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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2008</div> <div>Open to Public Inspection</div> </div>

A For the 2008		calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ST FRANCIS MEDICAL CENTER		D Employer identification number 72-0408970
		Doing Business As		E Telephone number (318) 327-4112
		Number and street (or P O box if mail is not delivered to street address) PO Box 1901	Room/suite	G Gross receipts \$ 292,625,480
		City or town, state or country, and ZIP + 4 Monroe, LA 71210		
		F Name and address of Principal Officer LOUIS BREMER PO BOX 1901 MONROE, LA 71210		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)		
J Web site: www.stfran.com		H(c) Group Exemption Number 0928		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other			L Year of Formation 1913	M State of legal domicile LA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE HOSPITAL IS TO PROVIDE FOR THE CARE OF THE ILL, INJURED, OR DISABLED PERSONS AND TO PROVIDE FOR RESEARCH, EDUCATION, AND FOR THE ENHANCEMENT OF HEALTH OF THOSE IN NORTHEAST LOUISIANA		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of employees (Part V, line 2a)	5	2,913
	6	Total number of volunteers (estimate if necessary)	6	171
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .	7a	1,579,507
	b	Net unrelated business taxable income from Form 990-T, line 34 . . .	7b	-208,862
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,067,175	560,346
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	244,357,997	255,980,939
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,208,138	1,652,685
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,923,049	4,502,075
			272,556,359	262,696,045
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,006,532	71,689
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	116,506,608	117,255,422
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	153,724,761	182,059,451
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	275,237,901	299,386,562
	19	Revenue less expenses Subtract line 18 from line 12	-2,681,542	-36,690,517
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	413,318,861	332,218,532
	21	Total liabilities (Part X, line 26)	221,037,907	219,920,633
	22	Net assets or fund balances Subtract line 21 from line 20	192,280,954	112,297,899

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-05-12 Date		
	RONALD HOGAN SR VICE PRESIDENT FINANCE/CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 450 Laurel Street Suite 1700 Baton Rouge, LA 70801		EIN		
			Phone no (225) 344-4000		

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

Part IIIS

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
See Additional Data Table

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

✓

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

✓

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 231,979,199 including grants of \$ 71,689) (Revenue \$ 254,362,032)

St Francis Medical Center provides quality hospital and medical services primarily to residents of Northeast Louisiana. The Medical Center is an active, caring member of the communities it serves. In carrying out its mission of meeting the healthcare needs of the people of God, the Medical Center has established a policy under which it provides care to needy members of its communities. Following that policy, health care services costing approximately, \$4,410,350 were provided without charge. The Medical Center provided 551 licensed beds and 107,112 inpatient days in the year ended June 30, 2009. See Schedule O for further explanation.

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e





















Total program service expenses \$ 231,979,199

Must equal Part IX, Line 25, column (B).









Form 990 (2008)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	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	No
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," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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
14a	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	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
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	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	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	No
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	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
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? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i> 	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a249		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a2,913		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
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, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
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 were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	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?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay 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		No
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 year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body	1a	18
b	Enter the number of voting members that are independent	1b	15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	the governing body?	8a	Yes
b	each committee with authority to act on behalf of the governing body?	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates?	9a	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	No

Section B. Policies

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	Section 6104 requires an organization to make its 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. <input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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. MR RONALD E HOGAN 309 JACKSON ST MONROE, LA 71201 (318) 327-4112

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

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

Form 990 (2008)

1b Total	▶	3,899,424	39,121	228,138
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		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	20
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Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns1a				
	b	Membership dues1b				
	c	Fundraising events1c				
	d	Related organizations1d275,548				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 284,7981f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total (Add lines 1a-1f)	560,346			
Program Service Revenue	2a	PATIENT SVC REVENUE	Business Code			
			621,500	249,394,637	247,775,730	1,618,907
	b	INTER-CO MGMNT	900,099	1,071,809	1,071,809	
	c	INCOME FROM EQUITY INVESTEEs	900,099	1,785,130	1,785,130	
	d	CAFETERIA SALES	900,099	1,971,967	1,971,967	
	e	HEALTH CLINIC	900,099	357,870	357,870	
	f	All other program service revenue		1,399,526	1,399,526	
	g	Total. Add lines 2a-2f				
		\$ 255,980,939				
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		4,081,556	-39,400	4,120,956
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
	6a	Gross Rents	(i) Real	(ii) Personal		
			1,708,123			
			1,780,365			
			-72,242			
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)		-72,242	-77,111	4,869
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			25,718,699	1,500		
			27,554,948	594,122		
			-1,836,249	-592,622		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)		-2,428,871		-2,428,871
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000a				
	b	Less direct expensesb				
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000a				
	b	Less direct expensesb				
	c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowancesa				
	b	Less cost of goods soldb				
	c	Net income or (loss) from sales of inventory		0		
		Miscellaneous Revenue	Business Code			
	11a	CANCER INSTITUTE	900,099	1,116,341		1,116,341
	b	SPECIALTY HOSPITAL	900,099	3,218,053		3,218,053
	c	JP HOSPITAL FEE	900,099	227,923		227,923
	d	All other revenue		12,000		12,000
	e	Total. Add lines 11a-11d				
		\$ 4,574,317				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		262,696,045	254,284,921	1,579,507
						6,271,271

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, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	71,689	71,689		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,717,077	861,632	855,445	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	88,795,474	73,525,833		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,139,551	2,589,502	550,049	
9	Other employee benefits	23,603,320	19,468,790	4,134,530	
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	1,166,092	1,152,447	13,645	
b	Legal	374,799	211,306	163,493	
c	Accounting	323,913	187,246	136,667	
d	Lobbying	15,920		15,920	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	24,898,546	13,877,856	11,020,690	
12	Advertising and promotion	729,725	313,358	416,367	
13	Office expenses	68,916,760	54,793,751	14,123,009	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	7,753,584	1,706,836	6,046,748	
17	Travel	557,382	237,754	319,628	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	6,793,173	5,733,094	1,060,079	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,222,870	13,712,053	1,510,817	
23	Insurance	6,371,643	2,723,366	3,648,277	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	UNCOLLECTIBLE ACCOUNTS	15,908,062	15,908,062		
b	PHYSICIAN FEES	3,616,581	3,583,266	33,315	
c	EQUIPMENT RENTAL & MAINTENANCE	1,772,104	889,062	883,042	
d	CONTRACT MAINTENANCE & REPAIRS	3,150,143	1,513,125	1,637,018	
e	PENSION RELATED CHANGES	21,880,096	18,046,703	3,833,393	
f	All other expenses	2,608,058	872,468	1,735,590	
25	Total functional expenses. Add lines 1 through 24f	299,386,562	231,979,199	67,407,363	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1 105,000
	2	Savings and temporary cash investments	18,205,000	2 18,916,085
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	36,838,813	4 34,441,985
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net	6,284,371	7 4,880,453
	8	Inventories for sale or use	7,560,758	8 7,806,963
	9	Prepaid expenses and deferred charges	8,846,080	9 3,349,381
	10a	Land, buildings, and equipment cost basis		
		10a 302,758,347		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b 187,496,655	128,137,898	10c 115,261,692
	11	Investments—publicly traded securities	109,928,518	11 33,581,873
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	30,276,000	12 72,165,761
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	19,425,731	13 19,800,134
14	Intangible assets		14 4,120,422	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	47,815,692	15 17,788,783	
16	Total assets. Add lines 1 through 15 (must equal line 34)	413,318,861	16 332,218,532	
Liabilities	17	Accounts payable and accrued expenses	29,393,778	17 28,090,019
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities	156,080,983	20 152,642,736
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties	281,757	23 14,958
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>	35,281,389	25 39,172,920
	26	Total liabilities. Add lines 17 through 25	221,037,907	26 219,920,633
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	191,242,000	27 111,243,000
	28	Temporarily restricted net assets	1,038,954	28 1,054,899
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	192,280,954	33 112,297,899
	34	Total liabilities and net assets/fund balances	413,318,861	34 332,218,532

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ST FRANCIS MEDICAL CENTER	Employer identification number 72-0408970
---	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
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						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage						
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f					15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% 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		
b	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		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Additional Data

Software ID:
Software Version:
EIN: 72-0408970
Name: ST FRANCIS MEDICAL CENTER

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILSON BARHAM MD , DIRECTOR	1 0	X						0	0	0
JAMES COFER SR EDD , VICE CHAIRMAN	1 0	X		X				0	0	0
EDWARD SEYMOUR JR , SECRETARY	1 0	X		X				0	0	0
KITTY DEGREE , DIRECTOR	1 0	X						0	0	0
MALCOLM MADDOX , CHAIRMAN	1 0	X		X				0	0	0
DR JAMES DUPREE , DIRECTOR	1 0	X						0	0	0
KAREN PUCKETT , DIRECTOR	1 0	X						0	0	0
JUDY BELL , DIRECTOR	1 0	X						0	0	0
SR MARY ANN SEPULVADO OSF , DIRECTOR	1 0	X						0	0	0
JOHN L LUFFY JR ESQ , DIRECTOR	1 0	X						0	0	0
LOUIS H BREMER , CEO/DIRECTOR	1 0	X		X				0	36,421	8,469
J STEWART GENTRY , DIRECTOR	1 0	X						0	0	0
SR KATHLEEN CAIN , CEO/DIRECTOR	1 0	X		X				0	0	0
SR VERNOLA LYONS OSF , DIRECTOR	1 0	X						0	0	0
SR ANN CATHERINE NGUYEN OSF , DIRECTOR	1 0	X						0	0	0
ROBERT L SEEGER MD , DIRECTOR	1 0	X						0	0	0
FRANK B SARTOR MD , DIRECTOR	1 0	X						78,050	0	0
SR RITA LANIE , DIRECTOR	1 0	X						0	0	0
RONALD E HOGAN , SR VP OF FINANCE/CFO	40 0			X				240,270	0	29,938
THOMAS GULLATT , HOSPITALIST MEDICAL DIRECTOR	40 0				X			459,062	0	30,647
LOUIS GAVIOLI , VP MEDICAL AFFAIRS	36 0				X			262,516	0	21,902
PATRICIA SMITH , VP PCS	40 0				X			196,328	0	17,490
SABRINA RAMSEY , VP BUS DE & CL SUPT SVCS	40 0				X			170,986	2,700	8,012
LISA BRADLEY , VP FINANCE/CONTROLLER	40 0				X			152,959	0	8,832
BLAINE BORDERS , PHYSICIAN	40 0					X		546,524	0	19,944
ROBERT WHITE , PHYSICIAN	40 0					X		545,526	0	20,218
GERALD MOLLOY , PHYSICIAN	40 0					X		494,122	0	24,360
JOHN BRUCHHAUS , HOSPITALIST	40 0					X		390,059	0	15,992
JAMES SMITH , HOSPITALIST	40 0					X		363,022	0	22,334

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a PATIENT SVC REVENUE	621,500	249,394,637	247,775,730	1,618,907	
b INTER-CO MGMNT	900,099	1,071,809	1,071,809		
c INCOME FROM EQUITY INVESTEEES	900,099	1,785,130	1,785,130		
d CAFETERIA SALES	900,099	1,971,967	1,971,967		
e HEALTH CLINIC	900,099	357,870	357,870		

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

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

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
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization
ST FRANCIS MEDICAL CENTER

Employer identification number

72-0408970

Part I-A

To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$ _____
- 3

Volunteer hours

Part I-B

To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$ _____
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$ _____
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C

To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$ _____
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$ _____
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is:			
The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 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- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Supplemental Information

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST FRANCIS MEDICAL CENTER

Employer identification number
72-0408970

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		11,218,787		11,218,787
b Buildings		160,586,080	93,501,761	67,084,319
c Leasehold improvements		1,028,606		1,028,606
d Equipment		123,298,355	91,190,833	32,107,522
e Other		6,626,519	2,804,061	3,822,458
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				115,261,692

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests	196,761	
Other HEDGE FUNDS	26,277,000	F
Other PRIVATE EQUITY	6,057,000	F
Other COMMINGLED FUNDS	39,635,000	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	72,165,761	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN P&S, LLC	11,480,470	C
INVESTMENT IN NECLI	2,496,268	C
INV IN PEDIATRIC AFTER HOURS	130,910	C
INVESTMENT IN LHC GROUP	79,287	C
INVESTMENT IN SF AMBULATORY	6,017,654	C
INVESTMENT IN ST PATRICK'S	-404,455	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	19,800,134	

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

(a) Description	(b) Book value
UNAMORTIZED BOND ISSUANCE COST	1,478,838
OTHER ASSETS	1,418,083
DUE FROM THIRD PARTY PAYORS	18,211
UNAMORTIZED START UP COSTS	2,641,206
DUE FROM RELATED PARTIES	10,974,495
DUE FROM AFFILIATE	1,257,950
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	17,788,783

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO RELATED PARTIES	5,899,297
SELF-INSURANCE LIABILITY	1,687,502
OTHER LIABILITIES	1,964,274
LIABILITY UNDER SECURITIES	105,000
ACCRUED PENSION COST	29,516,847
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	39,172,920

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments 2a	
b	Donated services and use of facilities 2b	
c	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
c	Losses reported on Form 990, Part IX, line 25 2c	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART XIV	ON JULY 1, 2007, THE MEDICAL CENTER ADOPTED FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN ACCORDANCE WITH FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES IT ALSO PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED THERE WAS NO IMPACT ON THE MEDICAL CENTER'S CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
ST FRANCIS MEDICAL CENTER

Employer identification number
72-0408970

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a	
6b	If "Yes," does the organization make it available to the public?	6b	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from worksheets 1 and 2)						
b Unreimbursed Medicaid (from worksheet 3, column a)						
c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)						
d Total Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part II

Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III

Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6—surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV

Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST FRANCIS MEDICAL CENTER PO BOX 1901 MONROE, LA 71210	X	X					X		
P&S SURGERY CENTER LLC 312 GRAMMONT STREET MONROE, LA 71201		X							
ST FRANCIS NORTH HOSPITAL PO BOX 1901 MONROE, LA 71210	X	X					X		
NORTHEAST LA CANCER INSTITUTE 411 CALYPSO STREET MONROE, LA 71201									CANCER TREATMENT AND IMAGING CENTER
ST FRANCIS PEDIATRIC AFTER HOURS LLC PO BOX 207 MONROE, LA 71210									PRIMARY CARE CLINIC FOR CHILDREN

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST FRANCIS MEDICAL CENTER

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

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
72-0408970

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501(c)(3)	6,000				FIGHT HEART DISEASE
HAITI PROJECT4200 ESSEN LANE BATON ROUGE,LA 70809	72-1232440	501(c)(3)	13,000				MEDICAL SUPPORT
CHILDRENS COALITION OF NE LA1201 HUDSON LANE MONROE,LA 71201	72-1502186	501(c)(3)	8,500				SUPPORT CHILD CARE

- 2

Enter total number of section 501(c)(3) and government organizations

3
- 3

Enter total number of other organizations

Part 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)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance

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

Identifier	Return Reference	Explanation
PART I, LINE 2		ST FRANCIS MEDICAL CENTER REQUESTS AN ACKNOWLEDGEMENT LETTER FROM EACH ORGANIZATION TO WHICH WE GIVE \$5,000 OR MORE IN A CALENDAR YEAR ORGANIZATIONS ARE REQUESTED TO IDENTIFY WHEN THE FUNDS WERE RECEIVED, HOW MUCH WAS RECEIVED, HOW THE FUNDS WERE USED AND WHAT THE OUTCOMES WERE OF THE PROJECT OR PROGRAM FOR WHICH THE FUNDS WERE REQUESTED

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
ST FRANCIS MEDICAL CENTER

Employer identification number
72-0408970

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No

Part II

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONALD E HOGAN	(i)	224,867	913	14,490	10,610	19,328	270,208	121,906
	(ii)	0	0	0	0	0	0	0
BLAINE BORDERS	(i)	338,553	207,677	294	5,750	14,194	566,468	0
	(ii)	0	0	0	0	0	0	0
ROBERT WHITE	(i)	381,986	163,142	398	5,750	14,468	565,744	0
	(ii)	0	0	0	0	0	0	0
GERALD MOLLOY	(i)	493,880	0	242	5,750	18,610	518,482	249,936
	(ii)	0	0	0	0	0	0	0
THOMAS GULLATT	(i)	229,863	208,617	20,582	14,641	16,006	489,709	203,678
	(ii)	0	0	0	0	0	0	0
JOHN BRUCHHAUS	(i)	229,945	143,722	16,392	7,864	8,128	406,051	172,517
	(ii)	0	0	0	0	0	0	0
JAMES SMITH	(i)	230,006	115,288	17,728	14,210	8,124	385,356	177,596
	(ii)	0	0	0	0	0	0	0
LOUIS GAVIOLI	(i)	261,226	0	1,290	10,917	10,985	284,418	129,596
	(ii)	0	0	0	0	0	0	0
PATRICIA SMITH	(i)	180,331	10,000	5,997	4,983	12,507	213,818	93,485
	(ii)	0	0	0	0	0	0	0
SABRINA RAMSEY	(i)	160,336	10,200	450	4,941	3,071	178,998	82,601
	(ii)	0	0	2,700	0	0	2,700	0
LISA BRADLEY	(i)	142,731	10,000	228	6,167	2,665	161,791	74,046
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							

Software ID:
Software Version:
EIN: 72-0408970
Name: ST FRANCIS MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONALD E HOGAN	(i)	224,867	913	14,490	10,610	19,328	270,208	121,906
	(ii)	0	0	0	0	0	0	0
BLAINE BORDERS	(i)	338,553	207,677	294	5,750	14,194	566,468	0
	(ii)	0	0	0	0	0	0	0
ROBERT WHITE	(i)	381,986	163,142	398	5,750	14,468	565,744	0
	(ii)	0	0	0	0	0	0	0
GERALD MOLLOY	(i)	493,880	0	242	5,750	18,610	518,482	249,936
	(ii)	0	0	0	0	0	0	0
THOMAS GULLATT	(i)	229,863	208,617	20,582	14,641	16,006	489,709	203,678
	(ii)	0	0	0	0	0	0	0
JOHN BRUCHHAUS	(i)	229,945	143,722	16,392	7,864	8,128	406,051	172,517
	(ii)	0	0	0	0	0	0	0
JAMES SMITH	(i)	230,006	115,288	17,728	14,210	8,124	385,356	177,596
	(ii)	0	0	0	0	0	0	0
LOUIS GAVIOLI	(i)	261,226	0	1,290	10,917	10,985	284,418	129,596
	(ii)	0	0	0	0	0	0	0
PATRICIA SMITH	(i)	180,331	10,000	5,997	4,983	12,507	213,818	93,485
	(ii)	0	0	0	0	0	0	0
SABRINA RAMSEY	(i)	160,336	10,200	450	4,941	3,071	178,998	82,601
	(ii)	0	0	2,700	0	0	2,700	0
LISA BRADLEY	(i)	142,731	10,000	228	6,167	2,665	161,791	74,046
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization ST FRANCIS MEDICAL CENTER	Employer identification number 72-0408970
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Part I Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395B78	10-25-2005	170,286,095	REF PRI ISS 7/23/98 & CAPITAL EXPS		X		X
B LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395C28	07-21-2008	88,325,000	REFUND PRIOR ISSUE 10/25/2005		X		X
C LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395D92	05-28-2008	100,000,000	REFUND PRIOR ISSUE 10/04/2005		X		X
D LOUISIANA PUBLIC FACILITIES AUTHORITY	72-0895871	546395E83	08-07-2008	82,485,000	REF PRIOR ISSUE 7/23/98 & 2/3/93		X		X

Part II Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

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

Department of the Treasury
Internal Revenue Service

Name of the organization ST FRANCIS MEDICAL CENTER	Employer identification number 72-0408970
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PS Surgical Center LLC	CEO/CFO OF SFMC ON BOARD	463,793	Lease of space from SFMC		No
PS Surgical Center LLC	CEO/CFO OF SFMC ON BOARD	224,859	P&S purchased SFMC services		No
NE LA Cancer Institute	CEO/CFO OF SFMC ON BOARD	300,000	Purchase of support services		No
NE LA Cancer Institute	CEO/CFO OF SFMC ON BOARD	288,000	Lease of space from SFMC		No
Monroe Chamber of Commerce	CEO/CFO OF SFMC ON BOARD	28,000	Sponsor chamber function		No
Century Link	BOARD MEMBER IS OFFICER	315,600	Voice and data services		No
See Additional Data Table					

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST FRANCIS MEDICAL CENTER

Employer identification number
72-0408970

Identifier	Return Reference	Explanation																																																				
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III	<p>ST FRANCIS MEDICAL CENTER SERVICE TO THE COMMUNITY FOR FISCAL YEAR ENDED JUNE 30, 2009</p> <p>The Medical Center is an active, caring member of the communities it serves. In carrying out its mission of meeting the health needs of the people of God, the Board of Directors has established a policy under which the Medical Center provides care to needy members of its communities. Following that policy, health care services costing approximately \$4,410,350 were provided without charge during the year ended June 30, 2009. Gross charges foregone, based on established rates, totaled approximately \$11,459,000 for the year ended June 30, 2009. The Medical Center also participates in government programs including Medicare, Medicaid and TriCare program. Under these programs, the Medical Center provides care to patients at payment rates that are determined by the Federal and state governments, regardless of actual cost. In some cases, these programs pay the Medical Center at amounts which are less than its cost of providing services. The following table summarizes the amounts of charges foregone (i.e., contractual allowances) and the estimated losses incurred by the Medical Center due to inadequate payments by these programs and for charity for the year ended June 30, 2009. This table does not include discounts offered by the Medical Center under managed care or other such arrangements.</p> <table><tr><td>June 30, 2009 CHARGES ESTIMATED UNREIMBURSED FORGONE CHARGES</td><td>Medicare</td><td>\$254,814,754</td><td>\$20,772,796</td><td>Medicaid</td><td>97,675,836</td><td>11,574,693</td><td>Tricare</td><td>2,697,438</td><td>68,306</td><td>Charity</td><td>11,459,000</td><td>4,410,350</td><td>Totals</td><td>\$366,647,028</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>\$36,826,145</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>In addition to community services directly associated with providing hospital-based care, the Medical Center serves the community in numerous other ways. For example, The Medical Center provides Health Professionals Education in a clinical setting for undergraduate, vocational training, internships, clerkships, and residencies. This program includes registered nurse recruitment activities and collaboration with local colleges for supervision and clinical training in pharmacy, respiratory therapy, health information management and medical technology. The costs incurred for these programs totaled approximately \$686,000 during the year ended June 30, 2009. The Medical Center provides subsidized health services which provide a discount, at cost, to all patients that have no form of insurance coverage. The costs incurred for these programs totaled approximately \$668,000 during the year ended June 30, 2009. The Medical Center provides cash and in-kind contributions to community groups which include donations to Families helping families, children's coalition, YMCA, and Komen foundation. This program also includes employee costs associated with board and community involvement of rural hospitals. The costs incurred for these programs totaled approximately \$56,000 during the year ended June 30, 2009. The Medical Center provides occupancy and utilities to St Vincent dePaul charitable pharmacy and occupancy to a primary health care clinic located in one of the poorest areas of Monroe. The costs incurred for these programs totaled approximately \$94,000 during the year ended June 30, 2009. The medical center provides community health education classes on breast feeding, childbirth basics, sibling class and ABC's of childcare. This also includes sponsorship of Think First, a national injury prevention organization. The medical center provides free depression and anxiety screenings to the community. St Francis junior fitness promotes wellness for obese children. The costs incurred for these programs totaled approximately \$70,000 during the year ended June 30, 2009. The medical center provides community support which includes staff costs of management oversight of community benefit programs and activities, including meals on wheels, taxi and medication provided to the needy, and community benefit salary dollars. The costs incurred for these programs totaled approximately \$233,000 during the year ended June 30, 2009. The medical center provides community based clinical services including community based health screenings including behavior health, discounted services provided to Louisiana Baptist Children's home, veteran's administration, rural hospitals, ULM athletic department, MDA, YMCA and handicap children. The costs incurred for these programs totaled approximately \$417,000 during the year ended June 30, 2009. The medical center provides leadership development and training for community members. St Francis serves as the designated regional hospital for Region 8 and provides leadership and coordination for emergency preparedness activities. The costs incurred for these programs totaled approximately \$31,000 during the year ended June 30, 2009. The medical center provides community health improvement and advocacy which includes the unreimbursed costs of the adult day health care facility. The costs incurred for these programs totaled approximately \$113,000 during the year ended June 30, 2009. The medical center provides workforce development designed to promote leadership development and provided exposure to various careers in health care including sports medicine program, AHEC (Area health education center program), Carroll High school housekeeping program and junior volunteer program. The costs incurred for these programs totaled approximately \$76,000 during the year ended June 30, 2009. The following table summarizes estimated costs to the community services noted above for the years ended June 30, 2009.</p> <table><tr><td>2009 Health Professions Education</td><td>\$ 686,052</td></tr><tr><td>Subsidized Health Services</td><td>668,505</td></tr><tr><td>Cash and in-kind contribution to community groups</td><td>56,329</td></tr><tr><td>Physical Improvements and Housing</td><td>94,370</td></tr><tr><td>Community Health Education</td><td>69,810</td></tr><tr><td>Community Support</td><td>232,827</td></tr><tr><td>Community Based Clinical Services</td><td>417,169</td></tr><tr><td>Leadership Development and Training</td><td>31,151</td></tr><tr><td>Community Health Improvement</td><td>112,728</td></tr><tr><td>Workforce Development</td><td>75,636</td></tr><tr><td>Total</td><td>\$2,444,577</td></tr></table>	June 30, 2009 CHARGES ESTIMATED UNREIMBURSED FORGONE CHARGES	Medicare	\$254,814,754	\$20,772,796	Medicaid	97,675,836	11,574,693	Tricare	2,697,438	68,306	Charity	11,459,000	4,410,350	Totals	\$366,647,028						\$36,826,145										2009 Health Professions Education	\$ 686,052	Subsidized Health Services	668,505	Cash and in-kind contribution to community groups	56,329	Physical Improvements and Housing	94,370	Community Health Education	69,810	Community Support	232,827	Community Based Clinical Services	417,169	Leadership Development and Training	31,151	Community Health Improvement	112,728	Workforce Development	75,636	Total	\$2,444,577
June 30, 2009 CHARGES ESTIMATED UNREIMBURSED FORGONE CHARGES	Medicare	\$254,814,754	\$20,772,796	Medicaid	97,675,836	11,574,693	Tricare	2,697,438	68,306	Charity	11,459,000	4,410,350	Totals	\$366,647,028																																								
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Community Health Improvement	112,728																																																					
Workforce Development	75,636																																																					
Total	\$2,444,577																																																					

Identifier	Return Reference	Explanation
PART VI, SECTION B, QUESTION 12C		St Francis Medical Center has a comprehensive conflict of interest policy that requires each officer, trustee, board committee member and employee to complete a conflict of interest disclosure statement annually Completed disclosure forms are review ed and maintained by the Chief Compliance Officer If any trustee, Board commttee member or senior manager has a potential conflict, the Executive Committee of the Board determines w hether action needs to be taken and communicates any such action to the individual A potential conflict of any other employee is review ed by the CEO or his designee The Executive Commttee, CEO or designee, as applicable, determines if a conflict of interest exists or creates the appearance of impropriety If such a determination is made, the individual w ill be excused from participating in the business decision During the year, any change to the information in the disclosure statement must be disclosed promptly to the Chief Compliance Officer, w ho takes appropriate action The process also requires affirmation from each individual that she/he (a) has received a copy of the conflict of interest policy, (b) has read and understands the policy, (c) has agreed to comply w ith the policy, and (d) understands that St Francis Medical Center is a charitable organization and that, in order to maintain its Federal tax exemption, it must engage primarily in activities w hich accomplish one or more of its tax-exempt purposes In addition to the above, St Francis Medical Center provides mechanisms for confidential reporting of compliance issues These mechanisms include an anonymous hotline and Web site w here individuals may raise issues, seek clarification, and report possible conflicts of interest or other concerns These reports, including reports of possible conflicts of interest, are review ed and investigated by the Corporate Compliance Department and appropriate action is taken

Identifier	Return Reference	Explanation
PART VI, SECTION B, QUESTION 15A & 15B		OUR BOARD OF DIRECTORS DESIGNATES AN EXECUTIVE COMMITTEE MADE UP OF INDEPENDENT BOARD MEMBERS TO REVIEW AND SET THE COMPENSATION ANNUALLY OF OUR OFFICERS AND KEY EMPLOYEES THE EXECUTIVE COMMITTEE OBTAINS AND RELIES UPON COMPARABLE DATA INCLUDING INDUSTRY-WIDE COMPENSATION INFORMATION PROVIDED BY AN OUTSIDE CONSULTING FIRM THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION PACKAGES AND APPROPRIATE COMPENSATION IS DETERMINED AND APPROVED THE BASIS FOR DETERMINATION IS THEN DOCUMENTED BY THE EXECUTIVE COMMITTEE THE COMPENSATION FOR THE CEO OF ST FRANCIS MEDICAL CENTER IS SET BY THE COMPENSATION COMMITTEE OF FMOL HEALTH SYSTEM (A RELATED TAX EXEMPT ORGANIZATION) ACCORDING TO THEIR PAY PRACTICES WHICH ARE SIMILAR TO THOSE DESCRIBED ABOVE

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS	PART VI, SECTION C, QUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
PART V, QUESTIONS 7G & 7H		THE ORGANIZATION WAS NOT REQUIRED TO FILE FORM 8899 OR FORM 1098-C

Identifier	Return Reference	Explanation
PART XI, QUESTION 2B		THE ORGANIZATION HAD AN AUDIT BY AN INDEPENDENT ACCOUNTANT BUT ONLY AS PART OF A CONSOLIDATED FINANCIAL STATEMENT

Identifier	Return Reference	Explanation
Part VI, Section A, Question 7a		FMOL Health System, Inc , as the sole member of the Medical Center, retains the pow er to appoint and remove the Members of the Board of Trustees and Officers of St Francis Medical Center

Identifier	Return Reference	Explanation
Part VI, Section A, Question 7b		The Provincial Council of Franciscan Missionaries Of Our Lady as the sole member of FMOL Health System reserves the follow ing pow ers 1 To change philosophy, objectives, purposes of corporation 2 To amend Articles of Incorporation and Bylaw s of Hospital 3 To authorize merger, consolidation or affiliation, or participate in joint ventures 4 To dissolve and distribute Assets of Hospital 5 To acquire, lease, encumber real estate on behalf of Hospital 6 To add to or incur long term debt in excess of \$5 million by Hospital The FMOL Health System as the sole member of St Francis Medical Center reserves the follow ing pow ers 1 To appoint or remove members of the Board 2 To appoint and terminate President and CEO, Chair and Vice-Chair 3 To appoint fiscal auditor of Hospital 4 To add to or incur capital debt in excess of \$3 million by Hospital 5 To approve operating and capital budgets 6 To approve strategic business plans 7 To adopt policies governing operation

Identifier	Return Reference	Explanation
Part VI, Section A, Question 6		FMOL HEALTH SYSTEM, INC (AN IRC SECTION 501(C)(3) ORGANIZATION) IS THE SOLE MEMBER OF THE MEDICAL CENTER

Identifier	Return Reference	Explanation
Part VI, Section A, Question 2		Sabrina Ramsey & Ronald E Hogan - Family Relationship Louis Bremer & Ronald E Hogan - Business Relationship

Identifier	Return Reference	Explanation
Part VI, Section A, Question 10		After preparation and review of Form 990 by KPMG LLP, the board of directors designates a committee to review the Form 990 of the Medical Center. The Form 990 is also reviewed by management. A copy of the Form 990 is provided to the Medical Center's governing body before it is filed with the IRS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ST FRANCIS MEDICAL CENTER

Employer identification number
72-0408970

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
OPEN MRI CENTER OF MONROE LLC 309 JACKSON STREET MONROE, LA 71210 72-1508349	HEALTHCARE	LA	2,485,190	4,642,921	NA
ST FRANCIS PET IMAGING OF MONROE LLC PO BOX 1851 MONROE, LA 71210 72-1484754	HEALTHCARE	LA	1,347,759	2,497,448	NA
ST FRANCIS NORTH HOSPITAL 3421 MEDICAL PARK DRIVE MONROE, LA 71203 20-3357120	HEALTHCARE	LA	64,791,748	78,709,364	na

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
St Bernard Health Fund 4200 ESSEN LANE BATON ROUGE, LA70809 20-4685614	HEALTHCARE	LA	501(c)(3)	11 TYPE 1	NA
HEALTH PARTNERS NETWORK OF SOUTH LA 611 ST LANDRY STREET LAFAYETTE, LA70506	HEALTHCARE	LA	501(c)(3)	3	LOURDES RMC

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
St Francis Insurance Agency 309 Jackson Street Monroe, LA71201 72-1435136	Insurance	LA	NA	C CORP	173,956	141,137	100 %
Hospital Assistance Services PO Box 4027-C Lafayette, LA70502 72-1073486	Healthcare	LA	LOURDES	C Corp			
Louise Insurance Company PO BOX 1051 KY1-1102 CJ	INSURANCE	CJ	FMOL	C Corp			
Monroe Health Services PO Box 3187 Monroe, LA71210 72-1057820	Healthcare	LA	AMBULATORY	C Corp			
Northeast LA Health Network 309 Jackson Street Monroe, LA71201 72-1294587	Healthcare	LA	AMBULATORY	C Corp			
Bernard Brian Allain Memorial CRT 5000 Hennessy Boulevard Baton Rouge, LA70808 20-7114528	Investment	LA	LOLO Foundation	Trust			

Part V

Transactions with Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

Yes

Yes

Yes

Yes

No

No

Yes

Yes

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Dispropportionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Lourdes Imaging Center LLC 611 St Landry Street Lafayette, LA 70506 20-8326214	Healthcare	LA	LOURDES	n/a				No		Yes	
Heart Hospital of Acadiana 1105 Kaliste Saloom Road Lafayette, LA 70508 30-0442368	Healthcare	LA	LOURDES	n/a				No		Yes	
Perkins Plaza Medical Arts Development 5000 Hennessy Boulevard Baton Rouge, LA 70808 45-0516574	REAL ESTATE	LA	OLOL	n/a				No		Yes	
Perkins Plaza Imaging Center 5000 Hennessy Boulevard Baton Rouge, LA 70808 20-3697665	HEALTHCARE	LA	OLOL	n/a				No		Yes	
Perkins Plaza Imaging Development 5000 Hennessy Boulevard Baton Rouge, LA 70808 20-3894521	REAL ESTATE	LA	OLOL	n/a				No		Yes	
P&S SURGERY CENTER LLC 312 GRAMMONT STREET MONROE, LA 71201 72-1387870	HEALTHCARE	LA	NA	Related	133,864	10,066,376		No	0	Yes	
NUCLEAR IMAGING LLC 5000 HENNESSY BOULEVARD BATON ROUGE, LA 70808 72-1470061	HEALTHCARE	LA	OLOL	n/a				No		Yes	
St Francis Pediatric After Hours LLC Post Office 207 Monroe, LA 71210 06-1782572	Healthcare	LA	NA	Related	36,300	170,224		No	0	Yes	
Lourdes Imaging Development LLC 611 St Landry Street Lafayette, LA 70506 20-8326287	REAL ESTATE	LA	LOURDES	n/a				No		Yes	
Park Place Surgical Hospital 901 Wilson Street Lafayette, LA 70503 72-1404092	Healthcare	LA	LOURDES	n/a				No		Yes	
BRPT Lake Rehabilitation Centers LLC 530 Shadows Lane Baton Rouge, LA 70806 72-1506100	Healthcare	LA	OLOL	n/a				No		Yes	
Convenient Care LLC 7777 Hennessy Boulevard Suite 1004 Baton Rouge, LA 70808 72-1439481	Healthcare	LA	OLOL	n/a				No		Yes	
Perkins Plaza Ambulatory Surgery Center 54 The Legends Parkway Suite 159 Eureka, MO 63025 48-1264699	Healthcare	LA	OLOL	n/a				No		Yes	
Surgical Specialty Center of Baton Rouge 8080 Bluebonnet Boulevard Baton Rouge, LA 70810 26-3160962	Healthcare	LA	olol	n/a				No		Yes	
Monroe Surgical Hospital LLC PO Box 4887 MONROE, LA 71211 72-1479756	HEALTHCARE	LA	NA	related	78,776	0		No	0		No
St Elizabeth - Mary Bird Perkins 4950 Essen Lane BATON ROUGE, LA 70809 26-0628752	HEALTHCARE	LA	steh	N/A				No		Yes	
Regional Eye Surgery Center LLC 7777 Hennessy Blvd Suite 4000 BATON ROUGE, LA 70808 72-1484653	HEALTHCARE	LA	olol	N/A				No		Yes	
St Mary's Imaging Center II LLC 611 ST LANDRY STREET LAFAYETTE, LA 70506	HEALTHCARE	LA	lourdes imaging	N/A				No		Yes	
NORTHEAST LA CANCER INSTITUTE 141 DESTARD STREET SUITE 704 MONROE, LA 71201 72-1329499	HEALTHCARE	LA	NA	RELATED	852,116	3,848,872		No	0	Yes	
LOURDES AFTER HOURS LLC 7777 HENNESSY BLVD SUITE 1004-202 BATON ROUGE, LA 70808 20-1367299	HEALTHCARE	LA	LOURDES	N/A				No		Yes	
LHCG-XIII LLC 420 WEST PINHOOK ROAD SUITE A LAFAYETTE, LA 70503 20-8068308	HEALTHCARE	LA	LOURDES	N/A				No		Yes	

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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	St Francis Ambulatory Services	J	333,525
(2)	St Francis Ambulatory Services	I	565,844
(3)	St Francis Ambulatory Services	A	99,000
(4)	St Patrick's Psychiatric Hospital	k	1,152,265
(5)	St Patrick's Psychiatric Hospital	A	235,671
(6)	P&S Surgical Center LLC	A	463,793
(7)	P&S Surgical Center LLC	k	224,859
(8)	P&S Surgical Center LLC	r	1,168,073
(9)	St Francis Insurance Agency	A	27,087
(10)	St Patrick's Psychiatric Hospital	I	330,996
(11)	Monroe Surgical Hospital LLC	a	118