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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	2008 ca	lendar yea	r, or tax year beginnin	g 07-01-2008 and e	nding 06-30-2009	)	<b>-</b> · · · · · ·	
<b>B</b> Che	eck ıf a	pplicable	Please	C Name of organization WHEATON FRANCISCAN	HEALTHCARE			D Employer ide	entification number
<b>✓</b> Add	tress ch	nange	use IRS label or	ALL SAINTS FOUNDATIO Doing Business As	N INC			39-157087 E Telephone no	
Naı	me cha	nge	print or type. See	Doing business As					
┌ Inıt	al retu	ırn	Specific	Number and street (or F	O box if mail is not deliv	ered to street addres	s) Room/suite	(262) 687-	
<b>Г</b> Тег	mınatıd	on	Instruc- tions.	3805-B SPRING STREET				G Gross receip	<b>TS</b> \$ 5,228,746
┌ Am	ended	return		City or town, state or co	ountry, and ZIP + 4			1	
Π App	olication	n pending		RACINE, WI 53405					
			F Nan	ne and address of Prin	cipal Officer		H/a) Ta th	<b></b>	
				TH BUSER	erpar o meer			is a group returr ates?	TYes ▼No
				EST RIVER WOODS P .UKEE, WI 53212	A RKWA Y				
 т Та	x-exen	npt status		) (3) <b>◄</b> (insert no )	4947(a)(1) or			ll affiliates includ	,
		<u> </u>						No," attach a list up Exemption Nu	: See instructions)
) W	eb sit	e: F www	w wfhealthc	are org			n(c) Gro	ap Exemption No	MIDE! F 0320
<b>К</b> Тур	e of or	ganization	Corporat	ion trust association	other 🕨		<b>L</b> Year of Fo	ormation 1986 <b>M</b>	State of legal domicile WI
Da	rt I	L Sumi	marv						
гa	1	Sumi Briefly (		e organization's missio	on or most significant	activities			
eu.	_			IONS AND FUNDRAIS	_		OSPITAL		
ဋ									
Ĕ									
Governance	2	Checkt	this box 🖵	ıf the organization disc	continued its operatio	ns or disposed of	more than 2	25% of its asset	s
	3	Number	r of voting r	members of the govern	ing body (Part VI, line	e 1a)		. 3	20
20 (1)	4	Number	r of ındepen	ndent voting members	of the governing body	(Part VI, line 1b	)	. 4 _	13
Activities &	5	Total nu	umber of en	nployees (Part V , line	2a)			5 _	0
ਓ	6	Total nu	umber of vo	olunteers (estimate if r	ecessary)	•		6 _	1
⋖	1			ted business revenue	•	_	0		
	b	Net unr	elated busi	iness taxable income f	rom Form 990-T, line	34		7b	0
							Pri	or Year	Current Year
₫	8			d grants (Part VIII, lin			470,738	612,936	
eu	9			revenue (Part VIII, lir				0	
Rayeni	10			me (Part VIII, column			135,687	-1,061,683	
	11							-13,450	-11,220
	12	12)	evenue—a	ad lilles o tilloagii 11	(must equal Fait VIII	, column (A), mie		592,975	-459,967
	13	Grants	and simila	ar amounts paid (Part 1	X, column (A), lines 1	1 – 3)		872,305	473,458
	14	Benefi	ts paid to c	or for members (Part I)	(, column (A), line 4)				0
ø	15		es, other co	ompensation, employe	e benefits (Part IX, co	olumn (A ), lines 5	-		0
Expenses	16-	10)	aranal fund	Irougung food (Dort IV	rolumn (A.) lung 11a)				0
<u>Φ</u>	16a			raising fees (Part IX, o					0
五	1.7	•	_	penses, Part IX, column (D)	•	)		1 047 730	40.251
	17 18			(Part IX, column (A), lı -add lınes 13–17 (mus				1,047,739	49,251
	19			oenses Subtract line 1		ts, column (A))		-1,327,069	-982,676
* o	15	Keven	de less exp	Jenses Subtract fine 1	o nom me 12		Region	ing of Year	End of Year
99.00 8000 8000	20	Total	accata (De	rt V line 15\			begiiin		
SS E				rt X, line 16)				8,449,995	6,779,769
Net Assets or Fund Balances	21		•	Part X, line 26)				769,117	3,378
	22			d balances Subtract I	ine Z1 from line 20			7,680,878	6,776,391
Ра	rt II		ature Blo	DCK equry, I declare that I have	avamined this raturn, incli	uding accompanying	schodulos and	statements, and to	the hest of my knowledge
				correct, and complete Decl					
Plea		****					2010	0-05-10	
Sign Here		Signa	ature of office	er			Date	-	
	_			IN SENIOR VP AND CFO					
		<b>F</b> Type	e or print nam	ie and titie					
		Preparer			Date		heck if elf-	Preparer's PTIN	(See Gen Inst )
Paid -		signature	7				mpolyed 🕨 🦵	·	
	arer's		ame (or yours	s h	'	 		EIN Þ	
Use (	Only		nployed), and ZIP + 4	<i>r</i> —					
								Phone no 🕨	
May t	the IR	S discus	s this retu	rn with the preparer sh	own above? (See inst	ructions)			⊤Yes ⊤No

	990 (2008) t IIII Stateme	nt of Program Service A	ccomplishments (See the in:	structions.)	Page <b>2</b>
<b>1</b> See A	Briefly describe the dditional Data Table	organization's mission			
3 4	the prior Form 99 If "Yes," describe Did the organizati services? If "Yes," describe Describe the exer Section 501(c)(3	O or 990-EZ? these new services on Schedul on cease conducting or make s these changes on Schedule O mpt purpose achievements for e ) and (4) organizations and 494	e O  Ignificant changes in how it conductors in the organization's three larges are required to report reach program service reported	ts any program	
4a	Colorado The Syster living and other hou in 1983, WFSI is cor care and housing se framework for lay e excellence throughod dedicated to deliver caring for each perseveryone WFSI is on as other regional hounder the holding considering the veryone WFSI is on as other regional hounder the holding considering the veryone WFSI is on as other regional hounder the holding considering the veryone WFSI is on as other regional hounder the holding confices The VIP Award health care organizated fitted the achievements wheaton Franciscan Healthcare compassionate paties Ministries, Inc. is concommunities we ser services that provide one of us Through created in the image Development. We value superior perfocommon good, with business as Wheaton beds 2,087 Long-temergency Room Vitem Care Facility Poly 1,971,809 WFH ORC Covenant Foundation Medical Group Maria Memorial The Wiscon Wheaton Franciscan Franciscan Healthcare Foundation United Foundation Franciscan small house Five yeafter 1947 - expandifunctions including Barae best practices Healthcare - All Sain	arm includes 17 hospital campuses, four sing, and the corporate services offices inmitted to living out the Mission and Vicces to all, regardless of their ability expertise and involvement, respond to a ut the organization. As a not-for-profit ing quality health care to patients and on's body, mind, and spirit with respect forganized into market-based regional hidding companies conducting services in organized into market-based regional hidding companies conducting services in organized into market-based regional hidding companies conducting services in organized into market-based regional hidding companies conducting services in organized into selected in July 2009 by a panel service as a presented annually to organizations selected in July 2009 by a panel so, our foundations received a \$10,000 in Healthcare Health care ministry. Where is committed to living out the healing of the people we serve Health Care ent service, clinical excellence, as the himmitted to providing quality and affordive Housing Vision. Our housing ministry hope, growth, and opportunity. Value them we put the healing ministry of Jeen and likeness of God, which gives wore alue personal and professional growth rmance in our work and service. Stewars special concern for those who are poon in Franciscan Healthcare (WFH), consistent Days. 150,761 Hospital Outpaties and Santon Health Care Foundation, in Care Facilities. 4 Home Health Age issts 356,712 Newborns. 11,409 Hospital Care Facilities. 4 Home Health Age issts 356,712 Newborns. 11,409 Hospital Care Facilities. 4 Home Health Age issts 356,712 Newborns. 11,409 Hospital Care Facilities. 4 Home Health Age issts. 356,712 Newborns. 11,409 Hospital Care Facilities. 4 Home Health Age issts. 356,712 Newborns. 11,409 Hospital Care Facilities. 4 Home Health Age issts. 356,712 Newborns. 11,409 Hospital Care Facilities. 4 Home Health Age issts. 356,712 Newborns. 11,409 Hospital Care Facilities. 4 Home Health Age issts. 356,712 Newborns. 11,409 Hospital Care Facilities. 4 Home Health Care Fanklin Hosp	522,709 including grants of \$ olic, not-for-profit health care and housing a long-term care facilities, two home health is in Wheaton, Illinois and Glendale, Wiscons alues of its Sponsors, the Wheaton Francisc to pay WFSI was incorporated in 1983 to pan increasingly complex environment, ensure residents through highly-trained staff, advat and dignity, working to improve the health olding companies organized in the Southea Illinois, Iowa, and Colorado The System's Illinois, Iowa, and Colorado The System's Inc. Since 2006, the "doing business as" no Healthcare was recognized nationally for digital to the state of the state	agencies, 70 clinic sites, and nearlism Started more than 125 years are sin Started more than 125 years are sin Started more than 125 years are sin Sisters, by providing excellent a creserve and strengthen Judeo-Chrore continuity of Franciscan sponsor into the communities it serves. It inced technology, and superior and the off the communities, and ensuring st. Wisconsin region, the Fox Valley housing and spiritual development ame for WFSI's health care ministry quality health care, named one of the Franciscan Healthcare also receive ety across nine hospital sites and in the field of healthcare IT use - to rure. Parent Company Wheaton by Franciscan Ministries, Inc. Health all and compassionate health care so rized in each community we serve ferred partner of physicians. Housing ent that promotes wholeness of life perty management and a well-integration with the promotes wholeness of life and the promotes of the strength of the s	y 2,700 units of assisted go and formally incorporated and compassionate health istian values, provide a ship, and assure viability and is multiple entities are compassionate service, ig health care access for y, Wisconsin region, as well is services are organized y has been Wheaton the best performing 50 did a 2009 VIP Award from more than 100 physician theare IT WFH is one of five ecceive the award. In honor Franciscan Services, Inc. DBA in Care Mission. Wheaton ervice that promotes the for superior and in general method in the grated network of support it is have meaning for every aliue each person as sacred, and actions that build trust and work. Excellence. We urces entrusted to us for the health care division, doing impuses. 17 Staffed Hospital 19 Employed Physicians. 731 Itient Days. 26,882 Longial Group Physician Visits. I, Inc. Covenant Clinic all and Clinics Marianjoy. Saints St. Joseph Elmbrook for Franciscan Home Health thership with Wheaton francis AFFILIATIONS. Medical Center of Oshkosh in Hospital Community ealthcare also joined the lorganizations by mearly 46 million Americans are leasing to the local efforts are JTHEAST WISCONSIN lith care ministry out of a serious separate but common rated region that allows it to espitals Wheaton Franciscan serious separate but common rated region that allows it to espitals.
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 522,709 Must equal Part IX, Line 25, column (B).

Other program services (Describe in Schedule O )

4d

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,	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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		No
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		No
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		No
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 "Yes," complete Schedule F, Part II</i>	15		Νο
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</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	Yes	
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	Yes	
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		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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			
		28a		Νo
b	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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Enter the number reported in Box 3 of Farm 1095, Annual Summary and Transmitted   1a	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
b Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable  c Dut the organization comply with facture withholding rules for reportable payments to senders and reportable gamming (pamming to prize with mere).  2a. Enter the number of employees reported on Form W-3, Transmitted Wage and Tax Scanners (and for the calendary avera ending with or within the year covered by this section.)  b If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Note left the sum of times 1a and 2a is greater than 230, you may be equired to e-file this return.  b If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Note left the sum of times 1a and 2a is greater than 230, you may be equired to e-file this return.  b If a least one is reported in 2a, did the organization file all required federal employment tax returns?  Note left the sum of time 1a and 2a is greater than 230, you may be equired to e-file this return.  b If If Yes, file is the did from \$90.T for this year? If Yes, provide an explanation in Schedule 0  3b. If Yes, file is a file of the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  See that in carbon a country of the foreign country.  See that in carbon a country of the foreign country.  See that organization is party to a prohibited tax sheller transaction at any time during the tax year?  5a. No.  If Yes, file is a risk gid the organization is life from 888-1, Duadesure by Tax-Exempt Entity Reparding Prohibited Tax Scheler Transaction?  5c. Dud the organization provide goods or services in exchange for any quite pro quo contribution of §75 or more?  7b. Organizations that may receive deductable contributions under section 170(c).  1b. Of the organization is during the contributions of excitation an engage for any quite pro quo contribution of §75 or a not the foreign transaction for the supporting p						Yes	No
b Enter the number of Forms W-26 included in line 1a Enter-6-intot applicable  c Dut the organization comply with backup withhelding rules for reportable payments to evenders and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on form W-3, Transmitter of Wage and Tar Stewments flied for the calendar year ending with or within the year covered by this return.  3 Enter the number of employees reported on form W-3, Transmitter of Wage and Tar Stewments flied for the calendar year ending with or within the year covered by this return.  4 If Tele least one is reported in 2a, did the organization file all required feed end employment tax returns?  5 If Tele least one is reported and 2a, greater than 20, you may be required or enforce the return.  5 If Tele is the organization have surrelated business greas income of \$1,000 or more during the year covered by this of the organization have unrelated business greas income of \$1,000 or more during the year or the return of the foreign country.  5 If Teles, the sith field a Form 990-T for the year? If Wo "provide an explanation in Schedule 0"  4 At any time during the calendar year, did the organization have an interest in the form of the foreign country.  5 If Yea, "enter the name of the foreign country or the form of the depth of the organization on the form of t	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
b Enter the number of Forms W-20 included in line 1a Enter-0- find applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (applicable) with the programming of the pro		of U.S. Information Returns. Enter -0- if not applicable					
c Did the organization comply with backup withholding rules for reportable payments to venders and reportable gamming (gambling) within packup withholding rules for reportable payments to venders and reportable gamming (gambling) within packup within pac			1a	0			
spamming (gambling) winnings to prize winners?  2 States the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements filed for the calendar year anding with or within the year covered by this return.  3 If a least one is epointed in Za, did the origanization file all irregured federal employment late returns?  3 If the origanization have unreliated business gross in come of \$1,000 or more during the year covered by this return.  4 If Year, That it filed a Form 990-1 for this year? If No. Transide an emplanation in Schedule 0.  5 If Year, That it filed a Form 990-1 for this year? If No. Transide an emplanation in Schedule 0.  5 If Year, That it filed a Form 990-1 for this year? If No. Transide an emplanation in Schedule 0.  5 If Year, That the name of the foreign country (such as a bank account, securities account, or other numbring vaccount)?  5 If Year, That the name of the foreign country (such as a bank account, securities account, or other financial accounts).  6 If Year, The state the name of the foreign country (such as a bank account, securities account, or other financial accounts).  7 If Year, The state the name of the foreign country (such as a bank account, securities account, or other financial accounts).  8 If Year, The state of the s	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
The factor than number of employees respected on Form W-3. Transmitted of Nage and Tax Scarements field for the calendar year anding with or within the year covered by this service.  The factor of the calendar year anding with or within the year covered by this service.  The factor of the same of times Is and Zers greater than 250, you may be required to e-frie this return.  Bot the organization have unrelated business gross income of \$1,000 or more duming the year covered by this return?  The IT Yeas', has it filled a Form 990-T for this year? If Wo," provide an explanation on Schedule 0.  The IT Yeas', has it filled a Form 990-T for this year? If Wo," provide an explanation on Schedule 0.  The IT Yeas', has it filled a Form 990-T for this year? If Wo," provide an explanation on Schedule 0.  The IT Yeas', has it filled a Form 990-T for this year? If Wo," provide an explanation on Schedule 0.  The IT Yeas', has it filled a Form 990-T for this year? If Wo," provide an explanation on Schedule 0.  The IT Yeas' has it filled a Form 990-T for this year? If Wo," provide an explanation on Schedule 0.  The IT Yeas', anter the name of the foreign country.  See the instructions for exceptions and filling requirements for Form 10 F 90-22.1, Report of Foreign Bank and financial Accounts.  The IT Yeas' on the time in a foreign country (such as a bank account, securities account, or other financial account in a foreign country.  The IT Yeas' to be or 5th, did the organization that it was or is a party to a prohibited tax shelter transaction?  The IT Yeas' to be or 5th, did the organization that it was or is a party to a prohibited tax shelter transaction?  The IT Yeas' to be an or 5th, did the organization in file of provide an express statement that such contributions or griss were not tax deductible?  The IT Yeas' to be an or 5th, did the organization include with every solicitation an express statement that such contributions or griss were not tax deductible?  The IT Yeas' did the organization include with every solicitat	С		to ven	dors and reportable	_		
Statements field for the calendar year ending with or within the year covered by this return.  b If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Notes! If the sor of hine is and 2a is greater than 250, you may be required to enhelish the return?  Notes! If the sor of hine is and 2a is greater than 250, you may be required to enhelish the return?  Notes! If the sor of hine is and 2a is greater than 250, you may be required to enhelish the return?  Notes! If the sor of hine is and 2a is greater than 250, you may be required to the sort of the service of the	_		· ·		1c		
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Note: If the sum of lines I a and 2 as a greater than 250, you may be required to effect this return.  30 Dut the organization have unrelated business goes income of \$1,000 or more during the year covered by this return?  31 If "Yes," has if filed a Form 900-T for this year? If "No," provide an explanation in Schedule 0.  32 United a form 900-T for this year? If "No," provide an explanation in Schedule 0.  33 United and the sum of lines are supported by the control of the country such as a bank account, or a signature or other authority over, a financial account in 6 free given country.  34 If "Yes," enter the name of the foreign country.  35 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  36 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  37 Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  38 United by the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  39 Dut the organization of licit any contributions that were not tax deductible?  30 Dut the organization of licit any contributions that were not tax deductible?  30 Organization shelf may receive deductible contributions under section 170(c).  30 Dut the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or mora?  30 If "Yes," did the organization inclify the donor of the value of the goods or services provided?  30 Dut the organization, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  30 Dut the organization, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  31 Pure of the organization make any taxable distribution under section 4966?  32 Section \$01(c)(3) and other segmenting organizations mancharing donor advised funds and section \$99(g)(3) supporting organizations. Enter  33 Intuition fees and capital contributi	h						
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7	6a						N o
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more?	7	Organizations that may receive deductible contributions under section 170(c).					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	а		ntrıbut	ion of \$75 or	7a	Yes	
file Form 8282?	b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	:d?	7b	Yes	
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e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	الد		 		/c		
benefit contract?	u	If res, indicate the number of Forms 6262 med during the year	/u				
p For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	e			niums on a personal	7e		Νο
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
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Did the organization make any taxable distributions under section 4966?	9						
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a Gross income from members or shareholders	b		10b				
a Gross income from members or shareholders	11	Section 501(c)(12) organizations Enter					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			112				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	b	· · · · · · · · · · · · · · · · · · ·					
126	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu (	of Form 1041?	12a		
,	b	•	12b				

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

Section A	<b>l.</b> Governing	Body and	Management	t

							165	140	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the c	urcumsta	ances,				
1a	Enter the number of voting members of the governing body	1a			20				
b	Enter the number of voting members that are independent	1b			13				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			•	•	2		Νo	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties.					3		Νo	
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $	0 was	4		Νo				
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's ass	ets? .		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?								
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other p	ersons?		7b	Yes		
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertake	n during	the				
а	the governing body?					8a	Yes		
b	each committee with authority to act on behalf of the governing body?					8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νo	
b	<b>b</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?								
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								
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc		11		Νo				

#### 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

Part VII	Continue	a
rait vii	Continue	u

<b>(A)</b> Name and Title		(B) Average hours per week	Highest compensated employee  k C) (c ap of the plant of			(E Repor comper from organiza 2/1099	table nsation the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations					
				å			<u> </u>							
												-		
												+		
												+		
												+		
											al a saa			450.057
	Total						•	<u> </u>			2,678,	637		460,857
2	Total number of individuals (includin compensation from the organization)		a) who	recei	ved	mo	re tha	n \$1	00,000 in	reportab	le			
													Yes	No
3	Did the organization list any <b>former</b>										sated employee			
	on line 1a? If "Yes," complete Schedu											3	Yes	
4	For any individual listed online 1a, is organization and related organization individual											4	Yes	
5	Did any person listed on line 1a rece	ive or accru	je comp	ensa	ition	fro	m anv	unr	elated ora	anızatıon	for services	_	1 63	
	rendered to the organization? If "Yes		-				-		_			5		No
	ation D. Indonesidant Contro	-1												
1	ection B. Independent Contractor Complete this table for your five high		isated i	nden	end	ent	contra	otor	rs that rec	erved mo	re than			
	\$100,000 of compensation from the	•									- crian			
	Name ar	( <b>A)</b> nd business ad	dress							Des	(B) cription of services		( <b>C</b> Compe	

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

Part Stat

State	ment	of Re	venu
-------	------	-------	------

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
2 2	1a	Federated camp	paigns 1a					314
gifts, grants illar amounts	ь	Membership du	es <b>. 1b</b>					
ge_	c	Fundraising eve	ents 1c	62,185				
£ a	d	Related organiz	ations 1d	20,000				
% E E	e	Government grants	s (contributions) <b>1e</b>					
<u>≅</u> .≅	f		ons, gifts, grants, and <b>1f</b>	530,751				
돌	_	similar amounts no						
三 三 三 三 三	g	lines 1a-1f \$ _	butions included in					
Contributions, gand other simil	h	_	s 1a-1f)	🕨	612,936			
				Business Code				
ΞE	2a							
, ver	ь							
產	l c							
Š	d							
Ì	l e							
Program Serwce Revenue	f	All other progra	ım service revenue					
Ş	g	Total. Add lines	; 2a-2f	▶\$				
	3		ome (including dividen	ds, interest				
			nounts)		223,823			223,823
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	` '	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	4,372,881					
		assets other						
	Ь	than inventory Less cost or	5,658,388					
		other basis and sales expenses						
	c	Gaın or (loss)	-1,285,507					
	d	Net gain or (los	s)		-1,285,506			-1,285,506
	8a	Gross income fi events (not incl	luding					
Other Revenue		of contributions See Part IV, lin	.105 reported on line 1c) e 18 <i>G if total exceeds</i>					
é			a	62,185				
<u>-</u>	ь	Less direct exp	penses b	30,325				
Ě	С	Net income or (	loss) from fundraising	events 🟲	-11,220	-11,220		
o <del>t</del>	9a	See part IV, lin	ule G if total exceeds					
	ь		a penses b					
	С		loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	С	Net income or (	loss) from sales of inve	entory 🕨	0			
		Miscellaneous	Revenue	Business Code				
	11a							
	Ь							
	c							
	d	All other revenu	ne					
	e		11a-11d	\$0				
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c, ▶	-459,967	-11,220	0	-1,061,683

## Part IX Statement of Functional Expenses

Α	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re	anizations mu equired to com	ıst complete plete columns	e all 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>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	455,498	455,498		·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	17,960	17,960		
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	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
.2	Advertising and promotion	0			
L3	Office expenses	1,398	1,398		
.4	Information technology	0			
L <b>5</b>	Royalties	0			
.6	Occupancy	0			
L <b>7</b>	Travel	0			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
L9	Conferences, conventions and meetings	13,781	13,781		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
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	PLEDGE WRITE-OFFS	34,072	34,072		
ь		- 1,-1-			
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	522,709	522,709	0	
26	Joint Costs. Check  from 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	322,103	322,109		

	Part X	Balance	Sheet
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				(A)		(B)
	اء	Cook non interest because		Beginning of year	1	End of year
	1	Cash—non-interest-bearing		815,307		91,245
	2	Savings and temporary cash investments		132,588	2	165,600
	3	Pledges and grants receivable, net		132,366	3	165,600
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of Scheduler			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
\$	9	Prepaid expenses and deferred charges		9		
Assets	10a	Land, buildings, and equipment cost basis	oa			
•	b	Less accumulated depreciation Complete Part VI of	Ob		10c	
	11	Investments—publicly traded securities	,	7,452,493		6,468,848
	12	Investments—other securities See Part IV, line 11 Complete Part VII	of	7,432,433		0,400,040
	13	Schedule D  Investments—program-related See Part IV, line 11 Complete Part VI	II.		12	
		of Schedule D		13		
	14	Intangible assets		40.007	14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D		49,607	15	54,076
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		8,449,995	16	6,779,769
	17	Accounts payable and accrued expenses .		769,117	17	3,378
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
<u>'ā</u>	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				
ä		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		769,117	26	3,378
		Organizations that follow SFAS 117, check here ► ✓ and complete lithrough 29, and lines 33 and 34.	ines 27			
anc	27	Unrestricted net assets		4,552,563	27	3,558,356
Balance	28	Temporarily restricted net assets		2,891,378	28	2,955,099
	29	Permanently restricted net assets		236,937	29	262,936
· Fund		Organizations that do not follow SFAS 117, check here ► ☐ and comlines 30 through 34.	plete			
٥	30	Capital stock or trust principal, or current funds			30	
ęş	31	Paid-in or capital surplus, or land, building or equipment fund		31		
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	7,680,878	33	6,776,391	
Net	34	Total liabilities and net assets/fund balances		8,449,995	34	6,779,769
		rotal nationales and her assers/junia balances		0,770,990	J-#	0,770,700
Pa	rt XI	Financial Statements and Reporting				

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
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		_

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2008

Open to Public Inspection

WHEA	TON FR	n <b>e organizat i</b> ANCISCAN HEA	ALTHCARE				Employer identif	icat ion	number				
		NI NOITADNUC					39-1570877						
	rt I			narity Status (to be co			See Instruction	s)					
	organız			ation because it is (Please									
1	<u> </u>	•		urches, or association of ch		n <b>Sect ion 170(b)</b>	(1)(A)(i).						
2	<u></u>			i <b>on 170(b)(1)(A)(ii).</b> (Attac									
3		A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)											
4	Γ	A medical i	research organi	zation operated in conjuncti	on with a hospital d	escribed in <b>Secti</b>	on 170(b)(1)(A)	(iii). Ent	erthe				
		hospital's r	name, city, and	state									
5	Г	An organiza	atıon operated f	or the benefit of a college or	university owned o	r operated by a g	overnmental uni	t describ	oed in				
		Section 170(b)(1)(A)(iv). (Complete Part II )											
6	Γ	A federal, s	tate, or local go	overnment or governmental	unit described in <b>S</b> e	ect ion 170(b)(1)(	A)(v).						
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its support fro	om a government	al unit or from th	e genera	al public	:			
		described i	n Section 170(b	)(1)(A)(vi) (Complete Par	tII)								
8	Γ	A communi	ity trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Complete Par	tII)							
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
		receipts fro	m activities rel	ated to its exempt functions	s—subject to certai	n exceptions, and	l (2) no more tha	n 331/3	% of				
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than its support from gross investment income and unrelated business taxable income (less section 511 tax) fro										om businesses			
		acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III )											
10	Г	An organiza	ation organized	and operated exclusively to	test for public safe	ty See Section 5	6 <b>09(a)(4).</b> (See II	nstructio	ons )				
11	⊽	one or more	e publicly suppo it describes the	and operated exclusively foorted organizations describe type of supporting organizations <b>c</b>	d in section 509(a)	(1) or section 50 ines 11e through	9(a)(2) See <b>Sec</b> 11h	•	9(a)(3).	. Check			
e	<u>\</u>	other than section 50	foundation mana 9(a)(2)	rtify that the organization is agers and other than one or	more publicly supp	orted organizatio	ns described in s	ection 5	09(a)(	1) or			
f		check this		d a written determination fro	om the IRS that it is	a Type I, Type I	I or Type III su	porting	organiz	ation,			
g				as the organization accepted	d any gift or contrib	ution from any of	the			'			
		following pe	ersons?										
		(i) a perso	n who directly o	r indirectly controls, either a	alone or together wi	th persons descr	ribed in (ii)		Yes	No			
		and (III) below, the governing body of the the supported organization?								No			
			•	erson described in (i) above				11g(ii	)	Νo			
		(iii) a 35%	controlled enti	ty of a person described in (	ı) or (ıı) above?			11g(iii	)	No			
h		Provide the following information about the organizations the organization supports											
	Supp	ame of orted uzation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing	(v) Did you not the organization in col (i) of your support?	n organizatio	n in nized	( <b>vii)</b> Am supp				

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organization in		organization in col (i) listed in your governing		(v) Did you notify the organization in col (i) of your support?		organiz col (i)	Is the zation in organized : US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No			
WFH - ALL SAINTS INC	391264986	03	Yes		Yes		Yes		427516		
Total									427,516		

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>(b)</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					<del> </del>		
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>(b)</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 <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
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								
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.	check 1	this box	
	33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							<b>▶</b> □
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				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
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	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)							
	ction A. Public Support		_	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 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>(b)</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 <b>stop here</b>						<b>▶</b> □	
	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	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 39-1570877

Name: WHEATON FRANCISCAN HEALTHCARE

ALL SAINTS FOUNDATION INC

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Anne Meredith , Director	1 0	Х						0	0	0
Barbara Riley , Director	1 0	Х						0	0	0
Bill Ivy , Director	1 0	Х						0	0	0
Carol Meils MD , Director	40 0	Х						0	228,583	19,303
Chris Leberfing , Chairperson/ViceChair - Direct	1 0	Х		х				0	0	0
Christopher Krizek , Executive Director - Director	40 0	Х		х				0	49,558	19,094
Dave Adams , Director	1 0	Х						0	0	0
Drew Abram , Treasurer - Director	1 0	Х		Х				0	0	0
Duke Meredith , Director	1 0	Х						0	0	0
James Soyka MD , Director	1 0	Х						0	4,500	0
Jeff Neubauer , Director	10	Х						0	0	0
Joanne Drewek Murtha , Director	10	Х						0	0	0
John Andreoli , Vice Chairperson/Treasurer - D	1 0	Х		х				0	0	0
Joseph Wilczynski MD , Director	400	Х						0	355,834	60,287
Kenneth Buser , President - Director	40 0	Х		Х				0	661,238	94,055
Linda Ayala , Secretary - Director	1 0	Х		Х				0	0	0
Mary Ouimet , Director	40 0	Х						0	150,531	46,344
Mohammed Rafi Rafiullah MD , Director	10	Х						0	0	0
Patrick Kessenich , Director	40 0	Х						0	123,620	153,337
Shiresh Patel MD , Director	10	Х						0	0	0
Tim Majcen , Chair - Director	10	Х		Х				0	0	0
Diego Hernandez MD , PHYSICIAN EMPLOYEE	40 0						x	0	463,449	10,595
Veronica Carver MD , PHYSICIAN EMPLOYEE	40 0						х	0	641,324	57,842

### 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, CLINCIAL EXCELLENCE AS THE HEALTHCARE EMPLOYER OF CHOICE AND THE PREFERRED PARTNER OF PHYSICIANS.

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

	me of the organization IEATON FRANCISCAN HEALTHCARE			Employer iden	ntıfıcatıon number
ALL	SAINTS FOUNDATION INC			39-1570877	
a r		y all organizations exempt e the instructions for Schedule (		n 501(c) and section	527
1	•	ganization's direct and indirect politi	•	tivities in Part IV	
2	Political expenditures	gamzation's unect and munect point	car campaign act	livities iii r ait I v	¢.
3	Volunteer hours				\$
					_
Par	t I-B To be completed be for Schedule C for de	y all organizations exempt etails.)	under sectio	<b>n 501(c)(3).</b> (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955	\$
3	If the organization incurred in a	a section 4955 tax, did it file Form 4	720 for this year	<del>ر</del> ع	ΓYes ΓNα
4a	Was a correction made?				ΓYes ΓN∈
b	If "Yes," describe in Part IV				
Par		y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	pt function activities	\$
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contrıbu	ted to other orga	nızatıons for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			☐ Yes ☐ No
5	State the names, addresses ar were made Enter the amount p political contributions received segregated fund or a political a	l funds or were s a separate			
	(a) Name	( <b>b)</b> A ddress	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of politic contributions receiv and promptly and directly delivered to separate political organization If non- 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>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is:  20% of the amount on line 1e  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

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

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> 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 have NOT file	ed Form
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)	

		(a	1)	(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?		Νo	
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?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		0
j	Total lines 1c through			0
	11			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
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	4.0
	expenditure next year?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
Other Activies	Sch C Pt II-B Line 1i	WHEATON FRANCISCAN HEALTHCARE EMPLOYS ONE FULL TIME VICE PRESIDENT OF STRATEGIC PLANNING AND GOVERNMENT RELATIONS WHOSE DUTIES INCLUDE A PORTION OF LOBBYING ACTIVITIES THESE LOBBYING ACTIVITIES APPROXIMATE 40% OF TOTAL ANNUAL SALARY A BENEFITS FACTOR OF 25% IS ADDED, AND THE TOTAL IS ALLOCATED AMONGST THE HEALTHCARE SYSTEMS RECEIVING THE BENEFIT OF THESE SERVICES THE LOBBYING ACTIVITIES INCLUDE SUCH THINGS AS PRESERVATION OF MEDICARE AND MEDICAID FUNDING, MONITORING FEDERAL LEGISLATION THAT MAY IMPACT THE ORGANIZATION, PARTICIPATING IN AND COORDINATING VISITS WITH ELECTED OFFICIALS, COORDINATING ADVOCACY ACTIVITIES IN CONJUNCTION WITH RELEVANT TRADE ASSOCIATIONS, AND PROVIDING AWARENESS ON SPECIFIC STATE RELATED LEGISLATIVE ISSUES WHEN THE NEED ARISES (e.g. STATE HOSPITAL ASSESSMENT LEGISLATION IN WISCONSIN) THE PORTION OF DIRECT EXPENSES RELATED TO ANNUAL EMPLOYEE BUSINESS TRAVEL TO WASHINGTON DC OR OTHER LOCATIONS, IN ORDER TO LOBBY FOR ISSUES IMPORTANT TO HEALTHCARE PROVIDERS AND PATIENTS, HAVE BEEN INCLUDED IF APPLICABLE FINALLY, ANY TRADE ASSOCIATION DUES CONTAINING A PERCENTAGE PORTION ALLOCABLE TO LOBBYING ACTIVITIES, HAS BEEN ADDED OR ESTIMATED AS APPROPRIATE

1 \$

Part IV Supplemental I	Supplemental Information							
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

► 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.

Supplemental Financial Statements

Name of the organization **Employer identification number** WHEATON FRANCISCAN HEALTHCARE ALL SAINTS FOUNDATION INC 39-1570877 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

**►** \$

Par	t III	Organizations Maintaining Coll	ections of Art, Hi	stori	cal Treasur	es, or Oth	<u>ıer Sin</u>	<u>nilar Asse</u>	ts (ca	ontinued)
3		g the organization's accession and other r s (check all that apply)	ecords, check any of t	he fol	lowing that are	a sıgnıfıcan	use of ı	ts collection	I	
а	Γ	Public exhibition	d	Γ	Loan or excha	ange prograr	ns			
b		Scholarly research	e	Γ	Other					
c	Γ	Preservation for future generations								
4	Prov Part	ide a description of the organization's coll XIV	ections and explain ho	w the	y further the or	ganızatıon's	exempt	purpose in		
5		ng the year, did the organization solicit or ts to be sold to raise funds rather than to					ımılar	Γ,	Yes	┌ No
Pa	rt IV	Trust, Escrow and Custodial A				iization ans	wered	"Yes" to Fo	rm 9	90,
		Part IV, line 9, or reported an amo	-							
1a	ınclu	e organization an agent, trustee, custodia ded on Form 990, Part X?		y for c	ontributions or	other asset	s not	Γ,	Yes	Г No
b	If"Y	es," explain why in Part XIV and complete	the following table			_				
						<u> </u>		A mou	nt	
С	Begi	nning balance				10	=			
d	Add	tions during the year				10	i			
e	Dıst	ributions during the year				10	•			
f	Endi	ng balance				11	1			
2a	Dıd t	he organization include an amount on Fori	m 990, Part X, line 21	?				Γ,	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV								
Pa	rt V	Endowment Funds. Complete if								
_	_	<del> </del>	(a)Current Year (b) 236,937	)Prior	Year (c)Two	Years Back (	<b>d)</b> Three Y	'ears Back <b>(e</b> )	Four Y	ears Back
1a		nning of year balance	<u>-</u> _							
b		ributions	26,000							
с		stment earnings or losses								
d		ts or scholarships								
е		r expenditures for facilities								
f	Adm	inistrative expenses								
g	End	of year balance	262,937							
2	Prov		end balance held as							
а	Boar	d designated or quasi-endowment 🕨								
ь	Perm	nanent endowment 🕨								
c	Term	n endowment 🕨 100 %								
3а	A re t	here endowment funds not in the possess	ion of the organization	that	are held and ad	mınıstered f	or the	·		
	_	nization by						- m	Yes	No
		nrelated organizations						. 3a(i) 3a(ii)	<b>-</b>	No No
b		elated organizations			 Jula D2			. 3a(11)	<u> </u>	1 10
4		ribe in Part XIV the intended uses of the	·					. 55	<u> </u>	Ь
Pai	rt VI					t X. line 1	).			
		Description of investment			(a) Cost or other asis (investment)	(b)Cost or of basis (othe	her (c)	Depreciation	(d) E	Book value
1a	Land						<u>'</u>		1	
b	Buildi	ngs								
c	Lease	hold improvements							1	
d	Equip	ment								
e	Other									
F-4-		lines 1s 1s (Column (d) should say of Form	- 000 Bart V (5	2) /	10(=)	1		<u> </u>	+-	

uncertain tax positions under FIN 48

(a) Description of security or cateory		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
	+	
	<del> </del>	
	+	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	, <b>-</b>	
	•	
Part VIII Investments—Program Related.	See Form 990, Part X, line 1	
(a) Description of investment type	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		Cost of the 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		
	scription	(b) Book value
RESTRICTED LIFE INSURANCE POL		54,076
		+
Tabel (Caluman (b) about a surel Farms 2000 Part V. cal (B) (		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	( <b>b</b> ) A mount	
Federal Income Taxes	(-)	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	) <u>*</u>	
In Part XIV, provide the text of the footnote to the orga	·	at reports the organization's liability for

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-459,967
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	522,709
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-982,676
4	Net unrealized gains (losses) on investments	4	78,189
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	78,189
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-904,487
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Retur	
1	Total revenue, gains, and other support per audited financial statements	1	-381,778
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	78,189
3	Subtract line <b>2e</b> from line <b>1</b>	3	-459,967
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	-459,967
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	522,709
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е -	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	522,709
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)	4-	
c -	Add lines 4a and 4b	4c	F33.700
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	522,709

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Use of Endowment Funds		Permanent (true) endowments are endowment funds that are maintained to provide a permanent source of income, with the stipulation that principal must be invested and kept intact in perpetuity, while only the income generated can be used by the organization

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132020240

OMB No 1545-0047

(Form 990 or 990-EZ)

SCHEDULE G

Department of the Treasury

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

### ATON FRÂNCISCAN HEALTHCARE LL SAINTS FOUNDATION INC  Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  I Indicate whether the organization raised funds through any of the following activities. Check all that apply    Mail solicitations	Internal Revenue Service	lines 17, 18, or 19, and	by organizat	ions that en	iter more than \$15,000 on Foi	m 990-EZ, line 6a.	Inspection
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  Indicate whether the organization raised funds through any of the following activities. Check all that apply    Mail solicitations		= =					
Indicate whether the organization raised funds through any of the following activities. Check all that apply    Mail solicitations			. C.H				
Mail solicitations Email solicitations Phone solicitations In-person solicitations  Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Fig. Solicitation of non-government grants Special fundraising events  The person solicitations  The person solicitation of non-government grants  Solicitation of non-government grants  Solicitation of government grants  Solicitation of non-government grants  The person solicitations  The person solici	Part L Fundraisir	ig Activities. Complete	e if the oi	rganizat	ion answered "Yes" i	to Form 990, Part IN	/, line 1/.
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Yes No  If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table  (ii) Name of individual or entity (fundraiser)  (iii) Activity  (iii) Did fundraiser have custody or control of contributions?  Yes No  (iv) Gross receipts from activity fundraiser listed in col (i)  (or retained by) organization  (or retained by) organization	<ul> <li>Mail solicitation</li> <li>Email solicitation</li> <li>Phone solicitation</li> </ul>	ns ons	through a	ny of the	e Solicitation of r	non-government grants government grants	
(i) Name of individual or entity (fundraiser)  (ii) Activity  (iii) Activity  (iii) Activity  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser listed in col (i)  (vi) Amount paid to (or retained by) organization	or key employees li  b If "Yes," list the ten	sted in Form 990, Part VII) highest paid individuals or	or entity entities (f	in connec undraise	ction with professional f	undraising activities? ents under which the fu	ndraiseris
		I (III) A CTIVITY	fundrais custo contr	er have dy or ol of		(or retained by) fundraiser listed in	(or retained by)
otal			Yes	No			
otal Programme P							
	Total			<b>&gt;</b>			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1  Night w/Stars (event type)	(b) Event #2  Tennis Event (event type)	(c) O ther Events  0 (total number)	(d) To (Add col co		
₫	1		71,449		· · · · · · · · · · · · · · · · · · ·		8	1,290
Revenue		Gross receipts Less Charitable	54,954	·				
Rev	2	contributions	54,954	7,231				2,185
	3	Gross revenue (line 1 minus line 2)	16,495	2,610			1	9,105
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
X Pe	6	Rent/Facility costs						
ш Б	7	Other direct expenses	21,506	8,819	9		3	0,325
Direct	8	Direct expense summary Add line	_		•			0,325
	9	Net income summary Combine lin				<u> </u>		1,220
Par	3++	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
<u>~</u>	1	Gross revenue						
9 9 9	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct E	4	Rent/facility costs						
툽	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)				
9							Yes	No
a		er the state(s) in which the organiza he organization licensed to operate				· 9a		
b	If"I	No," Explain						
10-		re any of the organization's gaming l	usansas ravakad susnan	dad ar tarminated during	the tay year?			
10a b		Yes," Explain	icenses revoked, suspen	ded of terminated during	the tax year?	10a		
11		es the organization operate gaming a				11	<u> </u>	<u> </u>
12		he organization a grantor, beneficial ned to administer charitable gaming				.   12		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493132020240

OMB No 1545-0047

2008

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

Open to Public Inspection

Name of the organization						Employer	identification number
WHEATON FRANCISCAN HEA ALL SAINTS FOUNDATION IN						39-157	0877
Part I General Inform		nts and Assistance	e			•	
<ul><li>Does the organization ma the selection criteria use</li><li>Describe in Part IV the or</li></ul>	d to award the grar rganızatıon's proce	nts or assistance? edures for monitoring th	e use of grant funds in t	he United States			
Form 990, Part I Part IV and Scho	IV, line 21 for ar edule I-1 if addit	ny recipient that rece tional space is		00. Check this box	tes. Complete if the of if no one recipient rec	ceived more tha	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptio non-cash assist	1
WFH - All Saints Inc3801 Spring Street Racine, WI 53405	39-1264986	501(c)(3)	427,516				To support activities and programs at WFH-All Saints, Inc
Wheaton Franciscan Sisters 26 W171 Roosevelt Rd Wheaton, IL 60187		501(c)(3)	9,000				Upendo Village
Health Care Network904 State Street Racine, WI 53406	42-1299913	501(c)(3)	5,250				Contribution
All Saints Healthcare VIP 3801 SPRING STREET RACINE, WI 53405	93-0838390	501(c)(3)	6,940				CONTRIBUTION
2 Enter total number of sec organizations					•		4
3 Enter total number of other				Cat No 50055			Schedule I (Form 990) 2008
roi rapeiwoik keduction Act Noti	ice, see me instruct	LIUIIS IUI FUIMI 990.		Cat NO 50055	)F		Schedule I (FOFM 990) 2008

Part III	<b>Grants and Other Assista</b>	nce to Individ	luals in the Uni	ited States.	Complete if the o	organızatıon	answered "	'Yes" or	n Form 990,	Part IV,	line 22.
	Use Schedule I-1 (Form 990	) if additional si	pace is needed.								

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See	Δ	44	itio	nal	Data	Table	

Ident if ier	Return Reference	Explanation
Sponsorship Criteria		Wheaton Franciscan Healthcare maintains files and records to manage the decision-making and award process for organizations that it provides community sponsorship dollars to Decisions are made by a Community Sponsorship Committee with leaders who hold positions in Diversity, Strategic Planning, Mission Services, Marketing and Philanthropy The Committee generally strives to sponsor organizations that have missions that align with the mission, vision and values of Wheaton Franciscan Healthcare. The committee also looks for certain other criteria when deciding which organizations will receive contributions, including but not limited to supporting healthcare related activities within the Southeast Wisconsin markets, supporting programming that work to further diversity and cultural competency, aligning with other WFH business relationships or service lines, supporting student academic achievement or workforce development initiatives, and finally, supporting environmental "green" initiatives. Wheaton Franciscan Healthcare periodically meets with representatives of sponsored organizations to discuss objectives including how dollars will be spent. Currently, confirmation letters are sent to sponsored organizations when award dollars are given that confirm the dollar amount awarded and the intended purpose, with a request that the recipient acknowledge receipt of the funds in written correspondence. Files are maintained in the Organizational Change and Leadership Performance Department to include copies of letters of request, award and denial letters along with acknowledgement receipts from sponsored organizations.

Software ID: Software Version:

**EIN:** 39-1570877

Name: WHEATON FRANCISCAN HEALTHCARE

ALL SAINTS FOUNDATION INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Alverno College Nursing Scholarship	1	2,000			
Cardinal Strich Nursing Scholarships	2	4,000			
Concordia University Nursing Scholarship	1	2,000			
Gateway Tech Nursing Scholarship	1	250			
Univ of WI-Milw Nursing Scholarship	1	2,000			
Univ of WI-Madison Nursing Scholarship	1	2,000			
WAERT	1	300			
RADIOLOGIC TECH SCHOLARSHIP	2	448			
МТМІ	1	1,145			
HOPE GRANT UTILITIES AND HOUSEHOLD EXPS	8	3,592			
myeloma grant	4	225			

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As Filed Data -

DLN: 93493132020240

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

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

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

2008

Open to Public Inspection

Name of the organization WHEATON FRANCISCAN HEALTHCARE ALL SAINTS FOUNDATION INC **Employer identification number** 

39-1570877

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νο
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	$\vdash$	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the					
	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 VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	t?	4a	Yes	
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	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		Νο
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		Νο
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," o			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No

### 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Carol Meils MD	(1) (11)	0 223,197	0	0 5,386	0 5,577	0 13,726	0 247,886	o 0
Joseph Wilczynski MD	(ı) (ıı)	0 341,650	0	0 14,184	0 38,846	0 21,441	0 416,121	0 0
Kenneth Buser	(ı) (ıı)	0 488,816	0	0 172,422	0 63,989	0 30,066	0 755,293	0 149,745
Mary Ouimet	(ı) (ıı)	0 150,404	0	0 127	0 21,374	0 24,970	0 196,875	0
Patrick Kessenich	(ı) (ıı)	0 123,476	0	0 144	0 11,925	0 141,412	0 276,957	0 0
Diego Hernandez MD	(1) (11)	0 461,785	0	0 1,664	0 0	0 10,595	0 474,044	0
Veronica Carver MD	(1) (11)	0 637,472	0	0 3,852	0 28,654	0 29,188	0 699,166	0 0
	(ii)							
	(i)							
	(ii) (i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
Part I Lines 4a-4b		IRS FORM 990 SCHEDULE J LINE 3 THE COMPENSATION OF THE FILING ORGANIZATION'S CEO AND/OR EXECUTIVE DIRECTOR IS DETERMINED AT THE PARENT ORGANIZATION LEVEL, USING THE PROCESS DESCRIBED IN SCHEDULE O RELATED TO PART VI SECTION B LINE 15 THE PARENT ORGANIZATION, WHEATON FRANCISCAN SERVICES, INC (FEIN 36-3262111) USES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANTS, AND COMPENSATION SURVEYS AND STUDIES TO DETERMINE APPROPRIATE LEVELS OF COMPENSATION THAT ARE REFLECTIVE OF FAIR MARKET VALUE ALL COMPENSATION IS APPROVED BY THE BOARD AND/OR COMPENSATION COMMITTEE Line 4a Reportable compensation of Patrick Kessenich includes \$27,608 in severance payments made during calendar year 2008 Nontaxable benefits of Patrick Kessenich include \$120,666 in accrued severance at 12/31/08, to be paid as wages and benefits in a future year Line 4b Ken Buser received a cumulative payout of \$149,745 in 2008 for previous years earnings related to a supplemental nonqualified retirement plan under IRC Section 457 (f) This amount was fully taxable to Mr Buser in 2008
	<del> </del>	
	<del> </del>	
	<del>                                     </del>	
·	<del> </del>	
	<del>                                     </del>	
	†	

## OMB No 1545-0047

2008

Open to Public Inspection

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

**Supplemental Information to Form 990** 

Name of the organization WHEATON FRANCISCAN HEALTHCARE ALL SAINTS FOUNDATION INC Employer identification number

39-1570877

ldentifier
SCHEDULE

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

Part I Identification of Disregarded Entities

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

### DLN: 93493132020240

2008

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

# **Related Organizations and Unrelated Partnerships**

(Form 990)

Department of the Treasury

Internal Revenue Service

**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.

Cat No 50135Y

Name of the organization WHEATON FRANCISCAN HEALTHCARE ALL SAINTS FOUNDATION INC

**Employer identification number** 

39-1570877

(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity stat (if section 501(c)(	(F) tus Direct controlling 3)) entity
		(C) Legal domicile (state or foreign country)	(D) Exempt Code section	( <b>E)</b> Public charity stat (if section 501(c)(	tus (F) (3)) Direct controlling entity
(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity stat (if section 501(c)(	(F) tus Direct controlling (3)) entity
(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity stat (if section 501(c)(	tus Direct controlling 3)) entity
(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity stat (if section 501(c)(	tus Direct controlling entity
(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code sector	Public charity stat (if section 501(c)(	tus Direct controlling entity
(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code sector	Public charity stat (if section 501(c)(	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	Legal domicile (state or foreign country)	Direct	<b>(D)</b> t controlling entity	Predominant income(related, investment, unrelated)  (F) Share of total income assets  (G) Share of end-of-year assets  (A) Disproprtionate allocations? Code		(I) Code V—UBI amount on Box 20 of K-1	mana	ral or aging :ner?						
											Yes	No		Yes	No
STARVED ROCK-LM			CD IM T	N.C.											
26WW171 ROOSEVELT RD WHEATON, IL60187 36-3811835	HOUSING	IL	SR-LM II	NC								No			No
KENOSHA SNRS															
PO BOX 667 WHEATON, IL601870667 39-1801541	HOUSING	WI	FR SEMI	RS								No			No
Part IV Identification of Rela			ble as			1		Ι		(F)			<u> </u>		
(A) Name, address, and EIN of related organizatio	n Primary activit	у		(sta fo	( <b>C)</b> domicile ate or reign intry)	Direct	<b>(D)</b> t controlling entity	(E) Type of (C corp, S or tru	entity S corp,	Share of tota income		( <b>G</b> ) Share of end-of-y assets	ear ownership		
See Additional Data Table															

Part V	<b>Transactions with Related Organizations</b>
--------	--

Par	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions w	oth 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)			1c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d		No
e	Loans or loan guarantees by other organization(s)			1e		No
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		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other organizations	zation(s)		1k		No
ı	Performance of services or membership or fundraising solicitations by other organiz	ration(s)		11		No
m	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			10	Yes	
р	Reimbursement paid by other organization for expenses			1р	Yes	
q	O ther transfer of cash or property to other organization(s)			1q	Yes	
r	O ther transfer of cash or property from other organization(s)			1r	Yes	
			•			
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete this line, including covered relations	hins and transaction thresholds			
_	1	(B)	(C)			
	(A) Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)		٠, ١, ١				
(2)						
(3)						
(4)						
(5)						
161						

### 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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> 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

## Return to Form

(F)

Direct Controlling

Entity

NΑ

WFSIMHC

ST ELIZ HOSP

AFF HLTH SYS

WFH-SE WI IN

WFH-AS INC

WFSI

WFH-MFC

WFH-SE WI IN

WFSI

WFH-EMH

WFH-SE WI IN

WFH-SE WI IN

WFH-SE WI IN

WFH-SJH

WFH-SE WI IN

WFH-SE WI IN

WFH-SE WI IN

WFH-SFH

WFH-SE WI IN

WFH-SE WI IN

WFMG

WFSI

MJ REHAB HOS

MJ REHAB HOS

**Additional Data** 

Software ID:

EIN: 39-1570877

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

Form 990, Schedule R, Part II - Identification of Related '	Tax-Exempt (	)rganizat <sup>i</sup>	ions

Form 990, Schedule R, Part II - Identification of Related :	Tax-Exempt Organizat	tio
(A)	(B)	

Name, address, and EIN of related organization

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

VOLUNTEERS IN PTNRSHIP WITH WFH-AS INC

WFH - SOUTHEAST WISCONSIN INC

400 WEST RIVER WOODS PARKWAY

9632 WEST APPLETON AVENUE

9688 WEST APPLETON AVENUE

400 WEST RIVER WOODS PARKWAY

19333 WEST NORTH AVENUE

19333 WEST NORTH AVENUE

9632 WEST APPLETON AVENUE

WFH - ELMBROOK MEMORIAL INC

WFH - MARIAN FRANCISCAN CENTER INC

BROOKFIELD, WI53045

BROOKFIELD, WI53045

MILWAUKEE, WI53225

WFH - ST FRANCIS INC

MILWAUKEE, WI53215

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

26 W 171 ROOSEVELT ROAD

26 W 171 ROOSEVELT ROAD

400 WEST RIVER WOODS PARKWAY

MILWAUKEE, WI53215

MILWAUKEE, WI53225

WFH - FRANKLIN INC

FRANKLIN, WI53132

GLENDALE, WI53212

WHEATON, IL60187 36-3483589

WHEATON, IL60187 35-2165613

WHEATON, IL60187

36-3896976

3237 SOUTH 16TH STREET

WFH - ST JOSEPH FOUNDATION INC

5000 WEST CHAMBERS STREET

5000 WEST CHAMBERS STREET

400 WEST RIVER WOODS PARKWAY

10000 WEST BLUE MOUND ROAD

THE WISCONSIN HEART HOSPITAL INC

WFH - FOUNDATION FOR ST FRANCIS INC

WFH - TERRACE AT ST FRANCIS INC

WFH - THE WISCONSIN HEART HOSPITAL INC

WFH - CIRCLE OF LIFE FOUNDATION INC

WHEATON FRAN HOME HEALTH & HOSPICE INC

WHEATON FRANCISCAN MEDICAL GROUP INC

WFH - ELMBROOK MEMORIAL FOUNDATION 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

WHEATON, IL60187 36-3262111

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

3801 SPRING STREET

GLENDALE, WI53212

MILWAUKEE, WI53225

MILWAUKEE, WI53225

GLENDALE, WI53212

39-1568865

56-2426294

39-1559428

39-1791586

39-2028808

39-0853528

39-1613624

39-0907740

39-1636804

39-0816857

39-1220690

39-2038295

32-0135258

39-1486775

56-2592868

94-3436893 MARIANJOY INC

RACINE, WI53405 93-0838390

RACINE, WI53405 39-1264986

39-1638765

39-6077331

39-1587781

39-0806268

39-1127163

39-1256677

39-0816818

orm 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organizațions	

Form 990,	, Schedule R,	Part II -	Identification	of Related	Tax-Exempt	Organizatio	on:
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	ALL SAINTS TO	CINDALION IN

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	WHEATON FRANCISCAN HEALT ALL SAINTS FOUNDATION INC

- THCARE

**Software Version:** 

Primary Activity

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HOLDING CO

AUXILIARY

HOSPITAL

REHAB

HOSPITAL

PHYSCN CLINIC

FOUNDATION

HOSPITAL

**HOSPITAL** 

FOUNDATION

HOLDING CO

FOUNDATION

HOME HLTH

MEDICAL GRP

FOUNDATION

HOSPITAL

HOSPITAL

FOUNDATION

HOSPITAL

FOUNDATION

HOSPITAL

FOUNDATION

NURSING HOME

HOSPITAL

MEDICAL GRP

HOLDING CO

FOUNDATION

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Form 990, Schedule R, Part II - Identification of Related	   Tax-Exempt Organizat	tions (c)			
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	Legal Domicile (State or Foreign Country)	<b>(D)</b> Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
MARIANJOY REHAB HOSPITAL & CLINICS INC  26 W 171 ROOSEVELT ROAD WHEATON, IL60187 36-2680776	REHAB HOSPITA	IL	501(c)(3)	3	MARIANJOY
REHABILITATION MEDICINE CLINIC INC  26 W 171 ROOSEVELT ROAD WHEATON, IL60187 36-3236791 OSF SERVICES INC	MEDICAL GRP	IL	501(c)(3)	3	MARIANJOY
PO Box 667 WHEATON, IL601870667 39-1471463	HOLDING CO	WI	501(c)(3)	11 - III-FI	WFSI
PO Box 667 WHEATON, IL601870667 36-4091836	HOUSING/ADVCY	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
FRANCISCAN SISTERS CHARITABLE FUND OF CO  2626 OSCEOLA STREET  DENVER, CO80212  84-0733072	HOSPITAL	СО	501(c)(3)	11 - III-O	OSFSVCSINC
RUSH OAK PARK HOSPITAL INC  520 SOUTH MAPLE AVENUE OAK PARK, IL60304 36-2183812	HOSPITAL	IL	501(c)(3)	3	OSFSVCSINC
SET MINISTRY INC  2977 NORHT 50TH STREET MILWAUKEE, WI53210 39-1618277	SOCIAL WORK	WI	501(c)(3)	9	OSFSVCSINC
ST CATHERINE'S HOSPITAL INC  9555 76TH STREET PLEASANT PRAIRIE, WI53158 39-0855075	HOSPITAL	WI	501(c)(3)	3	OSFSVCSINC
SYNERGON HEALTH SYSTEM INC  520 SOUTH MAPLE AVENUE OAK PARK, IL60304 36-3739067	HOSPITAL	IL	501(c)(3)	3	NONE
UHS INC 6308 EIGHTH AVENUE KENOSHA, WI53143 39-1956749	HOSPITAL	WI	501(c)(3)	3	NONE
WFH - IOWA INC  3421 WEST NINTH STREET  WATERLOO, IA50702  42-1177001	HOLDING CO	IA	501(c)(3)	11 - III-FI	WFSI
COVENANT FOUNDATION INC  3421 WEST NINTH STREET  WATERLOO, IA50702  42-1295784	FOUNDATION	IA	501(c)(3)	9	COV MED CTR
COVENANT MEDICAL CENTER INC  3421 WEST NINTH STREET  WATERLOO, IA50702  42-1264647	HOSPITAL	IA	501(c)(3)	3	WFH-IO WA INC
MERCY HOSPITAL OF FRANCISCAN SISTERS INC  3421 WEST NINTH STREET WATERLOO, IA50702 42-1178403	HOSPITAL	IA	501(c)(3)	3	WFH-IO WA INC
NE IOWA REAL ESTATE INVESTMENTS LTD  3421 WEST NINTH STREET WATERLOO, IA50702 42-1207432	HOLDING CO	IA	501(c)(2)		WFH-IO WA INC
SARTORI HEALTH CARE FOUNDATION INC  3421 WEST NINTH STREET WATERLOO, IA50702 42-1240996	FOUNDATION	IA	501(c)(3)	11 - I	SARTORI HOSP
SARTORI MEMORIAL HOSPITAL INC 515 COLLEGE STREET CEDAR FALLS, IA50613 42-0758901	HOSPITAL	IA	501(c)(3)	3	WFH-IO WA INC
FRANCISCAN MINISTRIES INC  26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-3259684	HOLDING CO	IL	501(c)(3)	11 - III-FI	WFSI
ASSISI HOMES - BATAVIA APARTMENTS INC  1259 EAST WILSON STREET  BATAVIA, IL60510  36-3914084	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - COLONY PARK INC  550 EAST THORNHILL DRIVE CAROL STREAM, IL60188 36-4039278	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - CONSTITUTION HOUSE INC  401 NORTH CONSTITUTION DRIVE AURORA, IL60506 36-4049150	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - JEFFERSON COURT INC 415 EAST KNAPP STREET MILWAUKEE, WI53202 39-1771526	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES - KENOSHA INC 1860 27TH AVENUE KENOSHA, WI53140 39-1814815	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES - SAXONY INC  1876 22ND AVENUE KENOSHA, WI53140 39-1790498	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES OF GURNEE INC  3495 WEST GRAND AVENUE GURNEE, IL60031 36-3942336	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES OF ILLINOIS INC  2126 WEST ROOSEVELT ROAD WHEATON, IL60187 36-3803443	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES OF NEENAH INC  210 BYRD AVENUE NEENAH, WI54946 36-3767250	HOUSING	WI	501(c)(3)	9	FMI
CANTICLE PLACE INC  26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-3957850	HOUSING	IL	501(c)(3)	9	FMI
CATHERINE MARIAN HOUSING INC  806 SOUTH WISCONSIN AVENUE RACINE, WI53403 39-1657098	HOUSING	WI	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 Organizations							
<b>(A)</b> Name, address, and EIN of related organization	(B) Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	( <b>D)</b> Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity		
CLARE GARDENS INC							
2626 OSCEOLA STREET DENVER, C080212 23-7200039	HOUSING	CO	501(c)(3)	9	FMI		
CLARE OF ASSISI HOMES-WESTMINSTER INC  2451 WEST 82ND PLACE WESTMINSTER, CO80031 74-2740978	HOUSING	СО	501(c)(3)	9	FMI		
DAYSPRING VILLA INC 3777 WEST 26TH AVENUE DENVER, CO80211 36-3933908	HOUSING	со	501(c)(3)	9	FMI		
FRANCIS HEIGHTS INC  2626 OSCEOLA STREET  DENVER, CO80212  84-0626174	HOUSING	со	501(c)(3)	9	FMI		
FRANCISCAN MINISTRIES COMMUNITY FNDN INC  26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-4456204	FOUNDATION	IL	501(c)(3)	11 - II	FMI		
FRANCISCAN SENIORS KENOSHA INC  1920 27TH AVENUE KENOSHA, WI53140 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 84-1347868	HOUSING	со	501(c)(3)	9	FMI		
VILLA ST ANNA INC (3)  5737 ERIE STREET RACINE, WI53402 39-1673433	HOUSING	WI	501(c)(3)	9	FMI		
VILLA ST CLARE INC  130 BYRD AVENUE NEENAH, WI54946 39-1769395	HOUSING	WI	501(c)(3)	9	FMI		
WHEATON FRANCISCAN LABORATORIES INC(1)  11020 WEST PLANK COURT WAUWATOSA, WI53226 39-1701402	LABORATORY	WI	501(c)(3)	9	WFH SEWI INC		

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

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(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	<b>(D)</b> 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			
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 SUPPORT	WI	WFH-SE WI INC	C CORP			
WISCONSIN HEART AND VASCULAR CLINICS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1673654	MEDICAL GRP	WI	WFM G	C CORP			
COVENANT REGIONAL SERVICES INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1189805	PHARMACY	IA	WFH-IO WA INC	C CORP			
WHEATON FRANCISCAN INSURANCE COMPANY PO BOX 69 GT GEORGETOWN, GRAND CAYMAN UK	OTHER INVESTMENT	UK	WFSI	C CORP			