg , PHARMACIST 7/70-3RD SHIFT	40 0					х		171,478	0	17,892	
William Artner , MEDICAL PHYSICIST- CHIEF	40 0					Х		172,228	0	50,973	
Allan Loeb , DIR-PHARMACY	40 0						Х	111,985	0	13,370	
Allan Pasch MD , PHYSICIAN EMPLOYEE	40 0						х	0	171,034	6,172	
Carmen Terlizzi MD , PHYSICIAN EMPLOYEE	40 0						х	0	194,351	2,262	

Form 990, Part VII - Section Aaa

			((tion (that a	che		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Jean Sagan , VP-EHR REG OPERATIONS LEADER	40 0						х	0	132,322	22,298
Patricia Allen , DIR-FINANCE	40 0						Х	0	114,328	20,101

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

AS A MEMBER OF WHEATON FRANCISCAN HEALTHCARE, OUR AFFILIATES STRIVE TO LIVE OUT THE HEALING MINISTRY OF JESUS WHILE PROVIDING EXCEPTIONAL AND COMPASSIONATE HEALTHCARE SERVICES THAT PROMOTE THE DIGNITY AND WELL-BEING OF THE PATIENTS AND COMMUNITIES WE SERVE. OUR VISION IS TO BE RECOGNIZED FOR SUPERIOR HEALTHCARE SERVICE, CLINICAL EXCELLENCE, AS THE HEALTHCARE EMPLOYER OF CHOICE, AND THE PREFERRED PARTNER OF PHYSICIANS.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

	es," to Form 990, Part IV, Line 5 (F	Proxy Tax)						
Name of the organization WHEATON FRANCISCAN HEALTHCARE ST				tification number				
	(4), (5), or (6) organizations complete Part III reganization Description of the organization's direct and indirect political campaign activities in Part IV expenditures To be completed by all organizations exempt under section 501(c) and section 5 reganizations. (See the instructions for Schedule C for details.) description of the organization's direct and indirect political campaign activities in Part IV expenditures To be completed by all organizations exempt under section 501(c)(3). (See the interpretation of any excise tax incurred by the organization under section 4955 amount of any excise tax incurred by organization managers under section 4955 anization incurred in a section 4955 tax, did it file Form 4720 for this year? rection made? describe in Part IV Descompleted by all organizations exempt under section 501(c), except section et the instructions for Schedule C for details.) amount directly expended by the filing organization for section 527 exempt function activities amount of the filing organization's internal funds contributed to other organizations for section mpt funtion activities irrect and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 12, line 17b ling organization file Form 1120-POL for this year? names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to Enter the amount paid and indicate if the amount was paid from the filing organization, such as ed fund or a political action committee (PAC) If additional space is needed, provide information in Part and funds funds committee (PAC) If additional space is needed, provide information in Part and funds funds and political organization in Part IV Description for the filing organization in Part IV Additional space is needed, provide information in Part IV and the complete of the part IV and the part IV and the	527						
1 Provide a description of the o	rganızatıon's dırect and ındırect polıt	ical campaign act	ivities in Part IV					
2 Political expenditures				\$				
3 Volunteer hours								
		under section	501(c)(3). (See the	instructions				
1 Enter the amount of any excis	e tax incurred by the organization ui	nder section 4955		\$				
2 Enter the amount of any excis	e tax incurred by organization mana	gers under section	n 4955	\$				
3 If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	?	┌ Yes ┌ No				
4a Was a correction made?				┌ Yes ┌ No				
b If "Yes," describe in Part IV								
		under section	1 501(c), except sect	ion 501(c)(3).				
1 Enter the amount directly exp	ended by the filing organization for s	ection 527 exemp	ot function activities	\$				
2 Enter the amount of the filing 527 exempt funtion activities	er the amount of the filing organization's internal funds contributed to other organizations for section 7 exempt funtion activities							
Total of direct and indirect ex 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and ent	er here and on Form	\$				
4 Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No				
were made Enter the amount political contributions receive	State the names, addresses and Employer Identification Number (EIN) of all section 527 political organization were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own interpolitical contributions received and promptly and directly delivered to a separate political organization, such segregated fund or a political action committee (PAC). If additional space is needed, provide information in							
(a) Name	(b) Address	(c) EIN	filing organization's internal funds. If none,	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
	a see the instructions for Form 000	Cat No E	20046 21112	Form 900 or 900 E7) 2009				

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expendi	tures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		14,687
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		0
j	Total lines 1c through			14,687
	1)			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
ь	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
Ь	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	4.0
	expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
ch C Part IV	Sch C Part II-B Line 11	WHEATON FRANCISCAN HEALTHCARE EMPLOYS ONE FULL TIME VICE PRESIDENT OF STRATEGIC PLANNING AND GOVERNMENT RELATIONS WHOSE DUTIES INCLUDE A PORTION OF LOBBYING ACTIVITIES THESE LOBBYING ACTIVITIES APPROXIMATE 40% OF TOTAL ANNUAL SALARY A BENEFITS FACTOR OF 25% IS ADDED, AND THE TOTAL IS ALLOCATED AMONGST THE HEALTHCARE SYSTEMS RECEIVING THE BENEFIT OF THESE SERVICES THE LOBBYING ACTIVITIES INCLUDE SUCH THINGS AS PRESERVATION OF MEDICARE AND MEDICAID FUNDING, MONITORING FEDERAL LEGISLATION THAT MAY IMPACT THE ORGANIZATION, PARTICIPATING IN AND COORDINATING VISITS WITH ELECTED OFFICIALS, COORDINATING ADVOCACY ACTIVITIES IN CONJUNCTION WITH RELEVANT TRADE ASSOCIATIONS, AND PROVIDING AWARENESS ON SPECIFIC STATE RELATED LEGISLATIVE ISSUES WHEN THE NEED ARISES (e.g. STATE HOSPITAL ASSESSMENT LEGISLATION IN WISCONSIN) THE PORTION OF DIRECT EXPENSES RELATED TO ANNUAL EMPLOYEE BUSINESS TRAVEL TO WASHINGTON DC OR OTHER LOCATIONS, IN ORDER TO LOBBY FOR ISSUES IMPORTANT TO HEALTHCARE PROVIDERS AND PATIENTS, HAVE BEEN INCLUDED IF APPLICABLE FINALLY, ANY TRADE ASSOCIATION DUES CONTAINING A PERCENTAGE PORTION ALLOCABLE TO LOBBYING ACTIVITIES, HAS BEEN ADDED OR ESTIMATED AS APPROPRIATE

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization WHEATON FRANCISCAN HEALTHCARE ST JOSEPH INC 39-0816857 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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.

- 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
- 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

► \$

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D Schedule D (Form 990) 2008

3	Using the organization's accession and other records, che							ontinuea)
,	items (check all that apply)	sek ally of th	16 101	iowing that e	ire a significant c	ise of its conecti	011	
а	Public exhibition	d	Γ	Loan or ex	change programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and Part XIV	d explain ho	w the	y further the	organization's ex	kempt purpose ir	1	
5	During the year, did the organization solicit or receive don						-	
Do.	assets to be sold to raise funds rather than to be maintain					<u> </u>	Yes	No
Par	Trust, Escrow and Custodial Arrangemone Part IV, line 9, or reported an amount on Fo				janization answ	refed fes to	roi iii s	190,
1a	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?	ntermediary	ford	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the follow	ng table						
						A me	ount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Par	t X, line 21?				Г	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organ						(-) [)	'aara Daalı
1a	Beginning of year balance (a)Current Y	ear (b) Prior	rear (C)	wo fears back (a)	Tillee fears back	(e)rour i	ears Back
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						
а	Board designated or quasi-endowment 🕨							
Ь	Permanent endowment							
С	Term endowment ▶							
3a	Are there endowment funds not in the possession of the o	rganızatıon	that	are held and	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i		↓
L	(ii) related organizations					3a(ii	` 	<u> </u>
ь 4	Describe in Part XIV the intended uses of the organization					<u>3b</u>		<u> </u>
	t VI Investments—Land, Buildings, and Equ				Part X line 10			
	<u> </u>	ipinenti s		Cost or other	(b)Cost or other			
	Description of investment			s (investment)	basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land			0	6,102,211	L		6,102,211
	Buildings			0	221,905,936	91,922,840	12	29,983,096
	Leasehold improvements			0	4,191,814			665,300
	Equipment			0	73,894,344			20,389,740
	Other			0	1	, ,		31,659,203
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part)	X, column (B), line	10(c).) .				38,799,550
	· · · · · · · · · · · · · · · · · · ·					Schedule D	<u> </u>	

Part VIII Investments—Other Securities. S	See Form 990, Part X, line 12	<u> </u>	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation 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	. ►		
Description of the control of the co	Can Faura 000 Bart V Iva 1	12	
Part VIII Investments—Program Related.			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	, .		
Part IX Other Assets. See Form 990, Part X			
	scription		(b) Book value
ACCOUNTS REC AFFILIATED ORGS			8,958
OTHER ACCOUNTS RECEIVABLE			7,781,668
NOTE RECEIVABLE WFH SE WI			1,803,192
MORTGAGE NOTE RECEIVABLE			35,993
RESTRICTED ASSET			500,503
			550,550
Total. (Column (b) should equal Form 990, Part X, col.(B) II	ne 15.)		10,130,314
Part X Other Liabilities. See Form 990, Pa			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO THIRD PARTY PAYORS	5,035,459		
FAS 47 LONG TERM PAYABLE SJH	1,153,897		
LT PAYABLE SMH TO AFFILIATES	220,873		
FAS 47 LONG TERM PAYABLE SMH	1,411,488		
ACCOUNTS PAYABLE TO AFFILIATES	84,081,614		
MITTER TO MITTER TES	37,001,014		
Total. (Column (b) should equal Form 990. Part X. col (B) line 25	91 903 331		

Par	t XI Reconciliation of C	hange in Net Assets from Forr	<u>n 990 to Financial State</u>	ments					
1	Total revenue (Form 990, Part VIII, column (A), line 12)								
2	Total expenses (Form 990, Par	Total expenses (Form 990, Part IX, column (A), line 25)							
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3					
4	Net unrealized gains (losses) o	4							
5	Donated services and use of fa	cilities		5					
6	Investment expenses			6					
7	Prior period adjustments			7					
8	Other (Describe in Part XIV)			8					
9	Total adjustments (net) Add lir	nes 4 - 8		9					
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10					
Part		evenue per Audited Financial		ue per Return					
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	1					
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12							
а	Net unrealized gains on invest	ments	. 2a						
b	Donated services and use of fa	acılıtıes	. 2b						
c	Recoveries of prior year grants	s	. 2c						
d	Other (Describe in Part XIV)		. 2d						
e	Add lines 2a through 2d .			. 2e					
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3					
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a						
b	Other (Describe in Part XIV)		4b						
c	Add lines 4a and 4b			. 4c					
5		d 4c. (This should equal Form 990, Par							
		xpenses per Audited Financia							
1		r audited financial statements		. 1					
2		it not on Form 990, Part IX, line 25	1 - 1						
а		acılıtıes							
b			2b						
с		, Part IX, line 25	2c						
d	Other (Describe in Part XIV)		. 2d	 <u> </u>					
e ~	Add lines 2a through 2d			. 2e					
3	Subtract line 2e from line 1 .			. 3					
4		0, Part IX, line 25, but not on line 1:	4-						
a L		uded on Form 990, Part VIII, line 7b		 					
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	4c					
с 5		nd 4c. (This should equal Form 990, Pa	rt I line 10 \	. 5					
	t XIV Supplemental Inf		nt 1, iiiie 16)	. 3					
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		4, Part XIV, lines 1b and	2b,				
	Ident if ier	Return Reference	Ехр	lanat ion					

Name of the organization WHEATON FRANCISCAN HEALTHCARE ST JOSEPH INC

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Employer identification number

						9-0816857			
Pä	charity Care and	l Certain O	ther Com	munity Benefits a	t Cost (Optional fo	or 2008)		1	
_	Davida de la companya	- lk		la II along ka	_			Yes	No
1a									
b If "Yes," is it a written policy?									
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals									
Applied uniformly to all hospitals Applied uniformly to most hospitals									
Generally tailored to individual hospitals									
3	A nswer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients								
а	a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care								
	Γ _{100%} Γ _{150%}	Γ 2	200%	Other	%_				
b	Does the organization use FP	'G to determin	ne eliaibility	for providing <i>discounte</i>	d care to low income	ındıvıduals? If			
_	"Yes," indicate which of the fe						Зь		
				350% T 400			30		
	T 200% T 250%	J 300)%	350% I 400	O% I Other_	%			
С	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Incl	ide in the description v	vhether the organizati				
4	Does the organization's polic	y provide free	or discount	ed care to the "medica	ally indigent"?		4		
5a	Does the organization budget	t amounts for	free or disco	unted care provided u	nder its charity care p	oolicy?	5a		
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted a	mount?		5b		
c	If "Yes" to line 5b, as a resul care to a patient who was elig	-		. •	•		5c		
6a	Does the organization prepar	e an annual c	ommunity be	enefit report?			6a		
6b	If "Yes," does the organization	on make it ava	ailable to the	public?			6b		
	Complete the following table worksheets with the Schedule	-	ksheets pro	vided in the Schedule H	l instructions Do not	submit these			
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost					
	· ·	(a) Number of	, '						
	Charity Care and Means-Tested Programs	activities or programs (optional)	served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community to expense	penefit	(f) Pero total ex	
а	Charity care at cost (from worksheets 1 and 2)								
b	Unreimbursed Medicaid (from worksheet 3, column a) .								
С	Unreimbursed costs—other means-tested government programs (from worksheet 3,								_
d	column b)								
e	ment services and community benefit operations (from								
f	(worksheet 4) Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
h	Research (from worksheet 7)								
	Cash and in-kind contributions to community groups (from worksheet 8)								
	Total Other Benefits								
k	Total (line 7d and 7j)								

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-			(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	oc k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Schedule H (Form 990) 2008									Page 3
Part V Facility Information (Required for 2008)	3)								
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
WHEATON FRANCISCAN HEALTHCARE ST JOSEPH 5000 W CHAMBERS MILWAUKEE, WI 53210	х	х		х			х		
WHEATON FRANCISCAN HEALTHCARE ST JOSEPH 201 N MAYFAIR RD WAUWATOSA, WI 53226	х	х					х	х	
REHAB UNIT ELMBROOK 19333 W NORTH AVENUE BROOKFIELD, WI 53005									REHABILITATION UNIT
RADIOLOGY 4301 W BROWN DEER ROAD BROWN DEER, WI 53223									RADIOLOGY UNIT

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132008270

Employer identification number

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

ın Part III

Name of the organization

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

Open to Public Inspection

WHEATON FRANCISCAN HEALTHCARE ST 10SEPH INC 39-0816857 **Questions Regarding Compensation** Νo Yes 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 Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b 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? 2 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 Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes 4c Νo 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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

	<u> </u>	•
Ident if ier	Return Reference	Explanation
OTHER INFORMATION SCHEDULE J	REFERENCES BELOW	FORM 990 SCHEDULE J PART I LINE 3 THE COMPENSATION OF THE FILING ORGANIZATION'S CEO AND/OR EXECUTIVE DIRECTOR IS DETERMINED AT THE PARENT ORGANIZATION LEVEL, USING THE PROCESS DESCRIBED IN SCHEDULE O RELATED TO PART VI SECTION B LINE 15 THE PARENT ORGANIZATION, WHEATON FRANCISCAN SERVICES, INC (FEIN 36-3262111) USES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANTS, AND COMPENSATION SURVEYS AND STUDIES TO DETERMINE APPROPRIATE LEVELS OF COMPENSATION THAT ARE REFLECTIVE OF FAIR MARKET VALUE ALL COMPENSATION IS APPROVED BY THE BOARD AND/OR COMPENSATION OF MINITED FORM 990 SCHEDULE J PART I 4A AND NONTAXABLE BENEFITS COLUMN F REPORTABLE COMPENSATION OF ALLAN LOEB INCLUDES \$111,985 IN SEVERANCE PAYMENTS MADE DURING CALENDAR YEAR 2008 REPORTABLE COMPENSATION OF RONALD GROEPPER INCLUDES \$81,581 IN SEVERANCE PAYMENTS MADE DURING CALENDAR YEAR 2008 NONTAXABLE BENEFITS OF RONALD GROEPPER INCLUDE \$292,500 IN ACCRUED SEVERANCE AT 12/31/08, TO BE PAID AS WAGES AND BENEFITS IN A FUTURE YEAR REPORTABLE COMPENSATION OF LOUIS YAEGER III INCLUDES \$34,308 IN SEVERANCE PAYMENTS MADE DURING CALENDAR YEAR 2008 NONTAXABLE BENEFITS OF LOUIS YAEGER III INCLUDE \$149,951 IN ACCRUED SEVERANCE AT 12/31/08, TO BE PAID AS WAGES AND BENEFITS IN A FUTURE YEAR FORM 990 SCHEDULE J PART I LINE 4B KEN BUSER RECEIVED A CUMULATIVE PAYOUT OF \$149,745 IN 2008 FOR PREVIOUS YEARS EARNINGS RELATED TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER IRC SECTION 457 (F) THIS AMOUNT WAS FULLY TAXABLE TO MR BUSER IN 2008

Software ID: Software Version:

EIN: 39-0816857

Name: WHEATON FRANCISCAN HEALTHCARE ST JOSEPH INC

Form 990, Schedule J, Par	t I	I - Officers, Direc	ctors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name	1	(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
	(ı) (ıı)	153,091 0	0	1,745 0	10,616 0	20,413	185,865 0	0
James Mckee Jr	(ı) (ıı)	150,557 0	0	0	8,949 0	16,655 0	176,161 0	0
Michael Rutstein	(I) (II)	185,725 0	7,500 0	317 0	11,510 0	16,943 0	221,995 0	0
	(ı) (ıı)	171,382 0	0	96 0	9,022	8,870	189,370 0	0
	(ı) (ıı)	166,648 0	0	5,580 0	34,790 0	16,183	223,201	0
	(ı) (ıı)	0 346,798	0	0 2,891	0 12,270	0 18,436	0 380,395	0
	(I) (II)	0 249,234	0	0 11,157	0 37,180	0 24,985	0 322,556	0
	(ı) (ıı)	0 287,321	0	0 12,256	0 28,587	0 23,190	0 351,354	0
	(ı) (ıı)	0 527,864	0	0 18,569	0 13,958	0 34,361	0 594,752	0
	(ı) (ıı)	0 488,816	0	0 172,422	0 63,989	0 30,066	0 755,293	0 149,745
	(ı) (ıı)	0 162,772	0	0 2,175	0 85,777	0 166,563	0 417,287	0 0
	(I) (II)	0 484,588	0	0 5,091	0 24,211	0 25,344	0 539,234	0 0
Norma McCutcheon	(ı) (ıı)	0 248,226	0	0 19,431	0 27,580	0 20,713	0 315,950	0 0
Rita Hanson-Melzer MD	(ı) (ıı)	302,623 0	0	4,687 0	14,753 0	16,595 0	338,658 0	0 0
	(I) (II)	0 353,748	0 0	0 11,537	0 25,469	0 313,941	0 704,695	0 0
Sharon Baughman	(I) (II)	143,808 0	0	275 0	22,585 0	11,182 0	177,850 0	0 0
	(ı) (ıı)	0 378,995	0	0 15,862	0 58,188	0 25,429	0 478,474	0 0
Tod Poremski MD	(ı) (ıı)	0 28,387	0 150,000	0 67	0 0	0 1,039	0 179,493	0 0
Allan Loeb	(ı) (ıı)	111,985 0	0	0 0	7,401 0	5,969 0	125,355 0	0 0
Allan Pasch MD	(ı) (ıı)	0 118,869	0	0 52,165	0 0	0 6,172	0 177,206	0 0
Carmen Terlizzi MD	(ı) (ıı)	0 44,325	0 150,000	0 26	0 0	0 2,262	0 196,613	0 0
	(ı) (ıı)	0 130,994	0	0 1,328	0 13,194	0 9,104	0 154,620	0 0
Patricia Allen	(ı) (ıı)	0 114,165	0	0 163	0 10,721	0 9,380	0 134,429	0 0

DLN: 93493132008270

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization **Employer identification number** WHEATON FRANCISCAN HEALTHCARE ST JOSEPH INC Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (g)Written (e) In Approved from the (a) Name of interested person and (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? No Τо From Yes Yes No Yes No Total **Grants or Assistance Benefitting Interested Persons** Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
Elizabeth Hohl	Daughter of Gerald Dorff	62,193	Employment		No

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

▶ 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.

Supplemental Information to Form 990

Name of the organization
WHEATON FRANCISCAN HEALTHCARE ST JOSEPH INC

Employer identification number

39-0816857

Identifier	Return Reference	Explanation
Form 990 Schedule O	Other	Form 960 Part M, Line 12, Lines 2a-2b, Schedule D Parts XII - XIII A separate audit report is not issued for this entity Rather, the financial statements for this organization are included in the consolidated audit report of Wheaton Franciscan Gerveises, in (2863-2502(111), the parent organization These sections are therefore not applicable and have not been completed Form 960 Part VI Line 4 The Organization Documents (Corporate Bytwis s) were updated to reflect a change in the number and/or composition of the voting members of the organizations Board of Directors Form 960 Part VI Section A Line 6-79 Wheaton Franciscan Healthcare-St Joseph Inc These reserved pow res new Wheaton Franciscan Healthcare Line Stephen to the section of members of the organizations Board of Directors are under the properties of the provision of the section o

Identifier	Return Reference	Explanation
Form 990 Schedule O		Form 990, Part VI, Section C, Line 19 Affiliates of Wheaton Franciscan Healthcare provide upon request certain documents including our financial statements, conflict of interest policy, and governing documents that support our tax exempt status, including, but not limited to, articles of incorporation and bylaws. Requests for information are considered on a case-by-case basis, and this process is outlined in our Public Disclosure Policy. Also, as part of the requirements for tax exempt bond financing, the consolidated financial statements of Wheaton Franciscan Services, Inc. (#36-3262111), the parent corporation of Wheaton Franciscan Healthcare affiliates are required to be provided each quarter to the Municipal Securities Rule Making Board (MSRB). The vehicle used to accomplish this is through an external widestife (http://www./emma.msrb.org) referred to as "EMMA" (Electronic Municipal Market Access System). The financial statements are uploaded each quarter to the widestife, and along with other information provided at the bonds inception, are available for viewing by the general public. Schedule R, Part IV. (1) Exempt Status was granted on 10/14/09 retroactive to 6/30/08. (2) Exempt Status was granted on 02/01/10 retroactive to 08/15/08. (3) Villa St. Anna, Inc. was sold on 10/14/08 to an unrelated party and dissolved on 12/30/08. (4) Franciscan Care & Rehabilitation Inc. was merged into St. Elizabeth Hospital (#39-0816818) on 11/5/08. NOTES. The following entities are listed with NO DCE and the reason they are classified as such. Synergon Health System Inc. Two entities are involved (Rush Presbyterian and OSF Services Inc.) but since neither has the ability to appoint a majority of the Board, neither organization "controls". UHS Inc. KHMC Community Board and OSF Services Inc are involved, but neither appoints a majority of Board and KHMC is not an entity, it is a community board, so neither body "controls". Affinity Health System has been listed without a public charity status because it is exempt from fili

DLN: 93493132008270

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** WHEATON FRANCISCAN HEALTHCARE ST JOSEPH INC 39-0816857 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state End-of-year assets Direct controlling Total income Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity See Additional Data Table

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)	Direct ((D) controlling ntity	(E) Predominal income(relat investmen unrelated	ed, t,	(F) Share of tota	al income	Share	(G) of end-of-year assets	(H Disprop allocat	l) ortionate :ions?	(I) Code V—UBI amount or Box 20 of K-1	Gene mana part	agıng
											Yes	No		Yes	No
SR LM LTD PO BOX 667 Wheaton, IL60187 36-3811835	Housing	IL	SR-LM Ind	2								No			No
Kenosha Snrs PO Box 667 Wheaton, IL60187 39-1801541	Housing	WI	FR Senrs									No			No
Part IV Identification of Rela	ted Organizat	ions Taxa	ble as	a Corpo	ration or T	rust									
(A) Name, address, and EIN of related organizatio				Lega (s	(C) I domicile tate or oreign untry)	Direc	(D) entity	(E) Type of (C corp, : or tru	S corp,	(F) Share of tota Income		(G) Share cend-of-yearsets	ear ownership		
See Addıtıonal Data Table															

(6)

Part V	Transactions with Related Organizations
Note.	Complete line 1 if any entity is listed in Parts II, III or IV

Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Ye	s
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			\top
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	1	
b Gift, grant, or capital contribution to other organization(s)	1b	Ye	s
c Gift, grant, or capital contribution from other organization(s)	1c	Ye	s
d Loans or loan guarantees to or for other organization(s)	1d	l Ye	s
e Loans or loan guarantees by other organization(s)	1e	Ye	s
f Sale of assets to other organization(s)	1f	+-	+
g Purchase of assets from other organization(s)	1 g	,	
h Exchange of assets	1h	Ye	s
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Ye	s
j Lease of facilities, equipment, or other assets from other organization(s)	1 <u>j</u>	Ye	s
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Ye	5
l Performance of services or membership or fundraising solicitations by other organization(s)	11	Ye	s
m Sharing of facilities, equipment, mailing lists, or other assets	1m	n Ye	s

- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- O ther 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 of	on who must complete this line, including covered relations	hips and transaction thresholds
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) WFH-FOUNDATION FOR ST JOSEPH INC	С	530,363
(2)		
(3)		
(4)		
(5)		

1n

10

1p

1r

Yes

Yes

Yes

Yes

Yes

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets (F) Disproprtionate allocations?			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Additional Data

WHEATON FRANCISCAN SERVICES INC

AUXILIARY OF ST ELIZABETH HOSPITAL INC

FRANCISCAN CARE & REHAB CENTER INC (4)

MERCY MEDICAL CENTER OF OSHKOSH INC

ST ELIZABETH HOSPITAL COMMUNITY FNDN INC

26 W 171 ROOSEVELT RD

AFFINITY HEALTH SYSTEM

1506 SOUTH ONEIDA STREET

CALUMET MEDICAL CENTER INC

1506 SOUTH ONEIDA STREET

500 SOUTH OAKWOOD ROAD

NETWORK HEALTH SYSTEM INC

1506 SOUTH ONEIDA STREET

ST ELIZABETH HOSPITAL INC

1506 SOUTH ONEIDA STREET

WFH - ALL SAINTS FOUNDATION INC

WFH - SOUTHEAST WISCONSIN INC

400 WEST RIVER WOODS PARKWAY

9632 WEST APPLETON AVENUE

9688 WEST APPLETON AVENUE

400 WEST RIVER WOODS PARKWAY

19333 WEST NORTH AVENUE

19333 WEST NORTH AVENUE

9632 WEST APPLETON AVENUE

WFH - ELMBROOK MEMORIAL INC

WFH - MARIAN FRANCISCAN CENTER INC

WFH - CIRCLE OF LIFE FOUNDATION INC

WHEATON FRAN HOME HEALTH & HOSPICE INC

WHEATON FRANCISCAN MEDICAL GROUP INC

WFH - ELMBROOK MEMORIAL FOUNDATION INC

VOLUNTEERS IN PTNRSHIP WITH WFH-AS INC

WHEATON, IL60187

1570 MIDWAY PLACE

MENASHA, WI54942

APPLETON, WI54915

614 MEMORIAL DRIVE

CHILTON, WI53014 39-0905385

APPLETON, WI54915

OSHKOSH, WI54904

1570 MIDWAY PLACE

MENASHA, WI54942

APPLETON, WI54915

APPLETON, WI54915

WFH - ALL SAINTS INC

3801 SPRING STREET

1320 WISCONSIN AVENUE

RACINE, WI53405 39-1264986

RACINE, WI53403 39-1570877

3801 SPRING STREET

GLENDALE, WI53212

MILWAUKEE, WI53225

MILWAUKEE, WI53225

GLENDALE, WI53212

BROOKFIELD, WI53045

BROOKFIELD, WI53045

MILWAUKEE, WI53225

WFH - ST FRANCIS INC

MILWAUKEE, WI53215

MILWAUKEE, WI53210

GLENDALE, WI53212

WAUWATOSA, WI53226

3237 SOUTH 16TH STREET

3200 SOUTH 20TH STREET

10101 SOUTH 27TH STREET

METRO PHYSICIANS INC (2)

26 W 171 ROOSEVELT ROAD

MARIANJOY FOUNDATION INC

MARIANJOY REHAB CENTER AUXILIARY INC

26 W 171 ROOSEVELT ROAD

26 W 171 ROOSEVELT ROAD

400 WEST RIVER WOODS PARKWAY

MILWAUKEE, WI53215

MILWAUKEE, WI53225

WFH - FRANKLIN INC

FRANKLIN, WI53132

GLENDALE, WI53212

WHEATON, IL60187 36-3483589

WHEATON, IL60187 35-2165613

WHEATON, IL60187

36-3896976

3237 SOUTH 16TH STREET

WFH - ST JOSEPH FOUNDATION INC

400 WEST RIVER WOODS PARKWAY

10000 WEST BLUE MOUND ROAD

THE WISCONSIN HEART HOSPITAL INC

WFH - FOUNDATION FOR ST FRANCIS INC

WFH - TERRACE AT ST FRANCIS INC

WFH - THE WISCONSIN HEART HOSPITAL INC

5000 WEST CHAMBERS STREET

39-1568865

56-2426294

39-1559428

39-1791586

39-2028808

39-0853528

39-1613624

39-0907740

39-1636804

39-1220690

39-2038295

32-0135258

39-1486775

56-2592868

94-3436893 MARIANJOY INC

RACINE, WI53405 93-0838390

36-3262111

39-1638765

39-6077331

39-1587781

39-0806268

39-1127163

39-1256677

39-0816818

Return to Form

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Direct Controlling

Entity

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WFSIMHC

ST ELIZ HOSP

AFF HLTH SYS

WFH-SE WI

WFH-AS INC

WFH-AS INC

WFSI

WFH-MFC

WFH-SE WI IN

WFSI

WFH-EMH

WFH-SE WI IN

WFH-SE WI IN

WFH-SE WI IN

WFH-SJH

WFH-SE WI IN

WFH-SE WI IN

WFH-SFH

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WFH-SE WI IN

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WFSI

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AUXILIARY

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HOSPITAL

MEDICAL GRP

HOLDING CO

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NURSING HOME

Legal Domicile

(State

or Foreign Country)

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Exempt Code

section

501(c)(3)

EIN: 39-0816857

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organizati	10
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Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiza	tions		
,		(C)	(D)	

(B) Name, address, and EIN of related organization Primary Activity

Name:	WHEATON FRANCISCAN HEALTHCARE ST JOSEPH INC

name:	WHEATON FRANCISCAN HEALTHCARE ST JUSEPH

Software ID:

Form 990, Schedule R, Part II - Identification of Related	l Tax-Exempt Organizat				
(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 501(c)(3))	(F) Direct Controlling Entity
MARIANJOY REHAB HOSPITAL & CLINICS INC 26 W 171 ROOSEVELT ROAD WHEATON, IL60187 36-2680776	REHAB HOSPITA	IL	501(c)(3)	3	MARIANJOY
REHABILITATION MEDICINE CLINIC INC 26 W 171 ROOSEVELT ROAD WHEATON, IL60187 36-3236791 OSF SERVICES INC	MEDICAL GRP	IL	501(c)(3)	3	MARIANJOY
PO Box 667 WHEATON, IL601870667 39-1471463	HOLDING CO	WI	501(c)(3)	11 - III-FI	WFSI
PO Box 667 WHEATON, IL601870667 36-4091836	HOUSING/ADVCY	ΙL	501(c)(3)	7	OSFSVCSINC
CLARA PFAENDER FUND INC PO Box 667 WHEATON, IL601870667 36-3353311	SPONSORSHIP	IL	501(c)(3)	11 - III-O	OSFSVCSINC
FRANCISCAN SISTERS CHARITABLE FUND OF CO 2626 OSCEOLA STREET DENVER, CO80212 84-0733072	HOSPITAL	СО	501(c)(3)	11 - III-O	OSFSVCSINC
RUSH OAK PARK HOSPITAL INC 520 SOUTH MAPLE AVENUE OAK PARK, IL60304 36-2183812	HOSPITAL	IL	501(c)(3)	3	OSFSVCSINC
SET MINISTRY INC 2977 NORHT 50TH STREET MILWAUKEE, WI53210 39-1618277	SOCIAL WORK	WI	501(c)(3)	9	OSFSVCSINC
ST CATHERINE'S HOSPITAL INC 9555 76TH STREET PLEASANT PRAIRIE, WI53158 39-0855075	HOSPITAL	WI	501(c)(3)	3	OSFSVCSINC
SYNERGON HEALTH SYSTEM INC 520 SOUTH MAPLE AVENUE OAK PARK, IL60304 36-3739067	HOSPITAL	IL	501(c)(3)	3	NONE
UHS INC 6308 EIGHTH AVENUE KENOSHA, WI53143 39-1956749	HOSPITAL	WI	501(c)(3)	3	NONE
WFH - IOWA INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1177001	HOLDING CO	IA	501(c)(3)	11 - III-FI	WFSI
COVENANT FOUNDATION INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1295784	FOUNDATION	IA	501(c)(3)	9	COV MED CTR
COVENANT MEDICAL CENTER INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1264647	HOSPITAL	IA	501(c)(3)	3	WFH-IO WA INC
MERCY HOSPITAL OF FRANCISCAN SISTERS INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1178403	HOSPITAL	IA	501(c)(3)	3	WFH-IO WA INC
NE IOWA REAL ESTATE INVESTMENTS LTD 3421 WEST NINTH STREET WATERLOO, IA50702 42-1207432	HOLDING CO	IA	501(c)(2)		WFH-IO WA INC
SARTORI HEALTH CARE FOUNDATION INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1240996	FOUNDATION	IA	501(c)(3)	11 - I	SARTORI HOSP
SARTORI MEMORIAL HOSPITAL INC 515 COLLEGE STREET CEDAR FALLS, IA50613 42-0758901	HOSPITAL	IA	501(c)(3)	3	WFH-IO WA INC
FRANCISCAN MINISTRIES INC 26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-3259684	HOLDING CO	IL	501(c)(3)	11 - III-FI	WFSI
ASSISI HOMES - BATAVIA APARTMENTS INC 1259 EAST WILSON STREET BATAVIA, IL60510 36-3914084	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - COLONY PARK INC 550 EAST THORNHILL DRIVE CAROL STREAM, IL60188 36-4039278	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - CONSTITUITION HOUSE INC 401 NORTH CONSTITUTION DRIVE AURORA, IL60506 36-4049150	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - JEFFERSON COURT INC 415 EAST KNAPP STREET MILWAUKEE, WI53202 39-1771526	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES - KENOSHA INC 1860 27TH AVENUE KENOSHA, WI53140 39-1814815	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES - SAXONY INC 1876 22ND AVENUE KENOSHA, WI53140 39-1790498	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES OF GURNEE INC 3495 WEST GRAND AVENUE GURNEE, IL60031 36-3942336	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES OF ILLINOIS INC 2126 WEST ROOSEVELT ROAD WHEATON, IL60187 36-3803443	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES OF NEENAH INC 210 BYRD AVENUE NEENAH, WI54946 36-3767250	HOUSING	WI	501(c)(3)	9	FMI
CANTICLE PLACE INC 26W171 ROOSEVELT ROAD WHEATON, IL601870667	HOUSING	IL	501(c)(3)	9	FMI
36-3957850 CATHERINE MARIAN HOUSING INC 806 SOUTH WISCONSIN AVENUE RACINE, WI53403	HOUSING	WI	501(c)(3)	9	FMI
39-1657098	I			l	I

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiza	tions	1	I	1
(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 501(c)(3))	(F) Direct Controlling Entity
CLARE GARDENS INC					
2626 OSCEOLA STREET DENVER, C080212 23-7200039	HOUSING	CO	501(c)(3)	9	FMI
CLARE OF ASSISI HOMES-WESTMINSTER INC 2451 WEST 82ND PLACE WESTMINSTER, CO80031 74-2740978	HOUSING	СО	501(c)(3)	9	FMI
DAYSPRING VILLA INC 3777 WEST 26TH AVENUE DENVER, CO80211 36-3933908	HOUSING	со	501(c)(3)	9	FMI
FRANCIS HEIGHTS INC 2626 OSCEOLA STREET DENVER, CO80212 84-0626174	HOUSING	СО	501(c)(3)	9	FMI
FRANCISCAN MINISTRIES COMMUNITY FNDN INC 26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-4456204	FOUNDATION	IL	501(c)(3)	11 - II	FMI
FRANCISCAN SENIORS KENOSHA INC 1920 27TH AVENUE KENOSHA, WI53140	HOUSING	WI	501(c)(3)	9	FMI
39-1821568 MARIAN HOUSING CENTER INC 4105 SPRING STREET RACINE, WI53405 39-1515867	HOUSING	WI	501(c)(3)	9	FMI
MARIAN PARK INC 2126 WEST ROOSEVELT ROAD WHEATON, IL60187 36-2750105	HOUSING	IL	501(c)(3)	9	FMI
RIDGEWAY PLACE INC 155 EAST RIDGEWAY AVENUE WATERLOO, IA50702 42-1416064	HOUSING	IA	501(c)(3)	9	FMI
STARVED ROCK-LASALLE MANOR INC 1135 10TH STREET LASALLE, IL61301 36-3796933	HOUSING	IL	501(c)(3)	9	FMI
VILLA MARIA INC 2461 WEST 82ND PLACE WESTMINSTER, CO80031 84-1347868	HOUSING	со	501(c)(3)	9	FMI
VILLA ST ANNA INC (3) 5737 ERIE STREET RACINE, WI53402 39-1673433	HOUSING	WI	501(c)(3)	9	FMI
VILLA ST CLARE INC 130 BYRD AVENUE NEENAH, WI54946 39-1769395	HOUSING	WI	501(c)(3)	9	FMI
WF LABORATORIES INC (1) 11020 WEST PLANK COURT WAUWATOSA, WI53226 39-1701420	LA BO RA TO RY	WI	501(c)(3)	9	WF-SE WI INC

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

Form 990, Schedule R, Part IV - Ident	1	lateu Organiza	lions raxable as	a Corporation (Ji iiust	1	1 '
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
NETWORK HEALTH INSURANCE CORPORATION 1570 MIDWAY PLACE MENASHA, WI54942 39-2020474	INSURANCE CO	WI	NETWK HLTH SY	C CORP			
NETWORK HEALTH PLAN 1570 MIDWAY PLACE MENASHA, WI54942 39-1442058	HLTH MAINT ORG	WI	NETWK HLTH SY	C CORP			
WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1985204	HOLDING CO	WI	WF HOLDINGS INC	C CORP			
WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1836357	PHARMACY	WI	WFH-SE WI INC	C CORP			
WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1952140	A D M N SUPPORT	WI	WFH-SE WI INC	C CORP			
WISCONSIN HEART AND VASCULAR CLINICS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1673654	MEDICAL GRP	WI	WFM G	C CORP			
COVENANT REGIONAL SERVICES INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1189805	PHARMACY	IA	WFH-IO WA INC	C CORP			
Wheaton Franciscan Insurance PO Box 69 GT Georgetown, Grand Cayman UK	Other Investment	UK	WFSI	C Corp			