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DLN: 93493137049760

Form **990** 

Internal Revenue Service

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning	9 07-01-2008	and ending 06-30-20	09		F 1	1 1
		pplicable	Please	C Name of organization Saint Francis Medical Cei	nter Foundation			l <sup>b</sup>	Employer id	dentification number
☐ Add	lress ch	nange	use IRS label or	Doing Business As					47-06302 <b>Telephone</b> r	
Nar	ne cha	nge	print or type. See	Doing Business As					·	
☐ Init	ıal retu	rn	Specific Instruc-		O box if mail is	not delivered to street add	ress) Room	\suite	(308) 398	-5407 pts \$ 1,209,718
☐ Ter	mınatıd	on	tions.	PO BOX 9804				l °	GIOSS TECEI	pts \$ 1,209,710
┌ Am	ended	return		City or town, state or co		4	<b> </b>			
☐ App	lication	pending		GRAND ISLAND, NE 688	002					
				ne and address of Princ	ipal Officer		H(a)	Is this a	group retur	n for
				:Elligott V FAIDLEY AVE				affiliates?		┌ Yes
				Island, NE 68803			Н(Ь)	Are all affi	liates inclu	ded?
<b>I</b> Та	x-exen	npt status	<b>▽</b> 501(c)	) (3) ◀ (insert no )	1947(a)(1) or <b>Г</b>	527				st See instructions )
) W	eb sit	e: 🟲 WW	/W SFMC-G	GIORG			H(c)	Group Ex	cemption N	umber ► 0928
<b>К</b> Тур	e of or	ganization	Corporat	ion trust association	other 🟲		<b>L</b> Year	r of Format	ion 1982	M State of legal domicile NE
Pa	rt I	Sumi	marv							
	1			e organization's missio	n or most sigi	nificant activities				
፠				and support SFMC's n		-	from publ	lıc/prıvat	e sources t	o support hospital
Ē		progran	ns or collab	oorate with community	agencies of co	ompatible purpose				
Governance	2	Check t	this hox	ıf the organization disc	ontinued its o	nerations or disposed	of more ti	han 25%	of its asse	ıts
<u> </u>	3		,	nembers of the governi						18
	4		_	ident voting members o						16
Œ	5			nployees (Part V , line 2	_					0
Activities &	6	Total nu	umber of vo	olunteers (estimate if n	ecessary) .				6	86
ă	7a	Total gr	ross unrela	ted business revenue f	rom Part VIII	, line 12, column (C)			7a	0
	ь	Net unr	elated busi	ness taxable income fr	om Form 990	-T, line 34			7b	0
						Prior Ye		Current Year		
ā	8			d grants (Part VIII, line					960,638	701,170
	9			revenue (Part VIII, line		•	-	6,832	0	
Rayen	10 11			ne (Part VIII, column ( art VIII, column (A), lı		•	•		,084,263 36,863	431,450
	12			dd lines 8 through 11 (			ne		30,003	32,243
		12)							,088,596	1,184,869
	13			ar amounts paid (Part I			2	,653,751	700,642	
	14			or for members (Part IX			_			0
\$	15	10)	es, other co	ompensation, employee	e benefits (Par	t IX, column (A), lines	5 -		О	0
<del>@</del>	16a	Profes	sional fund	raising fees (Part IX, c	olumn (A), lın			0		
Ехрепзев	ь	(Total fo	undraising ex	penses, Part IX, column (D)	, line 25 <u>268,335</u>	)				
_	17	Other	expenses (	(Part IX, column (A), lıı	nes 11a–11d,	11f-24f)			266,383	268,335
	18			add lines 13–17 (mus	-		)		,920,134	968,977
<u>_ 97</u>	19	Reven	ue less exp	penses Subtract line 1	8 from line 12				-831,538	215,892
න් ය මෙරම		<b>-</b> · ·	=	+ V . l =			Be	eginning o		End of Year
.55€ Bæ	20		,	rt X, line 16)				14	,545,445	11,778,277
Net Assets or Fund Balances	21		,	Part X, line 26)	no 24 fee 1	- 20			699,478	731,218
	22		ature Blo	d balances Subtract li	ne 21 from lin	e 20		13	,845,967	11,047,059
Ра	, 11				examined this re	turn, including accompanyi	na schedules	s and stater	nents, and to	the best of my knowledge
				correct, and complete Decla						
Plea Sign		Cian	ature of office	ar.				2010-05-1 Date	17	
Here		'						Date		
			IEL MCELLIGO e or print nam							
		Preparer	лс <b>I</b> s			Date	Check If	Pi	reparer's PTIN	V (See Gen Inst )
Paid		signature					self- empolyed			•
Prepa	arer's	Firm's na	ame (or yours	s <b>L</b> Deloitte Tax LLP				<del>'</del> +		
Use (		ıf self-er	nployed), and ZIP + 4	1111 Bagby St Suite 4!	500			E	IN 🕨	
			L. 1 T	Houston, TX 77002				PI	hone no 🕨	(713) 982-2000
May t	he IR	S discus	s this retu	rn with the preparer sh	own above? (S	See instructions) .				

## Part III Statement of Program Service Accomplishments (See the instructions.)

4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)				
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)				
4c	(Code	) (Expenses \$		ıncludıng grants of \$						
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)				
4a	(Code See Schedule O	) (Expenses \$	700,642	including grants of \$	700,642 ) (Revenue \$	0)				
	others, the total expenses, and revenue, if any, for each program service reported									
4	Section 501(c)(3) and	(4) organizations and	4947(a)(1) t	trusts are required to rep	argest program services by port the amount of grants a	expenses and allocations to				
	If "Yes," describe thes	-								
3	Did the organization ce services?	ease conducting or ma	ike significani	t changes in how it cond 	ucts any program	┌ Yes ┌ No				
_	If "Yes," describe thes	e new services on Sch	nedule O							
2	Did the organization ur the prior Form 990 or 9			ervices during the year w	which were not listed on	┌ Yes ┌ No				
	Briefly describe the organizat The organization's mission is us to emphasize human dign	to nurture the healing min	istry of the Chur move toward the	ch by bringing it new life, ene ne creation of healthier comm	ergy and viability in the 21st cent nunities	ury Fidelity to the Gospel urges				

Part IV	Checkl	ist 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		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		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,"	9		No
	complete Schedule D, Part IV			<u> </u>
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	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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		Νo
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	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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		No
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		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		l No
b				
-	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Report of Foreign Bank and</i>			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٠.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<b>-</b> -	V	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7с		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		.,	
_	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
	year?			 I
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		
_	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
D	facilities			
11	Section F01/cV12) organizations. Enter			
	Section 501(c)(12) organizations Enter  Gross uncome from members or shareholders			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

8

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance	ces,
	processes, or changes in Schedule O. See instructions.	
а	Enter the number of voting members of the governing body 1a	18

Ь	Enter the number of voting members that are independent	1b		16
2	Did any officer, director, trustee, or key employee have a family relationship or a but	sıness	relationship with ar	ıy
	other officer director trustee or key employee?	_		

Did the organization delegate control over management duties customarily performed by or under the direct
supervision of officers, directors or trustees, or key employees to a management company or other person?

•		•		,	•	•	•	•	•	•	•		
Did the or	ganızatıon	make any s	gnificant	changes	s to	ıts	organızatı	onal docume	nts sınc	e the	prior Form	990 w	/a
filed? .													

5	Did the organization become aware during the year of a material diversion of the organization's assets?		
6	Does the organization have members or stockholders?		

Does the organization	have	members	, stocl	kholders	, or other	persons	who may	elect on	e or more	members of	the
governing body? .											

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	he
	waar by the following	

bla the organization contemporance and modelings here or written actions and creaken adming the	
year by the following	
the governing hody?	

a	the governing body?	•		•		•	•		•	•	•		•	•		•		•	•	•	•	•	•	•	•	
b	each committee with	autl	horit	ty to	ас	t on	bel	half	of t	he ç	jove	erni	ng b	ody	7											

	Does the organization have local chapters, branches, or affiliates?
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,
	affiliates, and branches to ansure their enerations 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, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule 0 $\cdot$ . $\cdot$ .

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Yes

Yes

Yes

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NE
- 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

Lisa Webb 2620 W Faidley Ave Grand Island, NE 68803 (308) 398-5411

## 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

		Posit	(C lon (d hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations

Part VII Continued

				(i ition that a			all			(E)		(F)	
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	compens from tl		fother sation the on and ed
											$\pm$		
											$\pm$		
											+		
			<b>_</b>	+	_	-					-		
											+		
1b	Total					<u></u>		<b> </b>		1,073,	721		205,227
1b 2	Total	g those ın 1							00,000 in reportabl	1	721		205,227
	Total number of individuals (includin	g those ın 1							00,000 ın reportabl	1	721		
	Total number of individuals (includin compensation from the organization)  Did the organization list any former	g those in 1 ►0 officer, direc	a) who	recei	ved	mor	e thar	n \$1	or highest compens	e	721	Yes	205,227
3	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu.	g those in 1 ▶0 officer, direc	a) who	recei ruste	ved	mor	e thar	n \$1 /ee,	or highest compens	sated employee	721	Yes	
2	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 O  officer, direct  le J for such  the sum of	a) who is tor or to individuo reporta	recei ruste <i>ial</i>	ved e, k	ey e	e thar employ	/ee, and	or highest compens other compensation	sated employee		Yes	No
3 4	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu.  For any individual listed online 1a, is organization and related organization individual	g those in 1  O  officer, direct  le J for such  the sum of  ns greater th	a) who note that the state of t	ruste ual ble c 0,00	ved e, k omp	ey e	employ ation (es," co	ee, and ompi	or highest compens  other compensation  ete Schedule J for su	sated employee  from the		Yes	No
3	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1  officer, direct  le J for such  the sum of  ns greater th  enve or accre	a) who	ruste ual • ble c 0,00	ved e, k omp 0?	ey e	employ ation 'es," co	ee, and ompi	or highest compens  other compensation  lete Schedule J for su  elated organization	sated employee  from the  ch  for services	3		No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu.  For any individual listed online 1a, is organization and related organization individual	g those in 1  officer, direct  le J for such  the sum of  s greater th  enve or accru  c," complete S	a) who	ruste ual • ble c 0,00	ved e, k omp 0?	ey e	employ ation 'es," co	ee, and ompi	or highest compens  other compensation  lete Schedule J for su  elated organization	sated employee  from the  ch  for services	3		No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu.  For any individual listed online 1a, is organization and related organization individual	g those in 1  officer, direct  le J for such  the sum of  ns greater th  eive or accru  c, " complete s	a) who interest individual reportations \$15	ruste  value  ble c 0,00  censa	omp 0?	ey e eoens if "Y ifroi	employ ation (es," co	yee, and comple	or highest compens  other compensation lete Schedule J for su  elated organization	sated employee  in from the  ich  for services	3		No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu.  For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who istor or to individual reportations \$15	ruste  value  ble c 0,00  censa	omp 0?	ey e eoens if "Y ifroi	employ ation (es," co	yee, and comple	or highest compens  other compensation lete Schedule J for su  elated organization	sated employee  in from the lich  for services  re than	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	g those in 1  officer, direct  le J for such  the sum of  ns greater th  eive or accru  c, "complete so	a) who istor or to individual reportations \$15 is composed uld	ruste  value  ble c 0,00  censa	e, k omp 0?	ey e eoens if "Y ifroi	employ ation (es," co	yee, and comple	or highest compens  other compensation lete Schedule J for su  other compensation  oth	sated employee  in from the  ich  for services	3		No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who istor or to individual reportations \$15 is composed uld	ruste  value  ble c 0,00  censa	e, k omp 0?	ey e eoens if "Y ifroi	employ ation (es," co	yee, and comple	or highest compens  other compensation lete Schedule J for su  other compensation  oth	sated employee  in from the sich  for services  the than  (B)	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who istor or to individual reportations \$15 is composed uld	ruste  value  ble c 0,00  censa	e, k omp 0?	ey e eoens if "Y ifroi	employ ation (es," co	yee, and comple	or highest compens  other compensation lete Schedule J for su  other compensation  oth	sated employee  in from the sich  for services  the than  (B)	3	Yes	No No

Part Statement of Revenue VIII

					<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
000	1a	Federated cam	paigns 1a					314
<b>=</b>	b		ies 1b					
, 절		•		12,526				
ੁੰ <del>ह</del>	С	<del>-</del>	ents 1c					
<u>, ਦ</u>	d	Related organiz	zations 1d	142,213				
<u> </u>	e	Government grants	s (contributions) <b>1e</b>	190,496				
.ख्य	f		ons, gifts, grants, and 1f	355,935	į			İ
22		sımılar amounts no						
<u></u>	g		butions included in					
and other similar amounts	h	_	s 1a-1f)		701,170			
, ,,		•		T				
<u>o</u>	3-			Business Code				
Ea	2a							
<u>\$</u>	Ь							
9	c							
ž	d							
B	e							
Program Service Revenue	f	All other progra	am service revenue					
<del>,</del>	-		anii service revenue					
<u>Ť</u>	g		s 2a-2f	<b>. ►</b> \$				
	3	0						
	3		ome (including dividen		431,624			431,624
	_		mounts)		131,024			431,024
	4		stment of tax-exempt bond		0			
	5	Royalties			U			
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income						
	d	or (loss)	me or (loss)					
-	u	Net Telltal IIICo		(II) O ther				
	7a	Gross amount	(ı) Securities	(II) O ther				
	/a	from sales of						
		assets other than inventory						
	b	Less cost or	174					
		other basis and sales expenses						
	c	Gaın or (loss)	-174					
	d	Net gaın or (los	s)		-174			-174
	8a		rom fundraising					
		events (not inc						
,		Ψ	537 reported on line 1c)					
<u> </u>		See Part IV, lin						
3			G if total exceeds					
		\$15,000	a	12,526				
_	b	Less direct ex	penses b	3,171				
	С	Net income or (	(loss) from fundraising	events 🟲	16,366			16,366
<b>'</b>	9a		rom gaming activities					
		See part IV, lin	ie 19 ule G if total exceeds					
		\$15,000	and a m total exceeds					
		•	а	55,600				
	Ь	Less direct ex	penses <b>b</b>	21,504				
	c		(loss) from gamıng actı		34,096			34,096
ļ	10a	Gross sales of	ınventory, less					
		returns and allo						
			а					
	b		oods sold <b>b</b>					
	С	Net income or (	(loss) from sales of inve	entory 🟲	0			
		Miscellaneous	s Revenue	Business Code				
ſ	11a	OTHER REVEN	IUE	900,099	1,787			1,787
	b							
	с							
	-							
	d	All other reven						
	е	Total. Add lines	s 11a-11d	\$				
}	12	Total Paus	Add lines 15 2 - 2 4	1,787	1,184,869			483,699
	14	Total Revenue.	Add lines 1h, 2g, 3, 4,	5, σu, /a, δC,	1,107,009		ĺ	105,099

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).  Do not include amounts reported on lines 6b, 7b, (C) (D)										
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> 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	661,719	661,719							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	38,923	38,923							
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	231,799			231,799					
12	Advertising and promotion	0								
13	Office expenses	6,194			6,194					
14	Information technology	0								
15	Royalties	0								
16	Occupancy	0								
17	Travel	1,172			1,172					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	0								
20	Interest	5,535			5,535					
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	1,498			1,498					
23	Insurance	3,000			3,000					
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	Dues & subscriptions	2,262			2,262					
b	Community support	1,434			1,434					
c	OTHER EXPENSES	15,441			15,441					
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	968,977	700,642	0	268,335					
26	Joint Costs. Check 🔽 if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			50	1	Liiu O	0
	2	Savings and temporary cash investments	•		434,530	-		295,379
	3	Pledges and grants receivable, net			349,904	3		266,112
	4	Accounts receivable, net			040,004	4		6,044
	5	· · · · · · · · · · · · · · · · · · ·	kov o	mpleyees or				
		Receivables from current and former officers, directors, trustees, other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
2	9	Prepaid expenses and deferred charges			3,260	9		268
Assets	10a	Land, buildings, and equipment cost basis	ings, and equipment cost basis					
⋖	_		10a	41,987	_			
	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	15,783	27,702	10c		26,204
	11	Investments—publicly traded securities			13,693,288	11	1	1,184,270
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	t VII c	of .		12		
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		36,711			0	
		D			11515145	15		4 770 077
	16	Total assets. Add lines 1 through 15 (must equal line 34)			14,545,445	16	1	1,778,277
	17	Accounts payable and accrued expenses .			677,804	17		707,584
	18	Grants payable			18			
	19	Deferred revenue			21,674	19		18,420
φ.	20	Tax-exempt bond liabilities				20		
ē	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		5,214
	26	Total liabilities. Add lines 17 through 25			699,478	26		731,218
		Organizations that follow SFAS 117, check here ▶ 🔽 and comple	te lin	es 27				
ġ		through 29, and lines 33 and 34.						
an	27	Unrestricted net assets			3,118,383	27		2,845,017
Balance	28	Temporarily restricted net assets			118,465	28		165,414
귤	29	Permanently restricted net assets			10,609,119	29		8,036,628
r Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	comp	let e				
, o.	30	Capital stock or trust principal, or current funds				30		
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fun		• •		32		
	33	Total net assets or fund balances			13,845,967	33	1	1,047,059
Net	34	Total liabilities and net assets/fund balances			14,545,445	-		1,778,277
		rotal habilities and het assets/fully balances			17,070,440	J-4	ı	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	rt XI	Financial Statements and Reporting						
		<u> </u>					Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

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

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As Filed Data -

DLN: 93493137049760

Employer identification number

OMB No 1545-0047

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

Name of the organization

Department of the Treasury Internal Revenue Service

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Saint	-rancis	Medical Center	Foundation					17	-063026	7		
Рa	rt I	Reason	for Public C	harity Status (to be con	mpleted	by all or	ganizatio					
				ation because it is (Please	•				moduce	101137		
1	Ē		•	nurches, or association of ch			•	-	(A)(i).			
2		•		tion 170(b)(1)(A)(ii). (Attac								
3	Г	A hospital	or a cooperativ	e hospital service organizati	on describ	bed in <b>Sec</b>	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H )	
4	Г	A medical i	research organi	ization operated in conjunction	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state		·						
5	$\sqcap$	An organiza	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
				(Complete Part II )								
6	$\Gamma$	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ı	ınıt or fron	n the gene	ral public	
		described i	n Section 170(I	b)(1)(A)(vi) (Complete Par	tII)							
8	$\Gamma$	A communi	ity trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Par	tII)					
9	$\Gamma$	An organiza	ation that norm	ally receives (1) more than	331/3% o	f its supp	ort from c	ontributior	ıs, membe	rship fees	, and gross	
		receipts fro	m activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	'3% of	
		ıts support	from gross inv	estment income and unrelate	ed busines	s taxable	income (l	less sectio	on 511 tax	k) from bu	sınesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III	)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ection 509(	( <b>a)(4).</b> (Se	ee instruc	tions )	
11	Γ	_	=	and operated exclusively for					•	•	•	
				orted organizations describe type of supporting organizat						Section 5	<b>09(a)(3).</b> Check	
			ype I <b>b</b>				nally Integ		'' d	Гтуре	III - Other	
e	Г	·	• •	rtify that the organization is					one or mor			
		other than	foundation man	agers and other than one or	more publ	ıcly suppo	orted orga	nızations (	described	ın sectior	1 509(a)(1) or	
		section 50										
f		check this		d a written determination fro	m the IKS	tnat it is	a Type I,	i ype II o	r i ype iii	supportir	ng organization,	
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>:</u>		,	
		following pe										
			•	or indirectly controls, either a		_	th persons	describe	d in (ii)		Yes No	
			· -	ing body of the the supported	_	tion?				11g		
			•	erson described in (i) above		_				11g(		
				ity of a person described in (						11g(	iii)	
h		Provide the	tollowing infori	mation about the organizatio	ns the org	janization	supports					
	/i) NI-	ama of	(ii) EIN	/iii) Type of organization	/:\ 1	s the	(v) D.d.	(OU potific	/:\ 1	s the	(vii) A mount of	
		ame of oorted	(11) EIN	(iii) Type of organization (described on lines 1-9		s the ation in		ou notify inization		ation in	support?	
		nization		above or IRC section	_	listed in		i) of your		rganized		
				(See Instructions))	yourgo		supp	oort?	ın the	US?		
						nent?		T		I	-	
					Yes	No	Yes	No	Yes	No		
							-	-				

Total

# 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.)

	(Complete only if you chec	ked the box of	i iiie 5, 7, or	o or Part 1.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,662,417	461,958	804,619	960,638		701,170	4,590,802
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	1,662,417	461,958	804,619	960,638		701,170	4,590,802
5	The portion of total contribution by each							
	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							4,590,802
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	( <b>d)</b> 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,662,417	619,501	804,619	960,638		701,170	4,590,802
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	347,321	619,501	929,427	1,095,595		52,249	3,044,093
9	sources  Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	37,405	41,882	50,844	36,963		16,365	183,459
11	Total Support (Add lines 7 through 10)							7,818,354
12	Gross receipts from related activities, etc	(See instructions	5)	•	•	12	•	
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here  omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 50	01(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıde	ed by line 11 co	lumn (f))		14		<b>58.718</b> %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		64.483 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly suppo d not check the b	orted organizatio oox on line 13 oi	on r 16a, and line 1	·			
17a	box and <b>stop here.</b> The organization qualifies <b>10% Facts and Circumstances Test - 2008.</b> It more, and if the organization meets the "factors are the "factors	If the organizations to the contraction of the contractions of the	n dıd not check ances" test, che	a box on line 13 ck this box and	stop here. Expl	laın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	If the organizationstance	n did not check ances" test, che	a box on line 13 ck this box and	3, 16a, 16b, or : <b>stop here.</b> Expl	17a ar Iaın ın	nd line 15 i Part IV ho	
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(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	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV

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

### **Facts and Circumstances Test**

Fundraising Event Income, Miscellaneous Income Other Income Part II, Q 10b Fundraising Event Income Other Income Part II, Q 10c Fundraising Event Income Other Income Part II, Q 10d Fundraising Event Income Other Income Part II, Q 10e Fundraising Event Income

Schedule A (Form 990 or 990-EZ) 2008

### **Political Campaign and Lobbying Activities** OMB No 1545-0047

**SCHEDULE C** 

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

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

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

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

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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (F	Proxy Tax)	, <i>, ,</i>	·	
Na	nme of the organization int Francis Medical Center Foundation	zationo completo i are in			ntıfıcatıon number	
Par		oy all organizations exempt e the instructions for Schedule		47-0630267 n <b>501(c) and section</b>		
1	Provide a description of the or	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	tivities in Part IV		
2	Political expenditures				\$	
3	V olunteer hours					
Pai	<b>To be completed b</b> for Schedule C for d	oy all organizations exemptetails.)	t under sectio	n <b>501(c)(3).</b> (See the	instructions	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	5	\$	
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	\$	
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	<del>ر</del> ې	☐ Yes ☐	No
4a	Was a correction made?				☐ Yes ☐	No
ь	If "Yes," describe in Part IV					
Par		by all organizations exempt for Schedule C for details.)	t under section	n 501(c), except sect	tion 501(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exemp	pt function activities	\$	
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	uted to other orga	nizations for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and ent	ter here and on Form	\$	
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐	No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly delivere action committee (PAC) If addition	paid from the filinged to a separate po	g organization's own interna olitical organization, such a	al funds or were s a separate	:S
	(a) Name	<b>(b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of pol contributions reco and promptly a directly delivered separate polition organization If n enter -0-	eived nd I to a cal

	(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 Expendit	ures During	4-Year Avera	ging 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 filed Form	Ī
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)	

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
С	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		18
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		Νo	
j	Total lines 1c through			18
	1)			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
Ь	If "Yes" enter the amount of any tax incurred under section 4912			
С	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?		No	
Par	t TII-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501(c	)(5) or

## 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	expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
, , ,	This amount reflects a portion of dues paid to the Grand Island Chamber	of Commerce, AFP, and AHP for lobbying

1 \$

Part IV 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 Internal Revenue Service

# Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
Saint Francis Medical Center Foundation

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

(a) Depart advised funds

(b) Funds and other accounts

	organization answered "Yes" to Form	(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		or advised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b impermissible private benefit?			┌ Yes ┌ No
Pa	t III Conservation Easements. Comple	te if the organization answered "Yes" t	o Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space	eation or pleasure) Preservation of an	nhistorically import rtified historic stru	•
2	Complete lines 2a-2d if the organization held a quon the last day of the tax year	ualified conservation contribution in the form		
_				at the End of the Ye
a	Total number of conservation easements		2a	_
b	Total acreage restricted by conservation easeme		2b	
с	Number of conservation easements on a certified	. ,	2c	
d	Number of conservation easements included in (		2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminate	ed by the organization	on during
	the taxable year 🕨			
1	Number of states where property subject to conse	ervation easement is located ►		
;	Does the organization have a written policy regard enforcement of the conservation easements it hol		ations, and	┌ Yes ┌ No
5	Staff or volunteer hours devoted to monitoring, ins	specting and enforcing easements during the	year ►	
7	A mount of expenses incurred in monitoring, inspe	cting, and enforcing easements during the ye	ear ► \$	
8	Does each conservation easement reported on lin $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	ne 2(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's financial	•	•
Par	<b>TIII</b> Organizations Maintaining Collection  Complete if the organization answere	tions of Art, Historical Treasures, ed "Yes" to Form 990, Part IV, line 8.	or Other Simila	ır Assets.
la	If the organization elected, as permitted under SF art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or research	ch in furtherance of	
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held f provide the following amounts relating to these ite	for public exhibition, education, or research i		
	(i) Revenues included in Form 990, Part VIII, lin	e 1	<b>►</b> \$	
	(ii) Assets included in Form 990, Part X		<b>-</b> \$	
2	If the organization received or held works of art, h following amounts required to be reported under S		'	ovide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

a   T   b   T   c   T   4   P	sing the organization's accession and other ems (check all that apply) — Public exhibition	r records, check any c	of the	e foll	owing t	hat are	a sıgnıfıcar	t us	se of its colle	ection		
ь Г с Г 4 Р	Public exhibition											
<b>4</b> P			d	Γ	Loand	rexcha	ange progra	ms				
<b>4</b> P	Scholarly research		e	Γ	Other							
	Preservation for future generations											
۲	rovide a description of the organization's co art XIV	ollections and explain	how	they	/ furthe	r the or	ganızatıon's	ex	empt purpos	e ın		
	ouring the year, did the organization solicit of sets to be sold to raise funds rather than t								ılar	<b>┌</b> ʏ	'es	□ No
Part :		Arrangements. C	omi	plete	e if the	organ			ered "Yes"			,
	s the organization an agent, trustee, custod ncluded on Form 990, Part X?						other asse	ts n	iot	Г	'es	┌ No
<b>b</b> If	f "Yes," explain why in Part XIV and comple	te the following table										
										A mour	nt	
<b>c</b> B	Beginning balance						1	c				
<b>d</b> A	Additions during the year						1	d				
e D	Distributions during the year						1	e				
f E	Ending balance						1	f				
<b>2a</b> D	old the organization include an amount on Fo	orm 990, Part X, line 2	21?							Y	'es	∏ No
<b>b</b> If	f "Yes," explain the arrangement in Part XIV											
Part	V Endowment Funds. Complete											
_	_	(a)Current Year	(b)	<b>)</b> Prior	Year	<b>(c)</b> Two	Years Back	(d)	Three Years Bad	k <b>(e)</b>	our Ye	ars Back
	seginning of year balance	10,727,581										
	Contributions	449,152										
	nvestment earnings or losses	33,103										
	Grants or scholarships	38,923										
	Other expenditures for facilities and programs	2,896,891										
	dministrative expenses	71,984										
	nd of year balance	8,202,038										
_	rovide the estimated percentage of the yea	r end halance held as										
	oard designated or quasi-endowment	2 %										
	ermanent endowment F											
	erm endowment Free there endowment funds not in the posses	acion of the organizati	+	ha+ a	ra bald	d d	ministered	e	th a			
	rganization by	ssion of the organizati	on t	iiat a	ire ireiu	anu au	IIIIIIStereu	101	ille	Γ	Yes	No
(i	i) unrelated organizations								3	Ba(i)		Νο
<b>(</b> i	ii) related organızatıons								3	a(ii)		Νo
	f "Yes" to 3a(11), are the related organization									3b		
	escribe in Part XIV the intended uses of the											
Part	VI Investments—Land, Buildings	s, and Equipment	t. Se			•	rt X, line 1	0.				
	Description of investment				a) Cost or sis (inves		(b)Cost or ot basis (othe		(c) Deprecia	tion	( <b>d)</b> Bo	ook value
<b>1a</b> La	nd											
<b>b</b> Bu	ıldıngs											
<b>c</b> Le	asehold improvements											
<b>d</b> Eq	uipment						41,	987	1	5,783		26,204
<b>e</b> 0 t	her											
Γotal. ₽	Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, column	(B),	line	10(c).)				•			26,204

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990 Part V line	13	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption		(b) Book value
Total (Column (h) should agual Form 000, Part V and (D) (ma	15.)		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line : <b>Part X</b> Other Liabilities. See Form 990, Part X			
(a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes			
DUE TO THIRD CITY COMMUNITY CLINIC	4,331		
DUE TO SAINT FRANCIS MEDICAL CENTER	883		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	5,214		
	1 0,221	1	

1,184,869

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,184,869
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	968,977
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	215,892
4	Net unrealized gains (losses) on investments	4	-3,014,800
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	-3,014,800
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,798,908
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	
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	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b	1	
c	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	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
С	Losses reported on Form 990, Part IX, line 25	4	
d	Other (Describe in Part XIV)	4	
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIV)	-	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	rt XIV Supplemental Information  nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	art XIV , line	es 1b and 2b,

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

<b>Ident if ier</b>	Return Reference	Explanation
ntended uses OF ENDOWMENT FUNDS	Schedule D Part V Q 4	Quasi Endowment funds are raised and used primarily for the support of Saint Francis Medical Center through community, government, and staff contributions. Permanent Endowment funds are raised through staff contributions and only the earnings are used to support programs of Saint Francis Medical Center.
REPORTING OF LIABILITY FOR JNCERTAIN TAX POSITIONS JNDER FIN 48	Schedule D, PART X	Saint Francis Medical Center Foundation's financial information is included in the consolidated audited financial statements of Catholic Health Initiatives (CHI), a related organization CHI FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48), WHICH PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS

efile GRAPHIC print - DO NOT PROCESS

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493137049760

2008

OMB No 1545-0047

**Supplemental Information Regarding SCHEDULE G** (Form 990 or 990-EZ) **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 Inspection

Name of the organization				Employer idei	ntification number
Saint Francis Medical Center Foundation				47-0630267	
Part I Fundraising Activities. Comple	te if the or	ganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
1 Indicate whether the organization raised fund	ls through ar	ny of the	following activities Che	eck all that apply	
a Mail solicitations			· · · · · · · · · · · · · · · · · · ·	non-government grants	
<u> </u>			<u></u>	•	
d   In-person solicitations			g j Special fundral	sing events	
		•	, ,		Γ Yes Γ No
				(v) A mount paid to	T
(i) Name of individual or entity (fundraiser) (ii) Activity	custo	dy or	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
				col (i)	organization
	Yes	No			
Indicate whether the organization raised funds through any of the following activities. Check Mail solicitations    Mail solicitations					
Total		<u> </u>			

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form						ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)			
臺	1	Gross receipts	32,063	3			3	2,063
Revenue	2	Less Charitable contributions	12,526	5			1	2,526
	3	Gross revenue (line 1 minus line 2)	19,537	,			1	9,537
	4	Cash Prizes	300					300
Direct Expenses	5	Non-cash Prizes	600					600
	6	Rent/Facility costs	423	3				423
ă	7	Other direct expenses	1,849					1,849
ĕ	8	Direct expense summary Add line	es 4 through 7 in column	(d)				3,172
	9	Net income summary Combine lir	_				1	6,365
Par	t III		ganızatıon answered		art IV, line 19, or repo	rted mor		
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) the		
<u>~</u>	1	Gross revenue			55,600		5	5,600
S O	2	Cash prizes			15,000		1	5,000
Direct Expenses	3	Non-cash prizes			2,256	56		2,256
面 텃	4	Rent/facility costs						
즈	5	Other direct expenses			4,248			4,248
	6	Volunteer labor	Yes	Yes%	Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				1,504
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				4,096
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain			· · · · · · · · · · · · · · · · · · ·	· 9a	Yes	No
10a	— Wer	re any of the organization's gaming l	ıcenses revoked, suspen	ided or terminated durin	g the tax year?			No
b		Yes," Explain			•			
11 12	Ist	es the organization operate gaming a he organization a grantor, beneficial ned to administer charitable gaming	y or trustee of a trust or	a member of a partners!	nip or other entity	. 11		No No
					Schedule G (Form 9	90 or 990	-EZ) 20	08

								Yes	No
13	Indicate the	percentage of gan	ning activity operated in						
а	The organiza	ation's facility .			13a	100 %	1		
b	An outside facility						1		
14	Provide the records	name and address	of the person who prepares the	organization's gaming/sp	pecial	events books and			
	Name 🟲	Lisa Webb							
	Address 🟲	2620 W Faidley Grand Island, NE							
15a			ontract with a third party from v				15a		No
b	If "Yes," ent	ter the amount of g	aming revenue received by the	organization 🟲 \$		and the			
	amount of g	amıng revenue reta	ined by the third party 🏲 \$						
c	If "Yes," ent	ter name and addre	ss						
	Name 🟲								
	Address 🟲								
16	Gaming mar	nager information							
	Name 🟲	Claire Aguilar							
	Gaming manager compensation 🕨 \$								
	Description	of services provide	ed 🕨 Leadership and Oversight	t of annual gaming event			_		
	C Director	/officer	F Employee	┌ Independe	nt cont	ractor			
17	Mandatory o	listributions							
а	_	•	der state law to make charitable		_	·='	17a		No
b	<u> </u>								

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DLN: 93493137049760

OMB No 1545-0047

### **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

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 ident	ification number
Saint Francis Medical Center Fo	oundation					47-0630267	
Part I General Inform	nation on Grar	nts and Assistance				•	
Form 990, Part I Part IV and Scho	d to award the gran rganization's proce her Assistance IV, line 21 for an edule I-1 if addit	ts or assistance? dures for monitoring the to Governments a y recipient that receional space is	use of grant funds in the nd Organizations ved more than \$5,00		tes. Complete if the or if no one recipient rece	ganization answere	ed "Yes" on
needed						▶ ┌	
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) Description of non-cash assistance	(h) Purpose of grant or assistance
Third City Community Clinic 1107 N Broadwell Ave Grand Island, NE 68803	47-0769419	501(c)(3)	20,711				Uninsured Rx Assist
Saint Francis Medical Center 2620 W Faidley Ave Grand Island, NE 68803	47-0376601	501(c)(3)	640,441				Fund Hosp Programs
2 Enter total number of sec				_			2
organizations							<b>&gt;</b>

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV,	line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(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
Employee Stewardship	54	18,422			
Project Care (community assistance)	759	20,501			

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

Ident if ier	Return Reference	Explanation
Process Used to Monitor the Use of Grants	·	Use of funds is restricted for health care related services/activities within the Saint Francis Medical Center service area, it must fit within the foundation strategic goals, and it must fall into annually determined funding designations. Requests must be submitted in writing using the pre-approved form along with itemized spending expectations. Requests for unrestricted foundation dollars and employee assistance funds must go through a distribution committee for approval. If request is over \$10,000 full board approval is required. A written performance report is due to the foundation within 60 days of expenditure of the grant and annually if a long term project.

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DLN: 93493137049760

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

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

OMB No 1545-0047 2008

> Open to Public Inspection

Name of the organization Saint Francis Medical Center Foundation **Employer identification number** 

47-0630267

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
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		Health or social club dues or initiation fees			
	Discretionary spending account	Г	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 organizatiorganization's CEO/Executive Director Check all the					
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	ı	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		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	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		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	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		N o

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

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

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
LELAND ELLIOTT	(1) (11)	166,512	40,590	14,739		36,437	258,278	97,227
MICHAEL GLOOR	(1) (11)	184,037	72,374	56,231	41,918	37,366	391,926	225,152
DANIEL MCELLIGOTT	(ı) (ıı)	232,662	48,603	19,219		56,924	357,408	118,570
LISA THAVENET- WEBB	(ı) (ıı)	140,318	34,337	310		28,369	203,334	68,794
	(i)		<u></u>			<del></del>		<u> </u>
	(ii) (i)		<del>                                     </del>		<del>                                     </del>			1
	(ii)							<u> </u>
	(i)							1
	(ii)		<del>                                     </del>	<del>                                     </del>		<del>                                     </del>	<u> </u>	4
	(i) (ii)				<del>                                     </del>		<del>                                     </del>	f
	(i)							1
	(ii)							
	(i)					<u></u>		1
	(ii)	'	1 '	<u> </u>	1	1		

### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Q 3	COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY A RELATED ORGANIZATION CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
	PART I, Q 4B	DURING THE 2008 CALENDAR YEAR CHI MAINTAINED A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN FOR VICE PRESIDENTS AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE MICHAEL GLOOR, DANIEL MCELLIGOTT THERE WERE NO CONTRIBUTIONS TO THE NON-QUALIFIED PLAN FOR THE 2008 CALENDAR YEAR THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE 2008 CALENDAR YEAR, AND THE FOLLOWING AMOUNTS WERE INCLUDED IN THE INDIVIDUALS' REPORTABLE COMPENSATION FOR SCHEDULE J MICHAEL GLOOR \$41,918
	PARTI, Q 4A	POST-TERMINATION PAYMENTS ARE ADDRESSED IN THE EXECUTIVE EMPLOYMENT AGREEMENTS FOR CHI'S MBO CEOS THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE NO REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM CHI DURING THE 2008 CALENDAR YEAR

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## **SCHEDULE 0**

Department of the Treasury
Internal Revenue Service

(Form 990)

## **Supplemental Information to Form 990**

responses to specific questions for the Form 990 or to provide any additional information.

► Attach to Form 990. To be completed by organizations to provide additional information for

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Saint Francis Medical Center Foundation

Employer identification number

47-0630267

ldentifier	Return Reference	Explanation
Program Service Accomplishments	FORM 990, PART III, Q 4a	QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT The Saint Francis Foundation's current 4-member staff and 20-member Board of Directors raise funds through special events, annual giving, major gifts, planned giving, corporate/foundation grants and capital campaigns to help fund many of the healthcare programs, projects and community outreach services offered by the hospital in addition, the Saint Francis Foundation provides funding for numerous community-sponsored programs that compliment the Foundation's mission and work toward the creation of healthier communities. These programs include support for the following. Third City Community Clinic, which provides primary care to low-income individuals. Safe Kids Tri Cities, which promotes usage of child safety seats. Lifeline, which provides monitors for elderly or at-risk people living in their homes. In addition, the Foundation provides funding for prenatal educational events, shaken baby simulator dolls to educate parents and care providers about shaken baby syndrome, and the Student Wellness Center, which provides primary healthcare services to students at Grand Island Senior High and Walnut Middle School

ldentifier	Return Reference	Explanation
Procedures for monitoring and enforcing the COI policy	Form 990, Part VI, Q 12c	ST FRANCIS MEDICAL CENTER FOUNDATION HAS A BOARD POLICY THAT REFERENCES THE DUALITY OF INTEREST AND CONFLICT OF INTEREST POLICIES PROVIDED BY CHI NATIONAL AT THE ANNUAL BOARD AND BOARD COMMITTEE MEETINGS ALL MEMBERS ARE REQUESTED TO SIGN CONFLICT OF INTEREST STATEMENTS THE SIGNED STATEMENTS ARE RETAINED IN THE ADMINISTRATIVE FILES ALL MEMBERS ARE REQUESTED TO DECLARE POTENTIAL CONFLICTS OF INTEREST AT EACH BOARD AND/OR COMMITTEE MEETING OF THE BOARD IF THE BOARD FINDS THAT A CONFLICT DOES EXIST REGARDING THE AGENDA ITEMS TO BE PRESENTED FOR ACTION, MEMBERS ARE REQUESTED TO ABSTAIN FROM VOTING IN ADDITION A QUESTIONNAIRE IS SENT ANNUALLY TO ALL BOARD MEMBERS AND TOP PAID EMPLOYEES ASKING THEM TO DISCLOSE ANY BUSINESS OR FAMILY RELATIONSHIPS

ld	lentifier	Return Reference	Explanation
THE OR	SS, IF ANY, RGANIZATION TO REVIEW 1990	Form 990, Part VI, Q 10	THE ORGANIZATIONS ACCOUNTING PERSONNEL WORK WITH AN EXTERNAL INDEPENDENT ACCOUNTANT TO PREPARE THE FORM 990 ONCE PREPARED, THE CFO REVIEWS THE RETURN AND ANY SUBSEQUENT REVISIONS ARE COMPLETED THE CFO FACILITATES THE RETURNS REVIEW WITH THE MANAGEMENT TEAM AND THEIR REVISIONS ARE INCLUDED IN THE FINAL VERSION OF THE FORM THE RETURN IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE SUBSEQUENT TO PRESENTATION TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS, COI POLICY, AND FINANCIAL STATEMENTS AVAILABLE	FORM 990, PART VI, Q 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND COM The organization's governing documents are available on the Nebraska Secretary of State's website. The conflict of interest policy is not available to the public

ldentifier	Return Reference	Explanation
Estimate of Hours Devoted to Related Organizations	Form 990, PART VII	COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS BY RELATED ORGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION	FORM 990, PART VI, Q 15A	SAINT FRANCIS MEDICAL CENTER FOUNDTION'S CEO IS COMPENSATED BY CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION THE HAY GROUP HAS SERVED AS THE INDEPENDENT COMPENSATION CONSULTANT TO CHI AND ITS BOARD OF STEWARDSHIP TRUSTEES (BOST) HAY REVIEWED ALL MBO CEO COMPENSATION LEVELS WITH THE HR COMMITTEE OF THE CHI BOST IN SEPTEMBER, 2009 AND PROVIDED A REPORT TO THE FULL CHI BOARD AT THEIR DECEMBER MEETING, CONFIRMING THE REASONABLENESS OF MBO CEO TOTAL COMPENSATION AND CHIS COMPENSATION PHILOSOPHY

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, Q 15B	During the tax year ended 6/30/09, no officers, directors or trustees received compensation from the organization. Any executive compensation paid to officers, directors or trustees by related organizations was set by a compensation committee utilizing an independent consultant and comparability studies and the appropriate board oversight to determine compensation

ldentifier	Return Reference	Explanation
FINANCIAL STATEMENT	FORM 990, PART XI, Q 2C	THE FORM 990 INSTRUCTIONS REQUIRE THAT AN ORGANIZATION WHOSE FINANCIAL STATEMENTS ARE INCLUDED IN A CONSOLIDATED AUDITED FINANCIAL STATEMENT RESPOND "NO" TO QUESTION 2 THE "NO" RESPONSE IS MISLEADING SAINT FRANCIS MEDICAL FOUNDATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AND ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE SYSTEM PARENT, CATHOLIC HEALTH INITIATIVES CATHOLIC HEALTH INITIATIVES AUDIT AND FINANCE COMMITTEES ASSUME RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT

ldentifier	Return Reference	Explanation
EXECUTIVE COMMITTEE	FORM 990, PART VI, Q 1A	The Executive Committee CONSISTS OF officers of the Corporation The Executive Committee HAS THE POWER TO TRANSACT THE ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIODS BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED THAT THEIR ACTIONS ARE CONSISTENT WITH ANY ACTIONS OR POLICIES OF THE BOARD OR THE CORPORATE MEMBER ALL ACTIONS TAKEN ARE CONTEMPORANEOUSLY DOCUMENTED AND REPORTED TO THE BOARD AT THE EARLIEST MEETING

ldentifier	Return Reference	Explanation
MEMBERS OR SHAREHOLDERS	FORM 990, PART VI, Q 6	THE SOLE MEMBER OF THE ORGANIZATION IS SAINT FRANCIS MEDICAL CENTER, A NEBRASKA NONPROFIT CORPORATION

ldentifier	Return Reference	Explanation
MEMBER ELECT ONE OR MORE MEMBERS OF GOVERNING BOARD	FORM 990, PART VI, Q 7A	THE SOLE MEMBER, Saint Francis Medical Center, HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
GOV ERNING POWERS	FORM 990, PART VI, Q 7B	The organizations corporate member is Saint Francis Medical Center. Pursuant to Article V. Section 3 of the organizations bylaw's, both Saint Francis Medical Center and Catholic Health Initiatives (CHI) (Saint Francis Medical Center's sole corporate member) have reserved powers as outlined in the CHI governance matrix. Pursuant to the governance matrix the following rights are held by the Saint Francis Medical Center Board. Approve members of the Saint Francis Medical Center Foundation board Amendment of the corporate documents of Saint Francis. Medical Center Foundation Approve removal of a member of the governing body of Saint Francis Medical Center Foundation Adoption of long range and strategic plans for Saint Francis Medical Center Foundation The following rights are reserved to the CHI Board directly or through powers delegated to the CHI Chief Executive Officer Substantial change in the mission or philosophy of Saint Francis Medical Center Foundation Removal of a member of the governing body of Saint Francis Medical Center Foundation Approval of participation of Saint Francis Medical Center Foundation in a joint venture Approval of formation of a new corporation by Saint Francis Medical Center Foundation Approval of a merger involving Saint Francis Medical Center Foundation Approval of the sale of all or substantially all of the assets of Saint Francis Medical Center Foundation To require the transfer of assets by Saint Francis Medical Center Foundation to CHI to accomplish CHIs goals and objectives, and to satisfy CHI debts. Pursuant to Article V. Section 4 of the organizations bylaw's, Saint Francis Medical Center or CHI may, in exercise of their approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and its President and the Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate

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

### DLN: 93493137049760

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

**Employer identification number** 

## **SCHEDULE R** (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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.

Saint Francis Medical Center Foundation 47-0630267 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state End-of-year assets Direct controlling Total income Primary activity or foreign country) entity See Additional Data Table Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Cat No 50135Y

(A) Name, address, and EIN of related organization		<b>(B)</b> Pary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	Pred Incom Inve	(E) ominant e(related, estment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	I) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	aging
										Yes	No		Yes	No
See Additional Data Table														
see Hantonal Bata Table														
Part IV Identification of Ro	elated	Organizations	Taxable as	a Corporation	ı or Tr	ust								
( <b>A)</b> Name, address, and EIN of related organiz		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of i-of-yea assets	( <b>H)</b> Percentage r ownership		
See Additional Data Table														

Part V	Transactions with Related Organizations
	riansactions with Related organizations

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		T	es	No
<b>1</b> F	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		┿		
	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a			No
	Gift, grant, or capital contribution to other organization(s)	1b		es	
	Gift, grant, or capital contribution to other organization(s)  Gift, grant, or capital contribution from other organization(s)	1c	+	es	
		1d	4		No
	Loans or loan guarantees to or for other organization(s)		-		
е	Loans or loan guarantees by other organization(s)	<u>1e</u>	:		No
f	Sale of assets to other organization(s)	1f			No
g	Purchase of assets from other organization(s)	<b>1</b> g	ı		No
h	n Exchange of assets	1h	1		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i			No
_		4:			- No
-	Lease of facilities, equipment, or other assets from other organization(s)	1j			No
k	rerformance of services or membership or fundraising solicitations for other organization(s)	1k	_		No
I	Performance of services or membership or fundraising solicitations by other organization(s)	11			No
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m	n		No
n	n Sharing of paid employees	1n	Y	es	
0	Reimbursement paid to other organization for expenses	10	. Y	'es	
p	Reimbursement paid by other organization for expenses	<b>1</b> p	,		No
q	Other transfer of cash or property to other organization(s)	<b>1</b> q	Y	es	
r	Other transfer of cash or property from other organization(s)	1r			No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	on thresholds			
	(A)	(C)			

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	(C) Amount Involved
(1)	Saint Francis Medical Center	n	162,284
(2)	Saint Francis Medical Center	o	329,763
(3)	Saint Francis Medical Center	q	159,662
(4)	Saint Francis Medical Center	n	37,560
(5)	CATHOLIC HEALTH INITIATIVES	с	64,653
(6)	Saint Francis Medical Center	b	640,441

### 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)	partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <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				

Memorial Health Partners 6028 Shallowford Road

Chattanooga, TN 37421

Chattanooga, TN 37404

Pathway Hospice LLC 1050 SW 3rd Ave Suite 1600

Ontario, OR 97914 93-1310235 LincCare 8055 O Street

Lincoln, NE 68510 47-0697010

1111 6th Avenue

1111 6th Avenue

42-1521367

83-0397103

20-1703871

42-0680448

Des Moines, IA 50314

Des Moines, IA 50314

Mercy North ASC LLC 1111 6th Avenue

Des Moines, IA 50314

Mercy Pet Scanner LLC 1111 6th Avenue

Des Moines, IA 50314

St Joseph Community Health Services

St Joseph Community Health Foundation

300 Central SW Suite 300

300 Central SW Suite 300

St Joseph Healthcare System

St Elizabeth Health Services Inc

St Elizabeth Health Care Foundation

Flaget Memorial Hospital Foundation Inc

Flaget Healthcare DBA Flaget Memorial

4305 New Shepherdsville Road

4305 New Shepherdsville Road

500 Copper NW Suite 102

Albuquerque, NM87102

3325 Pocahontas Road

3325 Pocahontas Road

Baker City, OR97814

Bardstown, KY40004 56-2351341

Bardstown, KY40004 61-1345363

Lakewood Health Center

600 Main Avenue South

Breckenridge, MN56520

2400 St Francis Drive

2400 St Francis Drive

2400 St Francis Drive

Breckenridge, MN56520

Carrington Health Center

Saint Clare's Community Care

Saint Clare's Foundation Inc

Good Samaritan College of Nursing & Heal

800 North 4th Street

Carrington, ND58421

Breckenridge, MN56520

St Francis Medical Center

Breckenridge, MN56520

Healthcare and Wellness Foundation

Baudette, MN56623 41-0758434 Appletree Court

601 Oak Street

41-1850500

76-0761782 St Francis Home

41-0729978

41-0695598

45-0227311

66 Ford Road

66 Ford Road

Denville, NJ07834 22-2876836

Denville, NJ07834 22-2502997

375 Dixmyth Ave

31-1778403 Total Healthcare

PO Box 7021

84-0927232

62-0532345

62-1839548

03-0417049

23-7419853

31-1206047

66 Ford Road

Cincinnati, OH45220

Colorado Springs, CO80933

2525 De Sales Avenue

Chattanooga, TN37404

2525 De Sales Avenue

Chattanooga, TN37404

6028 Shallowford Road

Chattanooga, TN37421

Cincinnati, OH45206

Cincinnati, OH45206

Cincinnati, OH45206 31-0537486

Saint Clare's Hospital

Denville, NJ07834 22-3319886

19 Pocono Road

Denville, NJ07834 22-2536017

Cincinnati, OH45206

31-1074519

84-0902211

84-1183335

Denver, CO80202 47-0617373

Denver, CO80202 20-8473567

Memorial Health Care System Inc

Memorial Health Care System Foundation

Memorial Health Partners Foundation Inc

The Community Limited Care Dialysis Cent

Good Samaritan Foundation of Cincinnati

The Good Samaritan Hospital of Cincinnat

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

St Francis Life Care Corporation

Universal Health Corporation

961 East Colorado Avenue

Colorado Springs, CO80903

SET of Colorado Springs Inc

Colorado Springs, CO80903

Catholic Health Initiatives

1999 Broadway Suite 4000

1999 Broadway Suite 4000

Catholic Health Care Federation

825 E Pikes Peak Avenue Bldg 29

619 Oak Street Accounting-3 West

Catholic Health Initiatives Colorado Fou

Baker City, OR97814

Albuquerque, NM87102

Albuquerque, NM87102

71-0897107

85-0253087

85-0201285

93-0412495

94-3164869

Perinatal Center of Iowa LLC

Mercy Therapeutic Radiology Associates L

(A)

Name, address, and EIN of related organization

Memorial Hospital Auxiliary 2525 de Sales Avenue

62-1784262

62-1839548

**Additional Data** 

Software ID: **Software Version:** 

Name, address, and EIN of disregarded entity

**EIN:** 47-0630267 Name: Saint Francis Medical Center Foundation Form 990, Schedule R, Part I - Identification of Disregarded Entities

Primary Activity

Hospice Care

Support MHCSF

Hospice Care

Hospice Care

Physician

Physician

A mbulatory

Physician

(B)

Primary Activity

Community

Foundation

Healthcare

Hospital

Foundation

Fundraising

Hospital

LTerm Care

Senior Homes

Foundation

LTerm Care

Healthcare

Healthcare

Healthcare

Fundraising

Education

Healthcare

Hospital

Foundation

Healthcare

Hospital

Foundation

Hospital

Hospital

Elderly Care

Physicians

Foundation

LTerm Care

Healthcare

Jurdic Person

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

(D) Total income (\$) 0

162,658

67,355

7,138,989

-343,811

-10,993

(D)

**Exempt Code** 

section

501(c)(3)

501(c)(2)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

0

0

(E)

End-of-year assets

(\$)

(C) Legal Domicile

(State

or Foreign

Country)

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(C)

Legal Domicile

(State

or Foreign Country)

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MN

ΜN

MN

MN

ΜN

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ΝJ

ΚY

CO

TN

TN

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MHCSFound CHI St EHS CHI-IA Corp CHI-IA Corp CHI-IA Corp

0 N/A

142,597

1,266,816

26,159,105

1,342,382

1,712,012

(E)

Public charity

status

(If 501(c)(3))

11a

none

3

11a

3

3

9

11a

9

3

3

11b

3

3

none

11a

3

3

9

11a

11a

**Return to Form** 

(F)

Direct Controlling

Entity

CHI-IA Corp

(F)

Entity

Direct Controlling

CHI

SJCHS

CHI

CHI

SEHS

CHI

CHI

SFH

SFMC

CHI

CHI

CHI

SCHS

SCHS

GHS

CHI

MHCS

MHCS

GSH

GSH

CHI

SCHS

GSH

CHI Colorado

CHI Colorado

СНІ

СНІ

TRI-HEALTH

CHI Colorado

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations										
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity					
Global Health Initiatives  1999 Broadway Suite 4000 Denver, C080202 20-1536108 Health SET	Ministries	со	501(c)(3)	11a	СНІ					
4200 West Conejos Place 436 Denver, CO80204 84-1102943 Bishop Drumm Retirement Center	Low Inc Care	со	501(c)(3)	7	CHI Colorado					
	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp					
Des Moines, IA 50314 42-0680448	Hospital	IA	501(c)(3)	3	CHI-IA Corp					
House of Mercy  1111 6th Avenue  Des Moines, IA 50314  42-1323808  Mercy Auxiliary of Central Iowa	Shelter	IA	501(c)(3)	7	CHI-IA Corp					
	A uxiliary	IA	501(c)(3)	11a	CHI-IA Corp					
1111 6th Avenue Des Moines, IA50314 42-1193699	Physician	IA	501(c)(3)	9	CHI-IA Corp					
Mercy College of Health Sciences  1111 6th Avenue Des Moines, IA50314 42-1511682	Education	IA	501(c)(3)	2	CHI-IA Corp					
Mercy Foundation of Des Moines IA  1111 6th Avenue Des Moines, IA50314 23-7358794  Mercy Medical Center - Centerville FKA	Foundation	IA	501(c)(3)	7	CHI-IA Corp					
	Hospital	IA	501(c)(3)	3	CHI-IA Corp					
1111 6th Avenue Des Moines, IA50314 42-1470935	Physician	IA	501(c)(3)	9	CHI-IA Corp					
Mercy Hospital of Devils Lake  1031 East Seventh Street  Devils Lake, ND58301  45-0227012	Healthcare	ND	501(c)(3)	3	СНІ					
St Joseph's Lifecare Foundation  30 West 7th Street Dickinson, ND58601 36-3418207	Foundation	ND	501(c)(3)	11a	SJHHC					
Dickinson, ND58601 45-0226429	Healthcare	ND	501(c)(3)	3	СНІ					
Mercy Regional Medical Center of Durango  1010 Three Springs Blvd  Durango, C081301  84-0405515	Hospital	CO	501(c)(3)	3	СНІ					
CHI Kentucky Inc 3900 Olympic Blvd Suite 400 Erlanger, KY41018 20-2741651	Healthcare	КҮ	501(c)(3)	11a	СНІ					
Villa Nazareth Inc 801 Page Drive Fargo, ND58103 45-0226714	LT Care	ND	501(c)(3)	9	СНІ					
Garden City, KS67846 48-0543721	Hospital	KS	501(c)(3)	3	СНІ					
St Catherine Hospital Development Found  401 East Spruce Street Garden City, KS67846 20-0598702	Foundation	KS	501(c)(3)	11a	sch					
Saint Francis Medical Center Foundation  PO Box 9804 Grand Island, NE68802 47-0630267	Foundation	ΝE	501(c)(3)	7	SFMC					
Saint Francis Medical Center  PO Box 9804 Grand Island, NE68802 47-0376601	H e a l t h C a r e	NE	501(c)(3)	3	CHI Nebraska					
Great Bend, KS67530 48-0543724	Hospital	KS	501(c)(3)	3	СНІ					
Central Kansas Medical Center Foundation  3515 Broadway Great Bend, KS67530  48-6120330	Fundraising	KS	501(c)(3)	11c	N/A					
Larned, KS67550 48-1253246	Hospital	KS	501(c)(3)	3	СКМС					
Columbus, KS66725 48-1216238	Hospital	KS	501(c)(3)	3	SJRMC					
Joplin, MO 64804 43-1305163	Property Mgmt	мо	501(c)(3)	11a	SJRMC					
St John's Medical Group  2727 McClelland Blvd Joplin, MO 64804 43-1882377	Phys Practice	МО	501(c)(3)	9	SJRMC					
St John's Mercy Regional Foundation  2727 McClelland Blvd  Joplin, MO 64804  43-1308084	Foundation	МО	501(c)(3)	7	SJRMC					
St John's Regional Medical Center  2727 McClelland Blvd Joplin, MO64804 44-0545809	Hospital	МО	501(c)(3)	3	СНІ					
Good Samaritan Health Systems Inc  PO Box 1990 Kearney, NE68848 47-0659441	Community	NE	501(c)(3)	11a	CHI Nebraska					

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations										
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity					
Kearney, NE68848 47-0379755	H ealth Care	NE	501(c)(3)	3	CHI Nebraska					
Kearney, NE68848 47-0659443	Foundation	NE	501(c)(3)	7	GSН					
Bachmann Realty Corporation  2135 Noll Drive Suite C  Lancaster, PA17603  23-3019013	Real estate	DE	501(c)(3)	11a	SJHM					
Lancaster, PA 17603 23-2342997	Health	PA	501(c)(3)	11a	SJHM					
Lancaster, PA 17603 23-2605579	Fundraising	РА	501(c)(3)	11a	SJHM					
St Joseph Health Services Inc  2135 Noll Drive Suite C  Lancaster, PA17603  20-1425375	Dental care	PA	501(c)(3)	11a	SJHM					
Lexington, KY40509 61-1400619	LTACH	КҮ	501(c)(3)	3	SJHS					
Saint Joseph Berea Hospital Foundation  305 Estill Street Berea, KY40403 26-0152877	Foundation	КҮ	501(c)(3)	7	SJHS					
Lexington, KY40509 61-1334601	Hospital	КҮ	501(c)(3)	3	СНІ					
Lexington, KY40504 61-1159649	Foundation	КҮ	501(c)(3)	11a	SJHS					
Lexington, KY40504 31-1539059	Phy Practices	KY	501(c)(3)	3	SJHS					
Sparta, NJ07871 22-1768334	Home Health	NJ	501(c)(3)	none	schs					
Lincoln, NE68510 47-0625523	Foundation	NE	501(c)(3)	7	SERMC					
Lincoln, NE68510 36-3233120	Healthcare	NE	501(c)(3)	3	SERMC					
Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	СНІ					
Lincoln, NE68510 47-0379836	Healthcare	NE	501(c)(3)	3	CHI Nebraska					
Lincoln, NE68510 47-0780857	Healthcare	NE	501(c)(3)	11a	CHI Nebraska					
Lisbon, ND58054 82-0558836	Healthcare	ND	501(c)(3)	3	СНІ					
Little Falls, MN 56345 41-1351177	Lterm Care	MN	501(c)(3)	9	СНІ					
Little Falls, MN56345 41-0721642	Healthcare	MN	501(c)(3)	3	СНІ					
Morrilton, AR72110 71-0245507	Healthcare	AR	501(c)(3)	3	SVIMC					
Little Rock, AR72205 71-0236917	Healthcare	AR	501(c)(3)	3	СНІ					
Little Rock, AR72205 71-0830696	Healthcare	AR	501(c)(3)	9	SVIMC					
Dayton, OH45416 31-0935118	Healthcare	ОН	501(c)(3)	9	SHP					
Marymount Medical Center Foundation 310 East Ninth Street London, KY40741 26-0438748	Foundation	KY	501(c)(3)	11a	SJHS					
Samaritan Behavioral Health  601 S Edwin C Moses Blvd  Dayton, OH45408  02-0633634	Hospital	он	501(c)(3)	3	SHP					
Nampa, ID83686 82-0200896	Hospital	ID	501(c)(3)	3	СНІ					
Nampa, ID83686 26-1737256	Foundation	ID	501(c)(3)	11a	Mercy Med Ct					
Mercy Physician Group Inc 1512 12th Avenue Road Nampa, ID83686 20-8192593	Phys Group	ID	501(c)(3)	9	Mercy Med Ct					
St Mary's Hospital  1314 3rd Avenue Nebraska City, NE68410 47-0443636	Hospital	N E	501(c)(3)	3	CHI Nebraska					

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations										
(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 status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity					
Nebraska City, NE68410 47-0707604	Foundation	NE	501(c)(3)	7	sмн					
Oakes, ND58474 45-0231675	Hospital	ND	501(c)(3)	3	СНІ					
Oakes, ND58474 71-0966606	Foundation	N D	501(c)(3)	11a	осн					
Holy Rosary Medical Center DBA The Domi 351 SW 9th Street Ontario, OR97914 93-0433692	Hospital	OR	501(c)(3)	3	СНІ					
Ontario, OR97914 20-2683560	Foundation	OR	501(c)(3)	11a	HRMC					
St Joseph's Area Health Services  600 Pleasant Avenue  Park Rapids, MN56470  41-0695603	Hospital	MN	501(c)(3)	3	СНІ					
St Anthony Hospital  1601 SE Court Avenue Pendleton, OR97801 93-0391614	Hospital	OR	501(c)(3)	3	СНІ					
St Anthony Hospital Foundation  1601 SE Court Avenue Pendleton, OR97801 93-0992727	Foundation	O R	501(c)(3)	11a	SA Hospital					
Gettysburg Medical Center  606 East Garfield Avenue Gettysburg, SD57442 46-0234354	Hospital	SD	501(c)(3)	3	SMHC					
St Mary's Healthcare Center  801 East Sioux Avenue Pierre, SD57501 46-0230199	Healthcare	SD	501(c)(3)	3	СНІ					
Mt St Joseph Inc  3060 SE Stark Street Portland, 0R97214 93-0386870	Nursing Care	O R	501(c)(3)	9	СНІ					
Pueblo Stepup  1925 East Orman Avenue Suite G52  Pueblo, C081004  84-1234295	Community	СО	501(c)(3)	7	СНІ					
Bornemann Healthcare Corporation  2500 Bernville Road PO Box 316  Reading, PA19603  23-2187242	Healthcare	PA	501(c)(3)	11a	СНІ					
St Joseph Medical Center Foundation  2500 Bernville Road PO Box 316  Reading, PA19603  23-2649362	Foundation	PA	501(c)(3)	11a	SJRHN					
St Joseph Medical Group  2500 Bernville Road PO Box 316  Reading, PA19603  20-8544021	Healthcare	PA	501(c)(3)	9	внс					
St Joseph Regional Health Network  2500 Bernville Road PO Box 316  Reading, PA19603  23-1352211	Healthcare	PA	501(c)(3)	3	СНІ					
Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	ммс					
Mercy Foundation Inc 2700 Stewart Parkway Roseburg, OR97470 93-6088946	Foundation	OR	501(c)(3)	7	ммс					
Roseburg, OR97470 93-0386868	Hospital	OR	501(c)(3)	3	СНІ					
Franciscan Villa of South Milwaukee Inc 3601 South Chicago Avenue South Milwaukee, WI53172 39-1093829	Healthcare	WI	501(c)(3)	9	СНІ					
Enumclaw, WA 98022 91-0715805	Hospital	WA	501(c)(3)	3	FHS					
Tacoma, WA 98405 91-1145592	Fundraising	WA	501(c)(3)	9	FHS					
Tacoma, WA 98405 91-0564491	Healthcare	WA	501(c)(3)	3	СНІ					
Tacoma, WA 98405 91-1939739	Healthcare	WA	501(c)(3)	9	FHS					
Towson, MD21204 52-1681044	Fundraising	MD	501(c)(3)	7	SJMC					
St Joseph Medical Center Inc 7601 Osler Drive Towson, MD21204 52-0591461	Hospital	MD	501(c)(3)	3	СНІ					
Towson, MD21204 52-1311775	Physicians	MD	501(c)(3)	11a	СНІ					
Samaritan Health Foundation  2222 Philadelphia Drive Dayton, OH45406 23-7296923	Foundation	он	501(c)(3)	7	SHP					
Mercy Hospital of Valley City  570 Chautauqua Boulevard  Valley City, ND58072  45-0226553	Hospital	ND	501(c)(3)	3	СНІ					
Mercy Medical Center  1301 15th Avenue West Williston, ND58801 45-0231183	Healthcare	ND	501(c)(3)	3	СНІ					

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

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) 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	
Mercy Medical Foundation					ммс	
1301 15th Avenue West Williston, ND58801 _45-0381803	Foundation	ND	501(c)(3)	11a		
Samarıtan Health Partners						
2222 Philadelphia Drive Dayton, OH45406 31-1107411	H ealthcare	он	501(c)(3)	11a	СНІ	
St Vincent Foundation						
Two St Vincent Circle Little Rock, AR72205 51-0169537	Fundraising	AR	501(c)(3)	11a	SVIMC	
Auxiliary of Holy Rosary Hospital Inc						
351 SW 9th Street Ontario, OR97914 94-3059469	Hospital	O R	501(c)(3)	9	HRMC	
The Mercy Hospital of Devils Lake Fdn						
1031 East Seventh Street Devils Lake, ND58301 35-2367360	Foundation	ND	501(c)(3)	11a	MHDL	
Alegent Health - Bergan Mercy Health Sys						
7500 Mercy Road Omaha, NE68124 47-0484764	Hospital	NE	501(c)(3)	3	СНІ	
Alegent Health - Mercy Hospital Corning						
PO Box 368 Corning, IA 50841 42-0782518	Hospital	IA	501(c)(3)	3	AHBMHS	
Mercy Health Care Foundation						
PO Box 368 Corning, IA 50841 42-1461064	Foundation	NE	501(c)(3)	11a	АНМН	
Mercy Hospital Foundation Council Bluff						
800 Mercy Drive Council Bluffs, IA51503 42-1178204	Foundation	IA	501(c)(3)	11a	N/A	

тнс

тнс

ммс

FHS

CHI

SVIMC

CHI

Related

Related

Related

Related

Related

Related

Investment

SJ HospitalLex Related

Mercy Medical Related

-66,738

-484,585

282,899

73,817

260,714

190,224

-42,795

58,022

0

15,439,923

2,821,680

1,129,360

2,387,702

3,912,695

4,317,057

2,092,370

1,650,592

4,069,968

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WA

ΝE

ΚY

ΟR

AR

СО

Real Estate

Ortho Hospital

Surgery Center

Laundry

Diagnostic

Day Surgery

Ambul Surg Ctr

Investments

St Francis Land Company

11650 West 2nd Place

Mercy Outpatient Surgery

1512 12th Avenue Road Nampa, ID83686 84-1380439

Tacoma, WA 98405 87-0808610

PO Box 9804

72-1546196

Center

310

LLC

LLC

Program LP

47-0727942

Peninsula Radiation Oncology

Healthcare Support Services

Grand Island, NE688029804

Bluegrass Regional Imaging

1218 South Broadway Suite

Ambulatory Surgery Cntr Rsbg

North River Surgery Center

2209 Wildwood Avenue Sherwood, AR72120 71-0799771

CHI Operating Investment

9780 Mt Pyramıd Court 3rd

Englewood, CO80112

Lexington, KY40504 61-1386736

2750 W Harvard Roseburg, OR97471 93-1293442

314 Martin Luther King Jr Way Healthcare Srvc

Lakewood, CO80255

300

26-3134100 OrthoColorado LLC

37-1577105

Center LLC

11

LLC

5390 N Academy Blvd Suite

Colorado Springs, CO80918

Form 990, Schedule R, Pa	'art III - Identifi		f Related Ore	ganizations T	axable as a Partne	ŗship	1				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal Domicile (State or Foreign Country)	( <b>D)</b> Direct Controlling Entity	Direct Predominant Income(related, Investment, Unrelated)  Entity Predominant Income(s) Share of total income (\$)  (\$)  (G)  Share of end-of-year assets  (\$)  Disproprtionate allocations?  Box 20 of K-1 (Form		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	t Gene Mana	( <b>J)</b> neral or naging rtner?			
ı!		<u> </u>	1	<u> </u>	<u> </u>		Yes	No	1	Yes	s No
Lincoln, NE68521 26-2884555	OP Diagnostics	NE	SERMC	Related	0	2,091,929		No			Νο
Central Nebraska Rehab Services 3004 W Faidley Ave Grand Island, NE68802 81-0653461	Physical Therapy	NE	СНІ	Related	15,827,712	4,183,006		No			No
Mercy West Endoscopy LLC	Ambulatory Surg	IA	CHI-IA Corp	Related	1,690,849	2,016,353		No			No
Audubon Land Company LLC	Real Estate	со	тнс	Related	0	9,259,533		No			Νο
Breckenridge Medical Clinic LLC 555 South Park Avenue Plaza 11 Breckenridge, CO80424 65-1295958	Medical Clinic	co .	тнс	Related	0	0		No			Νo
Penrad Imaging 1390 Kelly Johnson Blvd Colorado Springs, CO80920 84-1072619	Medical Imaging	со	тнс	Related	314,771	9,836,292		No			No
St Anthony Regional Mtn Cancer Center	Cancer Center	co .	тнс	Related	-242,741	546,966		No			No

5000 North 26th Street Lincoln, NE68521 26-2884555	OP Diagnostics	NE	SERMC	Related	0	2,091,929	Νο		Νo
Central Nebraska Rehab Services 3004 W Faidley Ave Grand Island, NE68802 81-0653461	Physical Therapy	NE	СНІ	Related	15,827,712	4,183,006	No		Νo
Mercy West Endoscopy LLC 1601 NW 114th St Suite 244 Clive, IA 50325 90-0129077	A mbulatory Surg	IA	CHI-IA Corp	Related	1,690,849	2,016,353	No		Νo
Audubon Land Company LLC 5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 84-1513085	Real Estate	со	тнс	Related	0	9,259,533	No		Νo
Breckenridge Medical Clinic LLC 555 South Park Avenue Plaza 11 Breckenridge, CO80424 65-1295958	Medical Clinic	со	тнс	Related	0	0	No		Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

Yes

-88,608

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (A) (G) (D) (H) (B) (C) Name, address, and EIN of related Primary activity Legal Domicile Direct Controlling Type of entity Share of total income Share of Percentage organization (C corp, S corp, end-of-year (State or Entity (\$) ownership Foreign or trust) assets Country) (\$) Mercy Health Services Corporation 2727 McClelland Blvd St John's RMC DME МΟ C Corp -17,953 2,093,683 100 % Joplin, MO64804 43-1457881 Mountain Management Services Inc MHCS 6028D Shallowford Road TNC Corp 383,380 11,783,040 100 % mgmt svc org Chattanooga, TN37422 62-1570739 MedQ uest 1301 15th Avenue West MHof Williston C Corp Sale of DME ND 38,645 921,119 100 % Williston, ND58801 45-0392137 St Anthony Development Company 1415 Southgate St Anthony H Athletic Club OR C Corp 17,998 3,142,823 100 % Pendleton, OR97801 93-1216943 Healthcare Management Inc 555 South 70th Street NΑ Billing Services 0 0 ΝE C Corp 0 % Lincoln, NE68510 47-0662703 GOOD SAMARITAN OUTREACH SERVICES MEDICAL GSHS PO BOX 1990 ΝE 0 C Corp 0 100 % KEARNEY, NE68848 CLINIC 47-0659440 HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 MANAGEMENT GSHS NΕ C Corp 17,676 1,769,891 100 % KEARNEY, NE68848 47-0664558 Mercy Park Apartments Ltd 1111 6th Avenue CHI-IA Corp IΑ C Corp 23,229 1,878,898 100 % Housing Des Moines, IA 50314 42-1202422 Des Moines Medical Center Inc 1111 6th Avenue CHI-IA Corp ΙΑ C Corp -56,189 1,093,386 91 13 % Real Estate Des Moines, IA 50314 42-0837382 Comcare Services CHIC 4231 W 16th Avenue C Corp СО 0 0 Inactive 100 % Denver, CO80204 84-0904813 Mednow Inc 1512 12th Avenue Road Outpat Mercy Med Ctr ΙD C Corp 4,534,408 5,348,476 100 % Nampa, ID83686 Pharmacy 82-0389927 Saint Clare's Primary Care Inc 66 Ford Road sccc Billing Services ΝJ C Corp -483,820 2,590,487 100 % Denville, NJ07834 22-2441202 Healthcare Mgmt Services Org Inc FHS 1149 Market St Health Org WA C Corp 0 0 100 % Tacoma, WA98402 91-1865474 Physician Health System Network 1149 Market St FHS 100 % Health Org WA C Corp 0 0 Tacoma, WA98402 91-1746721 Saint Clare's Health Care Solutions Inc schcs 66 Ford Road ΝJ C Corp -81,617 0 100 % Nursing Denville, NJ07834 20-4969477 Mercy Services Corp 2700 Stewart Parkway Mercy Medical Retail Sales OR C Corp -276,939 1,649,984 100 % Roseburg, OR97470 93-0824308 Caduceus Medical Associates Inc 6028 Shallowford Road Suite D MHCS C Corp Healthcare TN0 1,008 100 % Chattanooga, TN37422 62-1570736 CENTRAL KANSAS HEALTH SERVICES ASSOCIATI MEDICAL CKMCC Corp 100 % 3515 Broadway KS 100 -309,321 EQUIPMENT Great Bend, KS67530 48-1042853 St Vincent Community Health Services In Two St Vincent Circle SVIMC ΑR C Corp 1,018,000 10,399,000 100 % Healthcare Little Rock, AR72205 71-0710785 Alternative Insurance Management Service 3900 Olympic Boulevard Suite 400 Management CO N/A 0 C Corp 4,445,439 100 % Erlanger, KY41018 Servic 84-1112049 Nazareth Assurance Company 76 St Paul Street Suite 500 CHI Insurance VΤ C Corp 262 5,695 100 % Burlington, VT05401 03-0304831 Franciscan Services Inc 9780 Mt Pyramid Ct CHI C Corp 7,815,631 Healthcare СО -252,887 100 % Englewood, CO80112 23-2487967 SJH Services Corporation 9780 Mt Pyramid Ct FSI 106,864 Healthcare CO C Corp 3,481,247 100 % Englewood, CO80112 23-2307408 St Joseph Development Company Inc 1717 South J Street FSI 1,153,946 Rental WA C Corp 11,984,725 100 % Tacoma, WA98405 91-1480569 Towson Management Inc FSI 7601 Osler Drive Management ΜD C Corp 74,937 474,456 100 % Towson, MD21204 Servic 52-1710750

## Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> A mount Involved (\$)
(1)	Saint Francis Medical Center	n	162,284
(2)	Saint Francis Medical Center	0	329,763
(3)	Saint Francis Medical Center	q	159,662
(4)	Saint Francis Medical Center	n	37,560
(5)	CATHOLIC HEALTH INITIATIVES	с	64,653
(6)	Saint Francis Medical Center	h	640.441

Software ID: Software Version:

**EIN:** 47-0630267

Name: Saint Francis Medical Center Foundation

### Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)								(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Average Round Rey em Rours Per Off		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations				
Claire Aguilar , Foundation Director	1 0	Х							63,789	4,213
TODD ANANIA , Board Member	1 0	Х								
ROGER ANDREWS , Board Member	1 0	Х								
WILL ARMSTRONG , Board Member	1 0	Х								
LELAND ELLIOTT , VP FOR HR & FUND Director	1 0	Х		х					221,841	36,437
MARY DOHMEN , Board Member	1 0	Х								
VICKI GARD , Board Member	1 0	Х								
STEVE GRATOPP , Board Chair	2 0	Х								
CINDY JOHNSON , Board Member	1 0	Х								
DIANA KELLOG , Board Member	1 0	Х								
STEVE KUNZMAN , Board Member	2 0	Х								
BILL MCLELLAN, Board Vice Chair	1 0	Х		Х						
MICHEAL MORLEDGE , Board Secretary/Treasururer	1 0	×		х						
DANIEL MCELLIGOTT , CEO	1 0	Х		Х					300,484	56,924
JANE RICHARDSON , Board Member	1 0	Х								
JUDY SANDSTROM , Board Member	1 0	Х								
DON SMITH , Board Member	1 0	Х								
LISA THAVENET-WEBB , VP of FINANCE/CFO	1 0	Х		х					174,965	28,369
COLLEEN VANLANGEN , Board Member	1 0	Х								
JEFF VINSON , Board Member	1 0	Х								
Susan Milner , Part Year Board Member	1 0	Х								
MICHAEL GLOOR , Former CEO							Х		312,642	79,284