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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

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9			
	eck if ap		Please	C Name of organization	-		D Employer id	entification number	
_	dress cha	•	use IRS	WHEATON FRANCISCAN HEALTHCARE ST	FRANCIS INC		39-090774	40	
_ _{Na}	me chan	nge.	label or print or	Doing Business As	E Telephone n	E Telephone number			
_		-	type. See				(414) 647-	5000	
_	tial retur		Specific Instruc-	Number and street (or P O box if mail is 3237 SOUTH 16TH STREET	not delivered to street addre	ess) Room/s	uite	ots \$ 173,201,099	
Te	mınatıoı	n	tions.	SZS/ SOSTILIONI STREET					
- Am	ended r	eturn		City or town, state or country, and ZIP + MILWAUKEE, WI 53215	· 4				
Ap	plication	pending		MILWAOKEL, WI 33213					
			F Nar	ne and address of Principal Officer		H(a) I	this a group returi	n for	
			John O				filiates?	⊤Yes ▼ No	
				River Woods Parkway le, WI 53212					
· Ta	x-exem	pt status) (3) ◄ (insert no)		1 ' '	e all affiliates includ	•	
					327	T		t See instructions)	
W	eb site	e: F - ww\	w wfhealthc	are org		H(c) G	iroup Exemption Nu	1111ber F 0928	
/ T	6		<u> </u>	on		 v	6 F 1046 N	State of legal domicile WI	
Стур	e or org	anization	♥ Corporat	ion trust association other -		L Year o	or Formation 1946 M	State of legal domicile WI	
Pa	rt I	Sum	mary						
	1	Briefly	describe th	e organization's mission or most sig	nıfıcant actıvıtıes				
Ų		To prov	ıde ınpatıe	nt and outpatient patient healthcare	services to individuals	located in	Southeast Wiscon	sın	
≝									
Ě									
governance s	2	Check t	his box 🦵	ıf the organization discontinued its o	operations or disposed o	of more tha	n 25% of its asset	:s	
5	3	Number	of voting i	nembers of the governing body (Part	t VI, line 1a)		. 3	15	
ő A	4	Number	of indeper	ndent voting members of the governi	ng body (Part VI, line 1	b)	4	2	
ŭ	5	Total nu	umber of er	nployees (Part V, line 2a)			5	1,476	
ACUMUES &				olunteers (estimate if necessary) .			6	192	
ŧ				ted business revenue from Part VIII				0	
				ness taxable income from Form 990			7b	0	
	<u> </u>				,		Prior Year	Current Year	
	8	Contri	hutions an	d grants (Part VIII, line 1h)			426,718	255,795	
₫	9			revenue (Part VIII, line 2g)			156,201,720	170,801,220	
Revenu	10			ne (Part VIII, column (A), lines 3, 4		161,798	124,748		
Æ	11			art VIII, column (A), lines 5, 6d, 8c		2,758,439	1,996,993		
	12		-	dd lines 8 through 11 (must equal P			2,730,439	1,990,993	
	**	12)	evenue u	da illes o tillough 11 (mast equal i	are viii, coramii (A), iii		159,548,675	173,178,756	
	13	Grants	and simila	ar amounts paid (Part IX, column (A)), lınes 1–3)			0	
	14	Benefi	ts paid to d	or for members (Part IX, column (A),	line 4)			0	
	15	Saları	es, other co	ompensation, employee benefits (Pa	rt IX, column (A), lines	5 –			
Expenses		10)					65,963,146	70,077,907	
ä	16a	Profes	sional fund	raising fees (Part IX, column (A), lir	ne 11e)			0	
ੜੇ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 0)				
	17	Other	expenses	(Part IX, column (A), lines 11a–11d	, 11f-24f)		91,212,077	90,528,365	
	18	Total	expenses—	add lines 13–17 (must equal Part I	X, line 25, column (A))		157,175,223	160,606,272	
	19	Reven	ue less exp	penses Subtract line 18 from line 12	2		2,373,452	12,572,484	
8 %						Bed	inning of Year	End of Year	
9 6	20	Total	assets (Da	rt X, line 16)			95,199,210	102,767,363	
300	21		•	·		<u> </u>			
net Assers or Fund Bałances			-	Part X, line 26)			37,031,952	32,027,621	
_	22			d balances Subtract line 21 from lin	ne 20		58,167,258	70,739,742	
Pa	rt II		ature Bl						
				erjury, I declare that I have examined this re correct, and complete Declaration of prepar					
Plea	ise	****	,	correct, and complete becardion of prepar	er (other than officer) is base	1		rer nas any knowleage	
Sigr			ature of office	er			2010-05-10 Date		
ler		h 10N	ATHAN W COL	IN CENTOD VD AND CEO					
			or print nam	HN SENIOR VP AND CFO ne and title					
		 			Date	Check If	Dropprox/= DTTN	(See Gen Inst)	
) - ! · !		Preparer signature				self-	'	(See Gell Tipt)	
Paid						empolyed 🕨	<u>「</u>		
	arer's		ame (or your nployed),				EIN Þ		
Jse (Only		and ZIP + 4	r —			_		
							Phone no 🕨		
4 2 14	tha IDS	- dia aua	c this ratio	rn with the preparer shown above? (Caa instructions\		1	Tyes TNo	

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organiza	ation's mission					
3	Did the organization und the prior Form 990 or 99 If "Yes," describe these Did the organization cea services? If "Yes," describe these	90-EZ?	 ile O			「Yes ▼ No	
4	Describe the exempt pu Section 501(c)(3) and (others, the total expense	4) organizations and 49	47 (a)(1) trusts are	required to report t			:0
4a	(WFSI) is a Catholic, not-for campuses, four long-term caservices offices in Wheaton, the Mission and Values of its of their ability to pay WFSI respond to an increasingly cont-for-profit organization, where the patients and residents through the respect and dignity, we regional holding companies a services in Illinois, Iowa, and Ministries, Inc. Since 2006, the Franciscan Healthcare was reliable to the patients of the respect of the respect of the patients	are IRS Form 990 Part III - Str-profit health care and housing facilities, two home health Illinois and Glendale, Wisconsis Sponsors, the Wheaton Frant was incorporated in 1983 to jomplex environment, ensure WFSI reinvests all net income gh highly-trained staff, advantable, and in the Southeast, will colorado. The System's housine "doing business as" name ecognized in the Southeast, will colorado The System's housine "doing business as" name ecognized nationally for qualitizery Study Wheaton Francis at evision, innovation and per considered experts in the fiel on CORPORATE STRUCTURE in Healthcare Housing ministry is by providing exceptional and the ministries will be recognized in the preferred partner environment that promotes we in property management and from our Mission and Catholic Wheaton Franciscan System is life Integrity. We value he emotional, spiritual and relative responsibility to use human, fiscan Health-Care Wheaton Franciscan System (Signal) and Wisconsin SYSTE, Housing 2,681 Associates 2,89,198 Hospital Patient Days 1982,065 Hospice Days 17,62 and Misconsin Grant Regional Services, Inc. II SF Services Canticle Ministries ciscan Center Franciscan Wood and Foundation Circle of Life Foystem - Menasha, Wisconsin Aredical Center Kenosha Medical Grounal Foundation Circle of Life Foystem - Menasha, Wisconsin Aredical Center Kenosha Medical Johnson Foundation, and medical Center Kenosha Medical do no individuals, and health promise Accomplishments WHEATO spectrum of the Prancis St. Joseph. Over the next. 101 partnered with the Felician Sister, Wheaton Franciscan Health Plan of Wisconsin Ared Groundation and the Prancis St. Joseph. Over the next. 101 partnered with the Felician Sister, Wheaton Franciscan Health Plan of Wisconsin Ared Groundation and the Prancis St. Joseph. Over the next. 101 partnered with the Felician Sister, Wheaton Franciscan Health Plan of Wisconsin Ared Groundation and Plance Accomplishments wheaton Franciscan Health Plan of Wisconsin Ared Groundale Plance Accomplishments wheaton F	tatement of Program S ng organization serving n agencies, 70 clinic sit sin Started more than ciscan Sisters, by prov preserve and strengthe continuity of Francisca into the communities, ar disconsin region, the Fo lising and spiritual devel for WFSI's health care ry health care, named scan Healthcare also re cross nine hospital site formance in the use or ld of healthcare iI use Parent Company Why Franciscan Ministries of ophysicians Housing wholeness of life within d a well-integrated net oc tradition, must have respect We value ea presty and words and conal aspects of life and mancial, and natural re Franciscan Services, Ii EM STATISTICS Hospital 2,229 Affiliated Physicia 2,229 Affiliated Physicia 3,423,409 Skilled Nurs 22 Home Health Visits an Sisters, Inc Sartori linois Marianjoy Rehalis Sc Clara Pfaender Fund dis The Terrace at St I p All Saints Foundation foundation The Founda St Elizabeth Hospital Iffinity Medical Group S I Center Wheaton Fran any other local and na coverage for the near ational leaders to mak ank for uninsured patic notion fairs Associates unities in numerous wa on Franciscan Sisters began ope of years, the Sisters of years, the Sisters unities in numerous wa of years, the Sisters through the unio thicare has created a fu otherare has created a fu	at sites in Wisconsin, To es, and nearly 2,700 uni 125 years ago and form ding excellent and compared pludeo-Christian values in sponsorship, and assure it serves. Its multiple entuperior and compassiona de ensuring health care a dox Valley, Wisconsin region of the best performing the performing health care and the performing the performing and more than 100 physic feeling and feel	wa, Illinois, and Colorado ts of assisted living and ot ally incorporated in 1983, bassionate health care and is, provide a framework for eviability and excellence attest are dedicated to delivate service, caring for each cocess for everyone WFSI on, as well as other region ganized under the holding aton Franciscan Healthcareing 50 systems in Thomps of from McKesson Technological of the health care organ honor of the achievement of the health care organ honor of the achievement of the holding aton Franciscan Holding aton Franciscan Healthcare of the health care of the health care organ honor of the achievement of the health care of the health and well to dompassionate patients in the health of the health we have been been dead in the image and like the health of the health well as the holding the health whealth consent Clinic Covenant Clinic Covenant Clinic Covenant Clinic Covenant and Home Health Wheaton Franciscan LATIONS INCLUDE Midwer Oshkosh Calumet Medical Grooseph Elmbrook Memorial and Home Health Wheaton Franciscan LATIONS INCLUDE Midwer Oshkosh Calumet Medical Grooseph Elmbrook Memorial and Home Health Wheaton Franciscan LATIONS INCLUDE Midwer Oshkosh Calumet Medical Grooseph Elmbrook Memorial and Home Health wheaton Franciscan LATIONS INCLUDE Midwer Oshkosh Calumet Medical Grooseph Elmbrook Memorial and Home Health wheaton Franciscan LATIONS INCLUDE Midwer Oshkosh Calumet Medical Grooseph Elmbrook Memorial and Home Health Wheaton Franciscan LATIONS INCLUDE Midwer Oshkosh Calumet Medical Grooseph Elmbrook Memorial and Home Health wheaton Franciscan LATIONS INCLUDE Midwer Oshkosh Calumet Medical Grooseph Elmbrook Memorial and Home Health Wheaton Franciscan Health systems and sand daily reflections Beston and the common functions included the Catholic Health with the	The System include ther housing, and the WFSI is committed housing services to read lay expertise and throughout the orgavering quality health person's body, miles organized into mailes holding companies company name of less (WFH). In 2009 Won Reuters' 100 Toping Solutions for its vards are presented anizations selected ents, our foundation inciscan Healthcare is committed in the people in the people of t	ICES, INC es 17 hospital e corporate to living out all, regardless involvement, inization As a care to d, and spirit arket-based es conducting franciscan heaton heaton hospitals success in annually to in July 2009 by is received a lealth care led to living out we serve lence, as the and affordable g ministries will Values Our try of Jesus gives worth onal growth ervice or those who heare (WFH), s 4 Home 2 Newborns 50,761 NS Iowa tron Health lation RUSH rt Hospital St Wheaton nits St Joseph alty Hospital - Care and Kenosha, erican Hospital national effort Cover the his service to ey opened their ukee health lectors, medical cost
4b	(Code) (Expenses \$	including	grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including	grants of \$) (Revenue \$)
4d	Other program service:	s (Describe in Schedule	· O)				
	(Expenses \$ Total program service		grants of \$ 6,120,130 <i>Must</i>) (F equal Part IX, Line 2	Revenue \$ 5, column (B).)	

Form **990** (2008)

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		N o
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 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	20-		N. a
		28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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	Yes	
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		No
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</i> "Yes," complete Schedule N, Part II	32		No
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		No
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		No
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, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
	1a	129			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
_	Did the organization comply with backup withholding rules for reportable payments to vendo	ors and reportable			
·	gaming (gambling) winnings to prize winners?		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	1,476			
h	If at least one is reported in 2a, did the organization file all required federal employment tax	•			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ear covered by this			
_	return?		3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	H	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account, caccount)?	•	4a		Νο
ь	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of I Financial Accounts.	Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	ax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax she	lter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regarding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such were not tax deductible?	n 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 contribution more?	n of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided	?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w	·	7-		NI o
4	file Form 8282?		7c		No
u	74				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiu benefit contract?	ums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as	s required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For	rm 1098-C as			
	required?		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section supporting organizations. Did the supporting organization, or a fund maintained by a sponsor excess business holdings at any time during the		8		
_	year ²	L			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		_		
	Did the organization make any taxable distributions under section 4966?	<u> </u>	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				

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 a	nd Managemer	t

			Yes	NO
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 15			
b	Enter the number of voting members that are independent 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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 activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο

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 W 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		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	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
							_			

Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(5)	(F)
(A) Name and Title		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
							<u> </u>			
							\vdash			
							<u> </u>	1,296,484	3,399,730	756,499
2 Total number of individuals (including		- \	•							. 30, 133

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►25

			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						
	remarks to the organization 1, 765, complete seneage 5,6, such person 1	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 INC PO BOX 1957 JANESVILLE, WI 535471957	CONSTRUCTION	3,648,915
ARAMARK 2300 WARRENVILLE RD DOWNERS GROVE, IL 60511	GEN MAINTENANCE SVCS	1,965,999
SODEXO INC 4800 PAYSHERE CIRCLE CHICAGO, IL 60674	MAINTENANCE	1,412,597
BUILDERS SUPPLY CORPORATION 330 EAST DEAVAN DRIVE JANESVILLE, WI 53547	CONSTRUCTION	873,492
MIDWEST ANESTHESIA SERVICES SC 4555 WEST SCHROEDER DRIVE MILWAUKEE, WI 53223	MEDICAL SUPPORT	695,667
2 Total number of independent contractors (including those in 1) we from the organization		24

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
	1a	Federated can	npaigns 1a	1				
計	ь	Membership d	ues					
<u> </u>		Fundraising o	1b /ents					
ું #	С	rundraising ex	ents 1c					
<u>≅</u> ,ਰੋ	d	Related organ	ızatıons1d	241,724				
ξŒ.	e	Government gran	its (contributions) 1e	14,071				
afío er 3	f	All other contribut	tions, gifts, grants, and not included above					
rië G			1 f					
Contributions, gifts, grants and other similar amounts	g		rıbutıons ıncluded ın 					
O M	h		es 1a-1f)		255,795			
				Business Code				
an	2a	PATIENT SERVICE	S	900,099	120,502,801	120,502,801		
ием	ь	MEDICARE MEDIC	CAID PAYMENTS	900,099	49,749,348	49,749,348		
æ.	c	RENTAL INCOME		900,099	532,052	532,052		
ИСЄ	d	ALL OTHER REVE	NUE	900,099	17,019	17,019		
Ser	e							
an	f	All other progr	ram service revenue					
Program Service Revenue								
А	g	Total. Add line ▶ \$ 170,801,2	es 2a-2f 20					
	3		come (including divi	dends, interest				
		other sımılar a	amounts)		17,635			17,635
	4	Income from inve	estment of tax-exempt b	ond proceeds	0			
	_	Davistona		▶	0			
	5	Royalties .	(ı) Real	(II) Personal	- v			
	6a	Gross Rents	892,321	(II) F ersonar				
	ь	Less rental						
	c	expenses Rental income	892,321					
	d	or (loss)	ome or (loss)		892,321			892,321
		Net rental inco			032,021			0,2,021
		Gross amount	(ı) Securities	(II) O ther 129,456				
	7a	from sales of assets other		129,430				
		than inventory						
	ь	Less cost or other basis and		22,343				
	c	sales expenses Gain or (loss)		107,113				
	d	Net gain or (lo	ss)		107,113		0	107,113
				. •				
	8a	Gross income events (not in	from fundraising cluding					
ψ.		\$						
i i		of contribution 1c) See Part 1	ns reported on line IV, line 18					
eve		Attach Schedul	e G ıf total exceeds					
E.			a					
Other Revenue	b c		xpensesb (loss) from fundrais		0			
0								
	9a	Gross income activities See	from gaming part IV , line 19					
		Complete Sched						
		exceeds \$15,00	<i>a</i>					
	ь	Less directe	xpensesb					
	С		(loss) from gaming		0			
	10a	Gross sales of	f inventory, less	•		+		
		returns and al						
			a					
	Ь		goods sold b					
	С	Net income or Miscellaneou	(loss) from sales of	Business Code	0			
	11a	CAFETERIA F		900,099	719,143			719,143
	b	MEDICAL RE		900,099		123,653		,===
	c	GIFT SHOP	CONDS	900,099	98,142	, -		98,142
				.,	163,734	163,734		,
	d	All other reven		L	·	· -		
	e	. v.a Aud IIA6		\$ 1,104,672				
	12	Total Revenue 8c,	. Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d,	173,178,756	171,088,607	0	1,834,354
			l1e	. ▶				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do r	ot 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	636,174		636,174				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	99,357		99,357				
7	Other salaries and wages	54,876,401	52,356,929	99,357				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,532,596	2,388,629	143,967				
9	Other employee benefits	7,991,629	7,537,340	454,289				
10	Payroll taxes	3,941,750	3,717,679	224,071				
11	Fees for services (non-employees)							
а	Management	0						
ь	Legal	19,000		19,000				
c	Accounting	0						
d	Lobbying	0						
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	0						
g	Other	6,492,269	6,492,051	218				
12	Advertising and promotion	269	, ,	269				
13	Office expenses	30,381,800	28,862,710	1,519,090				
14	Information technology	0						
15	Royalties	0						
16	Occupancy	3,525,196	3,525,196					
17	Travel	44,181	34,538	9,643				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	,	,				
19	Conferences, conventions and meetings	32,821	11,465	21,356				
20	Interest	2,120,334		2,120,334				
21	Payments to affiliates	719,000	719,000					
22	Depreciation, depletion, and amortization	8,793,411	8,793,411					
23	Insurance	0						
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	16,589,328		16,589,328				
ь	BAD DEBT	9,509,030	9,509,030	,				
c	HOSPITAL ASSESSMENT T19	6,501,781	6,501,781					
d	PURCHASED SERVICES	3,071,921	3,071,921					
e	INSUR & OTHER OPERATING	2,728,024	2,598,450	129,574				
_	All other expenses	_,5,5_1	_,_,,,,					
25	Total functional expenses. Add lines 1 through 24f	160,606,272	136,120,130	24,486,142	(
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	100,000,272	150, 120, 130	27,700,172				

Part X	Balance	Sheet

					(A) Beginning of year		(B End o	
	1	Cash—non-interest-bearing			4,885	1		1,302,581
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net			21,550,832	4	2	21,313,249
	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 spersons described in section 4958(c)(3)(B) Complete Part II of	ection	n 4958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			2,104,038	8		2,341,116
S	9	Prepaid expenses and deferred charges			144,660	9		126,008
et	10a				ŕ			
Assets		Land, buildings, and equipment cost basis	10a	182,004,992				
_	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b		69,311,004	10c	7	2,166,846
	11	Investments—publicly traded securities	· · ·			11		
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VI.	I of		12		
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .	Part VI	II		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			2,083,791	15		5,517,563
	16	Total assets. Add lines 1 through 15 (must equal line 34)			95,199,210	-	10	2.767.363
	17	Accounts payable and accrued expenses .			8,717,037	17		9,489,546
	18	Grants payable				18		
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			19,600,000	20	1	7,200,000
68	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						
Ē		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties	s .		3,637,635	23		0
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			5,077,280	25		5,338,075
	26	Total liabilities. Add lines 17 through 25			37,031,952	26	3	32,027,621
<u></u>		Organizations that follow SFAS 117, check here ▶ 🗸 and com	plet e l	ines 27				
		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			58,046,219	27	7	0,687,029
Ba	28	Temporarily restricted net assets			121,039	28		52,713
Ξ	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► □ allines 30 through 34.	nd con	nplete				
s 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			
AS	32	Retained earnings, endowment, accumulated income, or other for			32			
Net	33	Total net assets or fund balances			58,167,258	33	7	0,739,742
<u>z</u>	34	Total liabilities and net assets/fund balances			95,199,210	34	10	2,767,363
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Deat VI	Financial Ctataments and Banautics	_
Part XI	Financial Statements and Reporting	1

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

WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2008

Open to Public
Inspection

		39-0907740										
Par	tΙ	I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)										
he o	ganız	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon j)				
1	Γ	A church, c	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	Γ	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	:h Schedu	le E)						
3	굣	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Γ	A medical i	esearch organi	zation operated in conjunction	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	\sqcap	Anorganiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desci	rıbed ın	
		Section 170)(b)(1)(A)(iv).	(Complete Part II)								
6	\sqcap	A federal, s	tate, or local go	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	m a gove	rnmental ı	ınıt or fron	n the gene	ral public	:
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
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 c	ontributior	ıs, membe	rship fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	stment income and unrelate	ed busines	s taxable	ıncome (l	less sectio	on 511 tax	() from bus	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organized	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (Se	e instruct	tions)	
11	Γ	An organiza	atıon organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpos	ses of
				orted organizations describe						Section 5	09(a)(3).	. Check
		a T		type of supporting organization Type II c			nes 11e t nally Integ		h d	⊏ Type	III - Otl	
e	_			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	ig organiz	atio <u>n,</u>
		check this			danu sift.	ar aantribi	ution from	anu af tha				J
g		following pe		as the organization accepted	any gilt	סו כסוונווטי	ution irom	any or the	!			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g((i)	No
		(ii) a family	member of a p	erson described in (i) above	?					11g(No
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)	No
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports					
			_	-	_							
	(i) Na	me of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		orted		(described on lines 1-9	_	atıon ın	_	anızatıon		atıon ın	supp	ort?
C	gan	ızatıon		above or IRC section	col (i)			i) of your		rganized		
	(See Instructions)) your governing support? in the U.S.?											
		Yes No Yes No										
					1.03	'''	1.03			1.10		

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, 100, 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						
С	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

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

	ne organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Pi	roxy Tax)	(.,,)	
N a	ame of the organization HEATON FRANCISCAN HEALTHCARE ST F	·		Employer ider 39-0907740	ntification number
Par		oy all organizations exempt e the instructions for Schedule			527
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	ıcal campaıgn act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pai	To be completed b for Schedule C for d	oy all organizations exempt etails.)	under sectio	n 501(c)(3). (See the	instructions
1		e tax incurred by the organization un	der section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	1720 for this year	r?	☐ Yes ☐ No
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par		by all organizations exempt for Schedule C for details.)	under sectio	n 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exem	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ited to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and en	ter here and on Form	\$
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes
5	were made Enter the amount p political contributions received	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	oaid from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			-		

	(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			
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 Expendit	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2a	Lobbying non-taxable amount							
b	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 h	ave NOT file	ed 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	
b	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	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		14,266
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		C
j	Total lines 1c through			14,266
	1)			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A 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	
	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 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Sch 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 WHO SE 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

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that 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 FRANCIS INC 39-0907740 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 Number of states where property subject to conservation easement is located

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- 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 🕨 \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

►\$

(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
- a Revenues included in Form 990, Part VIII, line 1

▶ ⊄

b Assets included in Form 990, Part X

Part	Organizations Maintaining Colle	ctions of Art, His	tori	<u>cal Treası</u>	<u>ıres, or Othe</u>	<u>r Similar <i>I</i></u>	Assets	(con	itinued)
3	Using the organization's accession and other relatems (check all that apply)	cords, check any of th	ne fol	lowing that ar	e a significant u	se of its colle	ection		
а	Public exhibition	d	Γ	Loan or exc	hange programs				
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collect Part XIV	ctions and explain hov	w the	y further the	organization's ex	empt purpos	e ın		
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be					nılar	ΓYe	es	Г No
Par	Trust, Escrow and Custodial Arr Part IV, line 9, or reported an amou				nızatıon answ	ered "Yes"	to Forr	n 99	0,
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermediary	for c	ontributions	or other assets I	not	ΓYe	es [Г No
b	If "Yes," explain why in Part XIV and complete t	the following table							
							4 mount		
c	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form	990, Part X, line 21?					┌ Ye	:s	☐ No
	If "Yes," explain the arrangement in Part XIV								
Pai	t V Endowment Funds. Complete if the								
_		(a)Current Year (b)Prior `	Year (c) I w	o Years Back (d)	Three Years Bac	k (e)⊦o	ur Yea	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year en	nd balance held as							
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨								
c	Term endowment ▶								
3a	Are there endowment funds not in the possession	on of the organization	thata	are held and a	admınıstered for	the	_		
	organization by					_		es	No
	(i) unrelated organizations						a(i)	\rightarrow	
	(ii) related organizations					<u> 3</u>	a(ii)		
	If "Yes" to 3a(II), are the related organizations I Describe in Part XIV the intended uses of the or	•					3b		
4 Dor					art V lina 10				
Pal	t VI Investments—Land, Buildings, a	ilia Equipilient. 3		•	•				
	Description of investment			Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciati	on (d	I) Bool	k value
1 a l	and			0	853,355				853,355
b i	Buildings				87,461,896	38,845,	623	48,	,616,273
c l	easehold improvements				2,811,004	2,655,	876		155,128
d I	Equipment				55,672,278	43,344,	193	12,	,328,084
_e (Other	<u> </u>		0	35,206,459	24,992,	454	10,	,214,006
Tota	. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column (B,), line	10(c).)		, , ▶		72,	,166,846
						Schedule	D (For	m 99	0) 200ε

Part VIII Investments—Other Securities. 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) 🕨			
Part VIII Investments—Program Related. Se	e Form 990. Part X. line 1	3.	_
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
——————————————————————————————————————	(b) book value	Cost or end-of-	-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, II	ne 15.		
(a) Descri	ption		(b) Book value
DEFERRED REVENUE			0
OTHER ACCOUNTS RECEIVABLE			940
MEDICAL RECORDS RECEIVABLE			21,106
ACCOUNTS RECEIVABLE AFFILIATES			2,985,503
HOSPITAL ASSESSMENT HMO			2,457,301
RESTRICTED ASSETS			52,713
	47.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line.	<u>, </u>		5,517,563
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability Federal Income Taxes	(b) A mount		
	2 427 200		
DUE TO THIRD PARTY BAYOR	3,427,389		
DUE TO THIRD PARTY PAYOR	1,006,944		
LONG TERM FIN 47 LIABILITY	903,742		
DUE TO CORPORATE FUND	0		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	F 222 075		
(Solumn (b) Should Equal Form 550, Fart A, Cor (b) fine 25 /	5,338,075		

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			1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) o	n investments		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	

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

Name of the organization WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

Employer identification number

39-0907740

Pā	ert I Charity Care and	d Certain O	ther Com	munity Benefits a	t Cost (Optional fo	r 2008)					
	•			-		•		Yes	No		
1a	Does the organization have a	charity care	policy? If "N	lo," skip to question 6			1a				
b	If "Yes," is it a written policy	?					1b				
2	If the organization has multip care policy to the various ho		ındıcate whi	ch of the following best	describes application	of the charity					
	A pplied uniformly to all h		ls	Applied uniforml	y to most hospitals						
3	Answer 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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care										
	Г 100% Г 150%	Г	200%	Cother	%_		3a				
b	Does the organization use FF "Yes," indicate which of the f						3ь				
	□ 200% □ 250%	Г 300	о% Г	350%	0%	%					
c	If the organization does not u determining eligibility for free test or other threshold, regai	e or discounte	d care Inclu	ıde in the description v	whether the organization						
4											
5a											
b	b If "Yes," did the organization's charity care expenses exceed the budgeted amount?										
c	c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?										
6a	ia Does the organization prepare an annual community benefit report?										
6b	5b If "Yes," does the organization make it available to the public?										
	Complete the following table worksheets with the Schedul		ksheets prov	vided in the Schedule H	I instructions Do not	submit these					
7	Charity Care and Certain (nıty Benefits	at Cost							
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero			
а	Charity care at cost (from worksheets 1 and 2)	, , ,									
b	Unreimbursed Medicaid (from worksheet 3, column a)										
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)										
d	Total Charity Care and Means-Tested Programs .										
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)										
f	Health professions education (from worksheet 5)										
g	Subsidized health services (from worksheet 6)										
h :	Research (from worksheet 7)					1					
	Cash and in-kind contributions to community groups (from worksheet 8)										
-	Total Other Benefits Total (line 7d and 7j)										
•	rotar (mic /d and /j/	1	l	I	1	1	- 1				

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-	Direct offse revenue		(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	patients who are known to qua	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity (b) Description of primary activity of entity				profit ^c	anizatio % or sto ership %	ck	employees' profit profi) Physicians' fit % or stock wnership %	
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Wheaton Franciscan Healthcare St Francis 3237 S 16th St Milwaukee, WI 53215	x	х		х			х	х	
Wheaton Franciscan Healthcare-St Francis 2025 W O klahoma A ve Milwaukee, WI 53215									Outpatient Clinics
Wheaton Franciscan Healthcare-St Francis 7400 W Rawson Ave Franklin, WI 53132									Outpatient Clinics Cancer Care
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>

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

DLN: 93493132006460

Compensation Information

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

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

OMB No 1545-0047 2008

> Open to Public Inspection

Name of the organization

Schedule J

Department of the Treasury

Internal Revenue Service

(Form 990)

WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

Employer identification number

39-0907740

Pai	rt I Questions Regarding Compensation	on <u> </u>			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "	vritten policy regarding payment or reimbursement or No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t	·			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		Νο
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe			

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	J	(B) Breakdown of	f W-2 and/or 1099-MIS	SC 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
Andrew Pesch	(ı) (ıı)	128,938 0	0	96	8,078 0	15,713 0	152,825	,
Eunice Walker	(ı) (ıı)	136,626 0	0	1,011	55,77 4 0	15,897 0	209,308	,
Mark Westen	(ı) (ıı)	124,221 0	0	1,952	57,160 0	15,558 0	198,891	,
Terrence Zuehlsdorf	(ı) (ıı)	129,287 0	0	391	15,797 0	11,069 0	156,544	l)
Daniel Donovan DO	(ı) (ıı)	0 346,798	0	0 2,891	0 12,270	0 18,436	0 0 380,395	,
Daniel Mattes	(ı) (ıı)		0	0 11,157	0 37,180	0	0	,
Debra Standridge	(ı) (ıı)	0 287,321	0	0 12,256	0 28,587	0 23,190	0 351,354	
Eduardo Paz MD	(ı) (ıı)		0 100,000	0 13,356	0	0 5,038	0 3 174,197	
Jack Manley MD	(1) (11)	0 527,864	0	0 18,569	0 13,958	0	0)
Kenneth Buser	(1) (11)	0 488,816	0	0 172,422	0 63,989	0	0)
Kenneth Redlin MD	(ı) (ıı)	427,680 0	0		13,868			
Nicholas O mdahl MD	(ı) (ıı)	0 484,588	0	0 5,091	0 24,211	0 25,344	0 0 4 539,234	
Stephen Cardamone DO	(ı) (ıı)	0 378,995	0	0 15,862	0 58,188	0	0)
Susan Milewski	(ı) (ıı)	132,120 0	0		22,964	· ·		
William Chung MD	(ı) (ıı)	0 166,551	0	0 2,253	0 8,689	0 11,578	0 0 189,071	
Lynn Grudzielanek	(ı) (ıı)	87,160 33,225		142	0	12,055	99,357	,

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

Ident if ier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION DISCLOSURES	REFERENCES BELOW	FORM 990 SCHEDULE J PART I LINE 4B KENNETH 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 FROM 990 SCHEDULE J PART III 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 ORGANZIATION, WHEATON FRANCISCAN SREVICES, 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 COMMITEE

Software ID: Software Version:

EIN: 39-0907740

Name: WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

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

					ind nighest compensated Employees						
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior Form			
	_	(i) Base Compensation			compensation	Denents	(B)(ı)-(D)	990 or Form 990-EZ			
Andrew Pesch	(ı) (ıı)	128,938 0	o 0	96 0	8,078 0	15,713 0	152,825 0	0			
Eunice Walker	(ı) (ıı)		0	1,011	55,774 0	15,897 0	209,308	0			
Mark Westen	(I) (II)		0	1,952 0	57,160 0	15,558 0	198,891	0			
Terrence Zuehlsdorf	(I) (II)		0 0	391 0	15,797 0	11,069 0	156,544 0	0			
Daniel Donovan DO	(ı) (ıı)	0 346,798	0 0	0 2,891	0 12,270	0 18,436	0 380,395	0			
Daniel Mattes	(ı) (ıı)	0 249,234	0 0	0 11,157	0 37,180	0 24,985	0 322,556	0			
Debra Standridge	(I) (II)	0 287,321	0 0	0 12,256	0 28,587	0 23,190	0 351,354	0			
Eduardo Paz MD	(1) (11)		0 100,000	0 13,356	0 0	0 5,038	0 174,197	0			
Jack Manley MD	(I) (II)		0 0	0 18,569	0 13,958	0 34,361	0 594,752	0			
Kenneth Buser	(ı) (ıı)		0 0	0 172,422	0 63,989	0 30,066	0 755,293	0 149,745			
Kenneth Redlin MD	(ı) (ıı)	427,680 0	0 0	6,732 0	13,868 0	11,470 0	459,750 0	0			
Nicholas O mdahl MD	(ı) (ıı)	0 484,588	0	0 5,091	0 24,211	0 25,344	0 539,234	0			
Stephen Cardamone DO	(I) (II)	0 378,995	0 0	0 15,862	0 58,188	0 25,429	0 478,474	0			
Susan Milewski	(ı) (ıı)		0 0	254 0	22,964 0	21,086 0	176,424 0	0			
William Chung MD	(ı) (ıı)	0 166,551	o 0	0 2,253	0 8,689	0 11,578	0 189,071	0			
Lynn Grudzielanek	(ı) (ıı)	87,160 33,225	0	142 36	0 11,342	12,055 3,119	99,357 47,722	0			

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As Filed Data -

DLN: 93493132006460

Employer identification number

OMB No 1545-0047

2000

2008

9349313200040

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Schedule L

Transactions with Interested Persons

► 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.

Open to Public Inspection

WHEATON FRANCISCAN HEALTHCARE ST FRANCI	S INC											
Part I Excess Benefit Transact	tion	s (section 501(c)(3) a	and section 501	(c)		9-090 zatior					
To be completed by organization										. Part	: V , lıne	40b
											(c) Corr	
1 (a) Name of disqualifie	u pe	13011		(b) Des	cript	ion of transa	iction				Yes	No
2 Enter the amount of tax imposed on	the o	organization mana	gers or	r disqualified pers	ons	during the y	earui	nder				
section 4958	•						•		\$			
3 Enter the amount of tax, If any, on III	ne 2,	above, reimburse	d by th	ne organization .	•			<u> </u>	\$			
Part II Loans to and/or From												
To be completed by organiza	tion:	s that answered "Y	Yes" or T	n Form 990, Part	IV, I	ine 26, or Fo	rm 9	90-E	1		<u>e 38a</u>	
	(b) Loan to or					(e)	Ιn	(f Appr		(a)W	ritten
(a) Name of interested person and		from the ganization?	(c)0	rıgınal prıncıpal amount	(d)E	Balance due	defa		by bo		1	
purpose				amount			W N		comm	ittee?		
	+-	Γο From					Yes	No	Yes	No	Yes	No
	-									 	+	1
	+									_	+	
	+									├─	+	-
	+										+	+
	+										+	
Total				> \$	<u> </u>							-
Part IIII Grants or Assistance B												
To be completed by orga	nıza	tions that answe	ered "	Yes" on Form 9	90,	Part IV, lın	e 27	i				
(a) Name of interested person				een interested pe	rson	(c)A m	ount c	of ara	nt or tv	pe of	assista	nce
(-,		and	the or	ganızatıon		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Part IV Business Transactions	Inν	olving Intere	sted	Persons		<u> </u>						
To be completed by orga	nıza	tions that answe	ered "	Yes" on Form 9	90,	Part IV, lın	e 28	a, 28	b, or	28c.		
		(b) Relationship	· I								(e) Sha	_
(a) Name of interested person		between intereste person and the	- 1	(c) A mount of transaction		(d) Descr	ıptıon	of tra	ansactı	on	organıza reven	
		organization	•	tialisaction						F	Yes	No
Emergency Medicine Specialists SC	IN	eal Hamerlink is		134,	263	Emergency	Room	Man	agemei	nt		No
	01	fficer		,		,				\Box		
Emergency Medicine Specialists SC		ary Swart has a 6	6%	134,	263	Emergency	Room	Man	ageme	nt		Νo
	lin-	it								\longrightarrow		
	+									\longrightarrow		
	+		-+							\longrightarrow		

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DLN: 93493132006460

OMB No 1545-0047 **Supplemental Information to Form 990**

Open to Public Inspection

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

▶ 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.

Name of the organization
WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

Employer identification number

39-0907740

ldentifier	Return Reference	Explanation
FORM 990 SCHEDULE O	OTHER INFORMATION	FORM 990, PART VI, LINE 4 The Organization Documents (Corporate Bylaws) were updated to reflect a change in the number and/or composition of the voting members of the organization's board of directors FORM 990, PART VI, SECTION A, LINE 6-7B Wheaton Franciscan Healthcare-St Francis has two classes of members which hold several reserved powers over Wheaton Franciscan Healthcare-St Francis. These reserved powers include, but are not limited to, the election of members of the governing body and election of officers, approval of certain financial expenditures in accordance with policy, and approval of budgets and strategic plans, these approvals are based on recommendations from the governing body. FORM 990 PART VI, SECTION A LINE 10 PROCESS ORGANIZATION USER TO REVIEW THE FORM 990 Affiliates of Wheaton Franciscan Healthcare use a multiple-level review process on all Federal and State information and tax returns to ensure accurate and timely filing for all organizations. Under the direction of the Tax Manager, the Accounting Department prepares Forms 990, 990-T, and associated state fillings. When complete, the return is first reviewed by the Accounting Director, who focuses on the income statement and balance sheet items, and all schedules where transactions of this type might be reported. If discrepancies are found, the items ill be corrected prior to the next step in the review process. Once cleared through Accounting, the return is provided to the Tax Department, where the Tax Manager and Vice President of Treasury and Risk Management focus their review on consistency of reporting between all returns, accuracy of tax related information, and explanation and understanding of any outliers. Again, any problems or questions are investigated and corrected Depending on the level of complexity of the year in question, as well as the individual issues specific to that filing, certain returns may be selected for outside review by a public accounting firm. This decision will vary from year to year, again based on many fac

		are addressed Members of the Full Board, similar to the parent organization board, are provided access to the 990's and 990-T's within that region via an online portal
	_	
ldentifier	Return Reference	Explanation
FORM 990 SCHEDULE O	OTHER INFORMATION	Part VI, Section B Policies, Line 12c As part of the annual process, conflict of interest questionnaires are sent out to all officers and Directors to capture information on potential conflicts as well as information on business and family relationships for purposes of answering certain questionns on IRS Form 890. Responses to these questionnaires are reviewed we selfly by the Vice President of Compliance, the Manager of Tax Compliance, and the Manager of Legal Services. Responses to questions are documented in a spreadsheat for follow up at a later time. After an approximate 6 week time frame, mannes of all nor responders are compled, and these modivulais receive either an arnal or letter with a duplicate questionnaire, asking themonic again to complete the information Responses to questionnaires containe to be reviewed and documented throughout this time period. Approximately 1 month prot to the fining deadline of IRS Form990, responses to date are completed. Any response requiring disclosure is entered into the information return. Also at this date, the remaining non responder names are determined, and a letter, along with the actual Conflict of Interest Delicy, is sent to the Chargerson of each board. The letter outlines the current non responders, as well as any Officer or Board member that has disclosed a financial interest that might pose a potential conflict of interest Delicy, as existed in a native of the financial interest would need to voluntarily excuse him or herself from the deblerations or volution as unch a matter, or, if necessary, the board would determine that the subject's financial interest was an actual conflict of interest, in which asset the board member would be informed by the board Chargerson that he or she would not be allowed to volte in any such matters due to this real or perceived conflict of interest. Minutes of the board meeting would document the decision process, and reflect thatever action(s) are ultimately taken. The board chargers in allowed to continue in any board matte

DLN: 93493132006460

OMB No 1545-0047

Open to Public

Related Organizations and Unrelated Partnerships

(Form 990)

Department of the Treasury

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.

nternal Revenue Service	_				Inspection
Name of the organization WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC				Employer ident	ification number
				39-0907740	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty state (if section 501(c)(i	us Direct controlling 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)	(D) Direct controlling entity	(E) Predomina income(rela investmer unrelated	ited, nt,	(F) Share of tot) al income	Share o	(G) of end-of-year assets	(H Disprop allocat	rtionate	(I) Code V—UBI amount of Box 20 of K-1	Gene mana part	ral or agıng
										Yes	No		Yes	No
SR LM LTD ROOSEVELT RD WHEATON IL 60187 WHEATON, IL60187 36-3811835	HOUSING	IL	SR-LM INC								No			No
KENOSHA SNRS PO BOX 667 WHEATON IL 60187 WHEATON, IL60187 39-1801541	HOUSING	WI	FR SENRS								No			No
39-1001341														
Part IV Identification of Rela	ted Organizat	ions Taxa	ble as a Corp	oration or T	rust									
(A) Name, address, and EIN of related organization	(B) Primary activi	ty		(C) gal domicile (state or foreign country)		(D) t controlling entity	(E) Type of (C corp, S or tru	S corp,	(F) Share of tota Income		(G) Share cend-of-years	ear ownership		
See Addıtıonal Data Table														
	1						I							

Part V	Transactions with Related Organizations	
--------	---	--

Pa	art V Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
L D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1 c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e	Yes	
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h	Yes	
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	1o	Yes	
p	Reimbursement paid by other organization for expenses	1р	Yes	
_	O ther transfer of cash or property to other organization(s)	1q	Yes	-
_		1r	Yes	
r	O ther transfer of cash or property from other organization(s)	<u> </u>	1 03	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(A) (B) (C)			

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) WFH-FOUNDATION FOR ST FRANCIS INC	С	241,724
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country) 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	(H) General o managing partner?)	
			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

5000 WEST CHAMBERS STREET

5000 WEST CHAMBERS STREET

400 WEST RIVER WOODS PARKWAY

10000 WEST BLUE MOUND ROAD

WFH - TERRACE AT ST FRANCIS INC

THE WISCONSIN HEART HOSPITAL INC

WFH - FOUNDATION FOR ST FRANCIS INC

WFH - THE WISCONSIN HEART HOSPITAL INC

WFH - ELMBROOK MEMORIAL INC

WFH - ST JOSEPH FOUNDATION 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, WI53210

WFH - ST JOSEPH INC

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

MARIANJOY REHAB HOSPITAL & CLINICS INC

26 W 171 ROOSEVELT ROAD

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

WHEATON, IL60187

36-2680776

39-1568865

56-2426294

39-1559428

39-1791586

39-2028808

39-0853528

39-1636804

39-0816857

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

Direct Controlling

Entity

NΑ

lwfsimhc

ST ELIZ HOSP

AFF HLTH SYS

WFH-SE WI

WFH-AS INC

WFH-AS INC

lwfsi

WFH-MFC

WFH-SE WI IN

WFSI

WFH-EMH

WFH-SE WI IN

WFMG

WFSI

MJ REHAB HOS

MJ REHAB HOS

MARIANJOY

WFH-SFH

WFH-SJH

(E)

Public charity

status

(if 501(c)(3))

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11 - I

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|11 - III-FI

Exempt Code

section

501(c)(3)

Software ID:

		(C)
(A)	(B)	Legal Domicile
Name, address, and EIN of related organization	Primary Activity	(State

orm 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiza	tions	
	(D)	(c)	(D)

Related Tax-Exempt Organization	าร		

Name:	WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

or Foreign

Country)

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Name:	WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

Name:	WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

EIN:	39-0907740
Name:	WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

EIN:	39-0907740
Name:	WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

Software Version:

PARENT CORP

HOLDING CO

AUXILIARY

HOSPITAL

REHAB

HOSPITAL

PHYSCN CLINIC

FOUNDATION

HOSPITAL

HOSPITAL

FOUNDATION

FOUNDATION

HOLDING CO

FOUNDATION

HOME HLTH

MEDICAL GRP

FOUNDATION

HOSPITAL

FOUNDATION

HOSPITAL

FOUNDATION

HOSPITAL

FOUNDATION

NURSING HOME

HOSPITAL

MEDICAL GRP

HOLDING CO

FOUNDATION

AUXILIARY

REHAB HOSPITA

Name:	WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity		
REHABILITATION MEDICINE CLINIC INC 26 W 171 ROOSEVELT ROAD WHEATON, IL60187 36-3236791	MEDICAL GRP	IL	501(c)(3)	3	MARIANJOY		
WHEATON, IL601870667 39-1471463	HOLDING CO	WI	501(c)(3)	11 - III-FI	WFSI		
WHEATON, IL601870667 36-4091836	HOUSING/ADVCY	IL	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		
DENVER, CO80212 84-0733072	HOSPITAL	со	501(c)(3)	11 - III-O	OSFSVCSINC		
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		
OAK PARK, IL60304 36-3739067	HOSPITAL	IL	501(c)(3)	3	NONE		
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		
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		
CEDAR FALLS, IA50613 42-0758901	HOSPITAL	IA	501(c)(3)	3	WFH-IO WA INC		
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		
CAROL STREAM, IL60188 36-4039278	HOUSING	IL	501(c)(3)	9	FMI		
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		
KENOSHA, WI53140 39-1814815	HOUSING	WI	501(c)(3)	9	FMI		
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		
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		
WHEATON, IL601870667 36-3957850	HOUSING	IL	501(c)(3)	9	FMI		
RACINE, WI53403 39-1657098	HOUSING	WI	501(c)(3)	9	FMI		
CLARE GARDENS INC 2626 OSCEOLA STREET DENVER, CO80212 23-7200039	HOUSING	со	501(c)(3)	9	FMI		

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	I	I	I
(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 OF ASSISI HOMES-WESTMINSTER INC					
2451 WEST 82ND PLACE WESTMINSTER, C080031 74-2740978	HOUSING	CO	501(c)(3)	9	FMI
DAYSPRING VILLA INC 3777 WEST 26TH AVENUE DENVER, CO80211 36-3933908	HOUSING	CO 501(c)(3)		9	FMI
FRANCIS HEIGHTS INC					
DENVER, CO80212 84-0626174	HOUSING	со	501(c)(3)	9	FMI
FRANCISCAN MINISTRIES COMMUNITY FNDN INC 26W171 ROOSEVELT ROAD WHEATON, IL601870667	FOUNDATION	IL	501(c)(3)	11 - II	FMI
36-4456204 FRANCISCAN SENIORS KENOSHA INC					
1920 27TH AVENUE KENOSHA, WI53140 39-1821568	HOUSING	WI	501(c)(3)	9	FMI
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	HOUSING	со	501(c)(3)	9	FMI
84-1347868 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
WFH - MARIAN FRANCISCN CENTER INC					
9632 WEST APPLENTON AVENUE MILWAUKEE, WI53225 39-1613624	NURSING HOME	WI	501(C)(3)	9	WFH-SE WI IN
WF LABORATORIES INC (1)					WELL CE WITTE
11020 WEST PLANK COURT WAUWATOSA, WI53226 39-1701402	LA BO RA TO RY	WI	501 (C)(3)	9	WFH-SE WI IN

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

Torin 990, Schedule K, Part IV - Ident	incation of Re	Jateu Organiza	lions raxable as	a corporation (Ji iiust	I	
(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 DMN SUPPO RT	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	WFMG	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 COMPANY PO BOX 69 GT GEORGETOWN, GRAND CAYMAN UK	Other Investment	UΚ	WFSI	C CORP			

Software ID: Software Version:

EIN: 39-0907740

Name: WHEATON FRANCISCAN HEALTHCARE ST FRANCIS INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	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
Brıan Smıgelskı , Dırector	1 0	Χ						0	0	0
Chris Leberfing , Director	1 0	Х						0	0	0
Daniel Donovan DO , Secretary/Treasurer - Director	40 0	Х		х				0	349,689	30,706
Daniel Mattes , President/Vice Chair - Directo	40 0	Х		х				0	260,391	62,165
Dean Schmelzer , Director	1 0	Х						0	0	0
Debra Standridge , President/Chair - Director	40 0	Х		х				0	299,577	51,777
Eduardo Paz MD , Director	40 0	Х						0	169,159	5,038
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 Andreoli , Director	1 0	Х						0	0	0
Kenneth Buser , Director	40 0	Х						0	661,238	94,055
Kenneth Redlin MD , Director	40 0	Х						434,412	0	25,338
Neal Harmelink MD , Director	1 0	Х						0	525	0
Nicholas O mdahl MD , Director	40 0	Х						0	489,679	49,555
Robert Koebert MD , Director	1 0	Х						0	0	0
Sr M Ramona Dombrowski , Secretary/Treasurer - Director	1 0	x		х				0	0	0
Stephen Cardamone DO , Chair - Director	40 0	Х		Х				0	394,857	83,617
Susan Milewski , Director	40 0	Х						132,374	0	44,050
William Chung MD , Director	40 0	Х						0	168,804	20,267
Andrew Pesch , PHARMACIST 7/70-3RD SHIFT	40 0					Х		129,034	0	23,791
Eunice Walker , DIR-PHARMACY	40 0					Х		137,637	0	71,671
Mark Westen , PHARMACIST	40 0					Х		126,173	0	72,718
Steven Balıstrerı , PHARMACIST	400					Х		119,874	0	20,050
Terrence Zuehlsdorf, RN IV-CRIT CARE DIFF	40 0					Х		129,678	0	26,866
Lynn Grudzielanek , VP-BUSINESS & SUPPORT SRVCS-SF	40 0						х	87,302	33,261	26,516

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.