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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Saint Francis Hospital Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6600 S YALE AVENUE

City or town, state or country, and ZIP + 4
TULSA, OK 741363319

D Employer identification number
73-0700090

E Telephone number
(918) 502-8123

G Gross receipts $ 1,125,146,191

F Name and address of Principal Officer
Barry L Steichen
6600 S Yale Ave Suite 400
TULSA, OK 741363319

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ HTTP //WWW SFH-TULSA COM

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1960

M State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO EXTEND THE PRESENCE AND HEALING MINISTRY OF CHRIST IN ALL WE DO

2 Check this box ☐ 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**	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	1
5	Total number of employees (Part V, line 2a)	**5**	6,240
6	Total number of volunteers (estimate if necessary)	**6**	556
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	-340,661
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,857,542

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,676,783	9,519,191
9	Program service revenue (Part VIII, line 2g)	631,825,285	669,442,274
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,478,779	3,451,225
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,058,213	14,439,509
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	681,039,060	696,852,199
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	1,539,828
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	294,200,602	258,974,147
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	331,179,066	333,326,599
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	625,379,668	593,840,574
19	Revenue less expenses Subtract line 18 from line 12	55,659,392	103,011,625

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,213,318,021	1,199,184,129
21	Total liabilities (Part X, line 26)	334,080,734	326,979,472
22	Net assets or fund balances Subtract line 21 from line 20	879,237,287	872,204,657

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-05-12

BARRY STEICHEN TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4
ERNST & YOUNG US LLP
5451 LAKEVIEW PKWY S DR
INDIANAPOLIS, IN 46268

EIN ▶

Phone no ▶ (317) 280-3400

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

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

1 Briefly describe the organization's mission

SAINT FRANCIS HOSPITAL, INC 'S EXEMPT PURPOSE IS TO PROVIDE QUALITY MEDICAL HEALTHCARE SERVICES TO THE GENERAL PUBLIC REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY THE HOSPITAL PROVIDES EMERGENCY MEDICAL CARE 24 HOURS A DAY TO ALL PATIENTS

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 621,990) (Expenses $ 476,304,964 including grants of $ 1,539,828) (Revenue $ 670,669,519)

SAINT FRANCIS HOSPITAL PROVIDES NEEDED MEDICAL CARE TO THE COMMUNITY REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY THE HOSPITAL PROVIDED APPROXIMATELY $187 MILLION IN CHARITY SERVICES IN FISCAL YEAR 2009 SEE SCHEDULE O FOR ADDITIONAL DETAILS

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 $ 476,304,964 *Must equal Part IX, Line 25, column (B).*

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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	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)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		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? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	464		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	6,240		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year 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, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for 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			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
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

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 3		
b	Enter the number of voting members that are independent . .	1b 1		
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	Yes	
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		No
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		No
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	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
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 CA , NC , OK

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

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ERIC E SCHICK
6600 S YALE AVE SUITE 400
TULSA, OK 741363319
(918) 502-8118

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								2,681,962	5,680,916	1,083,342

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 106

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MANHATTAN CONSTRUCTION CO INC 5601 S 122ND E AVE TULSA, OK 74146	CONSTRUCTION SERVICE	21,798,475
ASSOCIATED ANESTHESIOLOGISTS 6839 S CANTON TULSA, OK 74136	ANESTHESIOLOGY SRVCS	2,949,611
PAGE SOUTHERLAND PAGE LLP 3500 MAPLE AVE STE 600 DALLAS, TX 75219	ENGINEERING/ARCHTECT	1,837,243
BARRON MCCLARY GENERAL 1424 SOUTH HARVARD TULSA, OK 74112	GENERAL CONTRACTORS	1,499,204
ASSOCIATED REGIONAL UNIV LABORATO PO BOX 27964 SALT LAKE CITY, UT 84127	LAB SERVICES	1,277,903

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 59

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 campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 9,354,672				
	e	Government grants (contributions) 1e 44,730				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 119,789				
	g	Noncash contributions included in lines 1a-1f $ 71,070				
	h	**Total (Add lines 1a-1f)** ▶	9,519,191			
Program Service Revenue		Business Code				
	2a	NET PATIENT CARE REVENUE 621,990	442,370,967	442,370,967		
	b	PARTNERSHIP INC RELATED TO PROGRAM SVC 541,900	1,739,119	1,753,573	-14,454	
	c	OUTREACH LAB 621,500	13,288,928	13,288,928		
	d	OFFICE SPACE REIMBURSEMENT 531,120	837,191	837,191		
	e	MEDICARE/MEDICAID PAYMENTS 621,990	211,206,069	211,206,069		
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 669,442,274				
	3	Investment income (including dividends, interest other similar amounts) ▶	19,784,392			19,784,392
	4	Income from investment of tax-exempt bond proceeds ▶	697,717			697,717
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 177,714 /				
	b	Less rental expenses /				
	c	Rental income or (loss) 177,714 /				
	d	Net rental income or (loss) ▶	177,714		25,320	152,394
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 411,090,188 / 172,920				
	b	Less cost or other basis and sales expenses 425,540,544 / 2,753,448				
	c	Gain or (loss) -14,450,356 / -2,580,528				
	d	Net gain or (loss) ▶	-17,030,884			-17,030,884
Other Revenue	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 $15,000* a				
	b	Less direct expenses b				
	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 $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	FOOD SERVICES REVENUE 900,004	4,579,536			4,579,536
	b	AFFILIATE TELECOM & COMPUTER SUPPORT REVENUE 517,000	2,410,928			2,410,928
	c	PHARMACY SALES REVENUE 621,990	1,239,465			1,239,465
	d	All other revenue _____	6,031,866	1,212,791	-351,527	5,170,602
	e	**Total. Add lines 11a-11d** ▶ $ 14,261,795				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	696,852,199	670,669,519	-340,661	17,004,150

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	1,058,507	1,058,507		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	481,321	481,321		
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	2,789,416		2,789,416	
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	205,645,272	178,479,775		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,116,523	12,120,447	1,996,076	
9 Other employee benefits	21,649,602	16,537,608	5,111,994	
10 Payroll taxes	14,773,334	12,684,385	2,088,949	
11 Fees for services (non-employees)				
a Management	11,273,684	8,339,198	2,934,486	
b Legal	440,940	3,062	437,878	
c Accounting	577,550	14,930	562,620	
d Lobbying	352,425		352,425	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	788,431		788,431	
g Other	16,889,715	16,391,915	497,800	
12 Advertising and promotion	3,419,312	98,035	3,321,277	
13 Office expenses	176,955,699	167,570,339	9,385,360	
14 Information technology	621,135	194,874	426,261	
15 Royalties	0			
16 Occupancy	13,933,877	3,124,708	10,809,169	
17 Travel	230,220	81,375	148,845	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	0			
20 Interest	8,157,886		8,157,886	
21 Payments to affiliates	-5,612,627	226,708	-5,839,335	
22 Depreciation, depletion, and amortization	36,905,119	486,875	36,418,244	
23 Insurance	9,197,672	197,898	8,999,774	
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 BAD DEBT EXPENSE	58,049,465	58,049,465		
b AUXILIARY GIFT SHOP EXPENSE	1,033,421		1,033,421	
c FACILITY DUES & LICENSE	198,961	164,762	34,199	
d MISCELLANEOUS ADMIN EXPENSE	-86,286	-1,223	-85,063	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	593,840,574	476,304,964	117,535,610	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	230,349,346	2	243,991,508
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	58,708,227	4	54,329,590
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	15,186,827	8	17,936,598
	9	Prepaid expenses and deferred charges	4,783,243	9	4,290,061
	10a	Land, buildings, and equipment cost basis — 10a: 610,241,145			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 333,711,443	249,758,756	10c	276,529,702
	11	Investments—publicly traded securities	206,075,941	11	229,539,791
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	398,754,394	12	343,474,299
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	0	13	0
	14	Intangible assets	14,640,908	14	12,832,575
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	35,060,379	15	16,260,005
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	1,213,318,021	16	1,199,184,129
Liabilities	17	Accounts payable and accrued expenses	51,841,700	17	49,477,304
	18	Grants payable		18	
	19	Deferred revenue	230,856	19	134,019
	20	Tax-exempt bond liabilities	242,551,119	20	225,930,760
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	39,457,059	25	51,437,389
	26	**Total liabilities.** *Add lines 17 through 25*	334,080,734	26	326,979,472
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	879,237,287	27	872,204,657
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	879,237,287	33	872,204,657
	34	Total liabilities and net assets/fund balances	1,213,318,021	34	1,199,184,129

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ 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		

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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
Saint Francis Hospital Inc

Employer identification number
73-0700090

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 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ 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 ☐ 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 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ 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 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ 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 ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(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** ▶

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 ▶

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 ▶

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 ▶

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 ▶

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 ▶

Part III Support 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** (Substract 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

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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	Employer identification number
Saint Francis Hospital Inc	73-0700090

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? ☐ **Yes** ☑ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(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					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		352,425
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			352,425
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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 ▶ $

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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	275,001	5,878,670		6,153,671
b Buildings		264,281,782	119,455,236	144,826,546
c Leasehold improvements		14,373,116	9,738,337	4,634,779
d Equipment		289,047,465	204,517,870	84,529,595
e Other		36,385,111		36,385,111
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				276,529,702

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

(a) Description of security or cateory (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	133,252,788	
Other PRIVATE INVESTMENTS-MARKETABLE	175,965,241	F
Other PRIVATE INVEST - NONMARKETABLE	34,256,270	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	343,474,299	

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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PROFESSIONAL LIABILITY	17,366,996
MEDICARE COST REPORT	15,972,061
FAS 106 LIABILITY	6,220,420
CAP IBNR	-658,978
ACCURED INTEREST	447,488
SWAP DERIVATIVE	9,221,976
FIN 45 INCOME GUARANTEES	1,285,445
ARO LIABILITY	1,581,981
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	51,437,389

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
PART X LINE FIN 48 NOTE		FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO 48 (FIN 48) "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109", CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS UNDER THE REQUIREMENTS OF FIN 48, TAX-EXEMPT ORGANIZATIONS COULD NOW BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS PRIOR TO FIN 48, THE DETERMINATION OF WHEN TO RECORD A LIABILITY FOR A TAX EXPOSURE WAS BASED ON WHETHER A LIABILITY WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE IN ACCORDANCE WITH FASB STATEMENT NO 5, "ACCOUNTING FOR CONTINGENCIES" ON JULY 1, 2007 SAINT FRANCIS HOSPITAL, INC ADOPTED FIN 48 THE IMPACT OF THE ADOPTION OF FIN 48 ON THE FINANCIAL STATEMENTS WAS NOT SIGNIFICANT THERE WERE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2009 AND 2008

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean			Unrelated Trade or Business		
Europe (Including Iceland and Greenland)			Unrelated Trade or Business		
Totals . . . . . ▶					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation
SUPPLEMENTAL INFORMATION		SCHEDULE F, PART III THE ACTIVITY LISTED IN PART I RELATES TO FOREIGN INVESTMENTS THE INVESTMENTS DO NOT GENERATE UNRELATED BUSINESS INCOME

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 73-0700090
Name: Saint Francis Hospital Inc

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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 ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ 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 ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
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"?	4		
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 eligibile 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

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
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 Mecicare (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		

☐ Cost accounting system ☐ Cost to charge ratio ☐ 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)
SAINT FRANCIS HOSPITAL INC 6600 SOUTH YALE AVE SUITE 400 TULSA,OK 741363319	X	X	X				X		REHAB FACILITY
SAINT FRANCIS OUTREACH SERVICES LLC 6600 SOUTH YALE AVE SUITE 400 TULSA,OK 741363319								X	OUTREACH LAB
SAINT FRANCIS BREAST CENTER MRI LLC 6600 SOUTH YALE AVE SUITE 400 TULSA,OK 741363319								X	JOINT VENTURE MRI

Part VI Supplemental Information *(Optional for 2008)*

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

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 communites served

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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
OSU FOUNDATION215 BUSINESS BLDG STILLWATER,OK 74076	73-6097060	501C3	1,000,000		BOOK		EDUCATION
AMERICAN KIDNEY FUND 6110 EXECUTIVE BLVD ROCKVILLE,MD 20852	23-7124261	501C3	38,855		BOOK		HLTH INS PREMIUM PRG
RELATED HEALTH SERVICES INC6600 S YALE AVE STE 400 TULSA,OK 74136	73-1288715	N/A	12,999		BOOK		CHILDHOOD OBESITY

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 2

3 Enter total number of other organizations . . . ▶ 1

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
EDUCATIONAL SCHOLARSHIPS TO NURSING STUDENTS	176	536,750		N/A	N/A

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, QUESTION 2		SAINT FRANCIS HEALTH SYSTEM OFFERS SCHOLARSHIP OPPORTUNITIES TO INDIVIDUALS IN THE NURSING AND ALLIED HEALTH ARENA THE APPLICATION PROCESS, APPROVAL PROCESS, MONITORING, AND IN THE EVENT OF DEFAULT, COLLECTION PROCESS TAKE PLACE IN THE HUMAN RESOURCE DEPARTMENT OF SAINT FRANCIS IN THE EVENT HE/SHE IS AN EMPLOYEE OF SAINT FRANCIS, SAID APPLICANT MUST NOT HAVE ANY DISCIPLINARY COUNSELING OR POOR PERFORMANCE REVIEWS IN THEIR EMPLOYEE FILE THE APPLICANT PRINTS AN ON-LINE SCHOLARSHIP APPLICATION, COMPLETES THE APPLICATION AND MAILS IT TO THE HR DEPARTMENT WITH ALL REQUESTED SUPPORTING DOCUMENTATION UPON RECEIPT, THE APPLICANT IS NOTIFIED BY MAIL OR E-MAIL THAT THEIR APPLICATION HAS BEEN RECEIVED- AT THIS TIME A REQUEST FOR ANY MISSING INFORMATION IS MADE IF THE APPLICANT IS SELECTED, THEY ARE NOTIFIED FOR AN INTERVIEW ONCE INTERVIEWED, THE APPLICANT IS RANKED ACCORDING TO GPA, WORK EXPERIENCE, INSTATE OR OUT OF STATE RESIDENCY, WILLINGNESS TO WORK IN VARIOUS AREAS, AND ANY OUTSIDE ACTIVITIES OR AWARDS APPLICANTS ARE THEN ARRANGED BY RANKING, BASED ON AVAILABILITY OF FUNDS, THE APPROPRIATE NUMBER OF APPLICANTS IS SELECTED ONCE AN APPLICANT IS SELECTED, THEY MUST MEET CERTAIN CRITERIA TO CONTINUE TO RECEIVE SCHOLARSHIP FUNDS FROM SAINT FRANCIS EACH APPLICANT MUST SIGN A WORK AGREEMENT (THIS AGREEMENT INCLUDES A DEFAULT CLAUSE, NOTING THE APPLICANTS RESPONSIBILITIES IN THE EVENT THEY DO NOT FULFILL THE AGREEMENT), THIS AGREEMENT STATES THAT THE APPLICANT WILL WORK FOR SAINT FRANCIS FOR SIX MONTHS FOR EACH SEMESTER THEY RECEIVE FUNDS THEY MUST ALSO SUBMIT AN OFFICIAL TRANSCRIPT INDICATING SUCCESSFUL COMPLETION FOR THE SEMESTER ENDED, PRIOR TO RECEIVING FUNDS FOR THE SEMESTER THE HR DEPARTMENT MONITORS EACH APPLICANTS GRADUATION DATE, THE SCHOLARSHIP FUNDS THEY HAVE BEEN AWARDED PER SEMESTER, THE TOTAL NUMBER OF SEMESTERS THEY WILL RECEIVE FUNDS, AND THE TOTAL AMOUNT OF TIME THEY WILL BE EMPLOYED WITH SAINT FRANCIS BASED ON FUNDS RECEIVED IN ADDITION, AT SEMESTER END, ALL RECIPIENTS ARE CONTACTED REQUESTING ANY NECESSARY UPDATES TO TRANSCRIPTS, GRADUATION STATUS, AND TELEPHONE NUMBER, AND E-MAIL OR ADDRESS CHANGES IN THE EVENT AN APPLICANT DOES NOT FULFILL THEIR SCHOLARSHIP AGREEMENT, THEY ARE CONTACTED VIA CERTIFIED MAIL THAT ALL FUNDS AWARDED ARE DUE IN FULL WITHIN 30 DAYS - AS NOTED IN THE DEFAULT CLAUSE OF THE WORK AGREEMENT IF THE BALANCE IS PAID, IT IS APPROPRIATELY RECORDED AND A COPY OF THE PAYMENT IS INCLUDED IN THE FILE IF THE BALANCE IS NOT PAID WITHIN 30 DAYS, COLLECTION EFFORTS ENSUE WITH WORKS AND LENTZ
PART II, LINE 1		SHAPEDOWN IS A PROGRAM TO COMBAT CHILDHOOD OBESITY THE PROGRAM IS RUN OUT OF THE HEALTH ZONE, WHICH IS PART OF RELATED HEALTH SERVICES, A SUB-S CORPORATION THAT IS 100% OWNED BY SAINT FRANCIS HOSPITAL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a 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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
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**	Yes	
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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 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				
JAKE HENRY JR 1	(i)	0	0	0	0	0	0	0
	(ii)	740,230	768,840	33,742	230,226	8,028	1,781,066	545,415
THOMAS G NEFF 2	(i)	248,955	202,514	6,327	85,031	8,865	551,692	147,614
	(ii)	0	0	0	0	0	0	0
JEFFREY C SACRA	(i)	178,603	30,888	2,279	27,076	1,342	240,188	0
	(ii)	0	0	0	0	0	0	0
BARRY L STEICHEN 2	(i)	0	0	0	0	0	0	0
	(ii)	410,477	245,052	11,628	126,968	9,601	803,726	145,552
ERIC SCHICK	(i)	181,426	24,414	1,930	20,269	8,366	236,405	0
	(ii)	0	0	0	0	0	0	0
ROBERT BUTLER 2	(i)	213,724	60,368	9,003	85,649	9,355	378,099	0
	(ii)	0	0	0	0	0	0	0
LYNN SUND 2	(i)	286,419	102,027	10,150	117,422	9,154	525,172	33,127
	(ii)	0	0	0	0	0	0	0
WILLIAM L SCHLOSS 2	(i)	266,158	441,386	3,404	32,501	9,185	752,634	376,986
	(ii)	0	0	0	0	0	0	0
DAVID WAGNER	(i)	204,985	35,568	2,764	115,946	8,545	367,808	0
	(ii)	0	0	0	0	0	0	0
PRESTON PHILLIPS	(i)	37,500	0	0	0	0	37,500	0
	(ii)	558,510	3,065	31,000	28,846	0	621,421	604,602
BRUCE MARKMAN	(i)	39,000	0	0	0	0	39,000	0
	(ii)	541,470	3,052	15,500	28,846	0	588,868	610,258
ROBERT OKADA	(i)	14,670	0	0	0	0	14,670	0
	(ii)	1,217,950	3,161	15,500	28,846	0	1,265,457	0
KENNETH CHEKOFSKY	(i)	38,500	0	0	0	0	38,500	0
	(ii)	497,354	3,051	31,000	28,846	0	560,251	578,963
CHRISTIAN LUESSENHOP	(i)	39,000	0	0	0	0	39,000	0
	(ii)	407,200	3,098	31,000	28,846	0	470,144	0
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
PART I LINE 4b		A SELECT GROUP OF HIGHLY COMPENSATED EMPLOYEES OF SAINT FRANCIS HEALTH SYSTEM, INC , AND ITS RELATED ENTITIES SAINT FRANCIS HOSPITAL, INC LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC , WARREN CLINIC, INC , PATIENT CARE SERVICES OF SAINT FRANCIS, INC , AND SAINT FRANCIS HOSPITAL SOUTH, LLC, ARE ELIGIBLE TO PARTICIPATE IN A NONQUALIFIED DEFERRED COMPENSATION PLAN UNDER SECTION 457(b) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED UNDER THE ECONOMIC GROWTH AND TAX RELIEF RECONCILIATION ACT OF 2001 NOTE NONE OF THE INDIVIDUALS LISTED ON SCHEDULE J ARE COMPENSATED AS BOARD MEMBERS OF THE REPORTING ENTITY THE REPORTED COMPENSATION IS FOR SERVICES AS EMPLOYEES OF THE REPORTING ENTITY OR THE RELATED ORGANIZATION (1) THE CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION REPORTED IN COLUMN C INCLUDES THE EMPLOYEE'S INCREMENTAL ANNUAL INCREASE IN HIS SEVERANCE PLAN THE FULL AMOUNT OF THE SEVERANCE PLAN EXCEEDS ONE YEAR'S BASE SALARY AND WILL BE PAID ONLY UNDER SPECIFIC CIRCUMSTANCES OF TERMINATION (2) THE CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION REPORTED IN COLUMN C INCLUDES THE EMPLOYEE'S INCREMENTAL ANNUAL INCREASE IN HIS SEVERANCE PLAN THE FULL AMOUNT OF THE SEVERANCE PLAN IS ONE YEAR'S BASE SALARY AND WILL BE PAID ONLY UNDER SPECIFIC CIRCUMSTANCES OF TERMINATION

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 73-0700090
Name: Saint Francis Hospital Inc

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				
JAKE HENRY JR 1	(I)	0	0	0	0	0	0	0
	(II)	740,230	768,840	33,742	230,226	8,028	1,781,066	545,415
THOMAS G NEFF 2	(I)	248,955	202,514	6,327	85,031	8,865	551,692	147,614
	(II)	0	0	0	0	0	0	0
JEFFREY C SACRA	(I)	178,603	30,888	2,279	27,076	1,342	240,188	0
	(II)	0	0	0	0	0	0	0
BARRY L STEICHEN 2	(I)	0	0	0	0	0	0	0
	(II)	410,477	245,052	11,628	126,968	9,601	803,726	145,552
ERIC SCHICK	(I)	181,426	24,414	1,930	20,269	8,366	236,405	0
	(II)	0	0	0	0	0	0	0
ROBERT BUTLER 2	(I)	213,724	60,368	9,003	85,649	9,355	378,099	0
	(II)	0	0	0	0	0	0	0
LYNN SUND 2	(I)	286,419	102,027	10,150	117,422	9,154	525,172	33,127
	(II)	0	0	0	0	0	0	0
WILLIAM L SCHLOSS 2	(I)	266,158	441,386	3,404	32,501	9,185	752,634	376,986
	(II)	0	0	0	0	0	0	0
DAVID WAGNER	(I)	204,985	35,568	2,764	115,946	8,545	367,808	0
	(II)	0	0	0	0	0	0	0
PRESTON PHILLIPS	(I)	37,500	0	0	0	0	37,500	0
	(II)	558,510	3,065	31,000	28,846	0	621,421	604,602
BRUCE MARKMAN	(I)	39,000	0	0	0	0	39,000	0
	(II)	541,470	3,052	15,500	28,846	0	588,868	610,258
ROBERT OKADA	(I)	14,670	0	0	0	0	14,670	0
	(II)	1,217,950	3,161	15,500	28,846	0	1,265,457	0
KENNETH CHEKOFSKY	(I)	38,500	0	0	0	0	38,500	0
	(II)	497,354	3,051	31,000	28,846	0	560,251	578,963
CHRISTIAN LUESSENHOP	(I)	39,000	0	0	0	0	39,000	0
	(II)	407,200	3,098	31,000	28,846	0	470,144	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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	TULSA COUNTY INDUSTRIAL AUTHORITY	52-1526494	899520AZ3	11-14-2006	229,140,663	TULSA COUNTY INDUSTRIAL AUTHORITY		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					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
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?										

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	16,398	
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	2	8,663	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe ELECTRONIC RESOURCES)	X	4	8,779	0
26	Other (describe PRINTING & POSTAGE)	X	4	8,043	0
27	Other (describe HONORARIUM RESOURCES)	X	7	4,000	0
28	Other (describe MICS IN-KIND DONATION)	X	9	25,187	0

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement*	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

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
Saint Francis Hospital Inc

Employer identification number
73-0700090

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4a		Saint Francis Hospital has been a major tertiary care center for Oklahoma, southern Kansas, southwestern Missouri, and western Arkansas for several decades, celebrating its 50th anniversary in October 2009 Saint Francis Hospital is licensed for 872 adult and pediatric beds and 52 bassinets In fiscal year 2009, Saint Francis Hospital provided approximately $187 million in gross charges equaling 47% of Saint Francis Hospital's net patient revenue for services provided to Medicare and Medicaid program beneficiaries Saint Francis Hospital is a division of Saint Francis Health System, Inc The Health System produces an annual community benefit report valuing the cost of charity services In fiscal year 2009, the cost to the Health System equaled approximately $45 million and $1 7 million in community contributions provided to support various programs and agencies whose mission and values are similar to those espoused by the Saint Francis Health System In the fall of 2004, Saint Francis Hospital set into place provisions that would increase the hospital's ability to offer charity care to those less fortunate and provide those lacking healthcare coverage with discounted care to lessen the burden and anxiety often caused by healthcare expenses Under the revised charity care policy, individuals whose gross annual income is equal to or less than 225 percent of the federal poverty level qualify for full charity care assistance All patients lacking healthcare insurance, regardless of their personal income level, are eligible to receive a 20 percent discount from billed charges Patients who qualify under the charity care policy may be eligible for a larger discount if not a full write-off of all charges Both initiatives exemplify the hospital's mission to extend the presence and healing ministry of Christ, with a particular emphasis on those most needy of health services in northeastern Oklahoma, and its desire to work with the community in a spirit of compassion and honesty Saint Francis Hospital is a comprehensive community resource for health care and a center of excellence for treating cancer, heart disease, and complex medical, surgical, maternal, and pediatric problems Since its inception the hospital has strived to provide the highest quality of care to all For the thirteenth consecutive year, it was recognized by the National Research Corporation as "Tulsa's Most Preferred Hospital for Overall Quality and Image " In an effort to monitor and continually improve the quality of care given to patients, Saint Francis has elected to participate in a variety of national and state quality initiatives Foremost among those include participation in the Centers for Medicare and Medicaid National Quality Initiative and the Oklahoma Foundation for Medical Quality "Quality In, Quality Out" program These efforts focus on improving both outcomes (i e , mortality and complications) and clinical processes (i e , medication administration and discharge instructions) Care for the community is provided through education, inpatient and outpatient services, and the use of affordable home health and hospice services for patients returning home All services are provided on the basis of need without consideration for a patient's ability to pay Saint Francis Hospital has always kept in its sight its responsibility as a provider of caring and personalized benefits to the community Extensive resources are devoted each year to organizing and delivering free and subsidized benefits to community residents These include Health Services, Information and Referral Services, Educational Services, Support Services, and Sponsorship of Community Events, which are detailed below

Identifier	Return Reference	Explanation
HEALTH SERVICES		Trauma Emergency Services The Trauma Emergency Center provided care to over 76,000 patients during the past fiscal year Many of these patients received needed emergency and in-patient services despite an inability to pay Physicians, the Trauma Emergency Center staff, and the inpatient staff provide the highest quality of trauma care for injured children and adults from Oklahoma and surrounding states Physician specialists provide immediate consultation or care to trauma victims and patients with complex medical problems Trauma Emergency Services provides educational programs, conferences, and continuing education courses for physicians, nurses, pre-hospital care providers, and for the community The annual Trauma Symposium provides an opportunity for area physicians, nurses, and EMTs to interact with and learn from nationally and internationally recognized experts in trauma care Instructional topics presented by Trauma Emergency Services staff members, and physicians include the care of adult and pediatric trauma victims, care of children in emergency departments, pre-hospital triage and scene safety, and trauma prevention topics Eastern Oklahoma Perinatal Center Saint Francis Hospital established the first intensive care nursery for neonates in Oklahoma Averaging 650 admissions each year, the EOPC is a progressive regional newborn intensive care unit with services specifically designed for babies born prematurely or with serious medical problems The EOPC is a 44-bed unit with in-house neonatologists on hand 24 hours a day, 7 days a week The Center has earned a Level IIIC designation, the highest rating possible for a neonatal intensive care unit, from the American Academy of Pediatrics The unit is also a clinical training center for residents and medical students from the University of Oklahoma College of Medicine/Tulsa Due to the large number of Medicaid and uninsured patients, reimbursement for services in the EOPC is low , however, the hospital chose to specialize in the care of high-risk infants because it was an unmet need in the community and accepted the cost burden such technology usually brings The Children's Hospital at Saint Francis Saint Francis Hospital established The Children's Hospital at Saint Francis in 1995 in response to physicians' requests to centralize pediatric specialty services and facilities for children in one hospital by creating a "hospital within a hospital " A new , state-of-the-art 104-bed facility opened in February 2008 It was created with younger patients in mind, providing a larger and more "kid friendly" atmosphere for children and their families as well as improving access and efficiency Since Saint Francis has the most comprehensive pediatric intensivists in eastern Oklahoma, the PICU receives most of the abused children or young trauma victims in this area The children's oncology clinic, the only such facility in the eastern half of the state, treats more than 2,000 children a year All patients are treated without regard for a family's ability to pay Over 52 4% of the children currently treated at the Children's Hospital at Saint Francis are reliant upon Medicaid, evidence and testament to Saint Francis' pledge to the community and to those most vulnerable in society, children The Children's Hospital at Saint Francis is part of the Children's Miracle Network, a nonprofit organization that raises funds for 170 children's hospitals and research institutes across North America That money helps Saint Francis improve its services and continue to take care of uninsured children, increasing the mission of handling all children that are in need in northeast Oklahoma Saint Francis Imaging Center Saint Francis Imaging Center is an all-digital, free-standing facility offering radiology, nuclear medicine, MRI, CT scan, and ultrasound with state-of-the-art equipment, shorter exam times, fewer callbacks, and faster results In addition to the outstanding technical capabilities of the center, patients and their families are treated to a variety of amenities to help make their experience more relaxing This includes a concierge desk where they are given a pager to notify them when their room is available, a staff host to assist them to their room and through the entire process, and slippers and robes instead of hospital gowns Patients and family members have access to an internet station, children's play area, plasma televisions, coffee bar, and much more as they wait in the comfortable reception area Natalie Ambulatory Surgery Center The Natalie Ambulatory Surgery Center offers eight operating rooms, each handling 1,000 to 1,500 procedures a year At its peak, 12,000 patients will have surgeries there annually Set up for efficiency, the facility boasts Tulsa's first I-Suites, operating rooms that respond to a surgeon's voice A computer system, nicknamed Sidne, recognizes its name and responds to doctors' commands, handling tasks that used to be performed by nurses Saint Francis Breast Center The Saint Francis Breast Center offers the latest in screening, diagnostic and interventional breast services, such as a breast magnetic resonance imaging, computer-aided detection, mammography, ultrasonography, and various biopsy interventions The Breast Center makes available the most advanced technology on the healthcare horizon today to the residents of Northeastern Oklahoma Also located within the Breast Center is a dedicated osteoporosis clinic that provides Saint Francis with a level of clinical effectiveness that few providers have and patients with an expansive scope of services The Center for Genetic Testing at Saint Francis The Center for Genetic Testing is a comprehensive, not-for-profit facility that integrates state of the art genetic diagnostic testing for physicians, patients, and their families in Oklahoma, nationwide, and worldwide The Center for Genetic Testing is an internationally recognized center breaking new ground in the fields of clinical, diagnostic, and research genetics The center specializes in genetic testing for the diagnosis of congenital and inherited diseases The goal is to expand the testing menu in the areas of infectious disease and oncology

Identifier	Return Reference	Explanation
Sleep Disorders Center		The Saint Francis Sleep Disorders Center, one of only three centers accredited by the American Academy of Sleep Medicine (AASM) in northeastern Oklahoma, offers a variety of services that can help to determine the causes of sleep disorders With this accreditation, the center has distinguished itself as providing the highest quality of patient care for individuals with sleep abnormalities Xavier Medical Clinic Saint Francis Hospital and Catholic Charities have joined together to operate Xavier Medical Clinic, a free clinic open every Wednesday that is staffed by volunteers from both organizations The Clinic offers the services of volunteer physicians, nurses, and other health professionals to those in the community who are uninsured or do not have access to basic, preventative healthcare services It seeks to provide limited outpatient healthcare services, facilitate referrals to volunteer specialists, education in good health practices, and increase access to traditional healthcare It also provides in-depth education and medical support to patients diagnosed with diabetes Saint Francis Hospital is responsible for all medical aspects of the Clinic Catholic Charities provides the Clinic site, functions as a referral source for the Clinic, and offers non-medical aid to patients in need Xavier Medical Clinic cares for over 4,400 patients a year, most of whom were uninsured Xavier Pregnancy Clinic The Xavier Pregnancy Clinic provides pregnancy screening services to expectant mothers, many of whom lack the financial means necessary to purchase insurance During fiscal year 2009, 409 women were seen at the Xavier Pregnancy Clinic The hospital provided over $500,000 in support for the operations of this clinic Home Health Services Saint Francis Home Health, Inc , an affiliated company, provided 10,871 patient visits in fiscal year 2009, with approximately 56% of them to Medicare patients Social workers, who handle discharge planning, work closely with home health nurses and family members so that there will be optimum care for patients returning home Additionally Saint Francis Home Health was named to the 2007 HomeCare Elite - compilation of the most successful home care providers in the country whose quality and financial performance are among the top 25 percent of providers nationwide Hospice Services Saint Francis Hospice, a division of Saint Francis Home Health, Inc , is a Medicare-certified program designed to provide comfort and supportive care for terminally ill patients in the privacy of their homes Hospice provided 31,210 visits in fiscal year 2009, while providing approximately 87% of the patient care to Medicare patients Health Fairs and Screening Saint Francis Hospital sponsors health fairs at various corporate locations and provides screening for blood pressure, cholesterol levels, glucose levels, body fat, and fitness Information about cancer, heart disease, stress, safety, and women's health is also distributed Natalie Warren Bryant Cancer Center The Natalie Warren Bryant Cancer Center was one of the first centers where radiation therapy, chemotherapy services, laboratory, and support services were grouped in a single location for the patient's convenience when it opened in 1975 From 1987 to the present time, the NWBCC and Warren Cancer Research Foundation have been awarded Community Clinical Oncology Program grants by the National Cancer Institute, the last commitment being for five years The primary purpose of the CCOP is to reach cancer patients at the grass roots level and make available to them the advanced therapy NCI has underwritten in major research centers Saint Francis Hospital and the NWBCC see more than 2,000 new cancer patients each year and, consistent with hospital policy, all services are provided regardless of a patient's ability to pay INFORMATION AND REFERRAL SERVICES HealthLine HealthLine is a physician referral service for Saint Francis Hospital Calls from people seeking a doctor or a referral for some medical problem are received on this line Patients are referred to physicians who agree to see them as promptly as the next day HealthLine annually processes over 2,000 calls, with an average of three physician referrals provided for each caller requesting them Health Information Center The Health Information Center at Saint Francis Hospital is open to serve patients, their families and friends, and health professionals by providing reliable information about health and medical conditions, treatments, and available services in the hospital and community From questions about common diseases to rare, unusual ailments, trained information representatives help people find the information they need Books, pamphlets, videos, and computers with Internet and medical database access are available Information about classes, support groups, and community services are also available The materials provided are free of charge, confidential, and are for information only

Identifier	Return Reference	Explanation
Patient Education Channels		To provide patients and their families with vital information and knowledge in making informed healthcare choices, Saint Francis Hospital's three patient education channels offer current health information on a variety of topics Departments working to provide up-to-date videos include nutrition and food service, physical medicine, outpatient admit / discharge, diabetes education, orthopedics, clinical social services, health care coordination, respiratory care, home health, medical, surgery, pharmacy services, outpatient cardiac rehab, education, endoscopy, pediatrics, enterostomal therapy, cardiology, oncology, neurology, environmental services, and pastoral care EDUCATIONAL SERVICES Saint Francis Hospital is a major teaching hospital for the University of Oklahoma College of Medicine/Tulsa Physicians volunteer as clinical professors to teach medical students and residents who rotate through pediatrics, and emergency medicine, as well as the psychiatric program with our affiliate, Laureate Psychiatric Clinic and Hospital, Inc The Tulsa Medical Education Foundation is a cooperative arrangement supported by other Tulsa hospitals as well Saint Francis Hospital is also a teaching hospital for Oklahoma State University Medical School/Tulsa Physicians volunteer as clinical professors to teach medical students and residents who rotate through the pediatrics and cardiology programs Registered nurses top the list of occupations with the largest projected job growth through 2012 The demand for registered nurses is likely to increase by approximately 600,000 positions nationwide - from 2 3 million to 2 9 million by 2012 Recent statistics indicate that Oklahoma ranks 46th in the country in terms of RNs per 100,000 people Cognizant of the need for qualified healthcare personnel, Saint Francis Health System and Saint Francis Hospital play an integral role in the education and recruitment of prospective nursing students in the Tulsa area Saint Francis supports a number of nursing schools, including the University of Oklahoma - Tulsa, University of Tulsa, Rogers State University, and Tulsa Community College, with scholarships, direct funds, provision of clinical facilities, and preceptor trainers Saint Francis Hospital instructors provide the faculty for educating nurses in the Indian Health Care System in Claremore The hospital is also the clinical setting for programs training laboratory medical technologists, radiation technologists, respiratory therapists, physical, occupational, and speech therapists, and surgical support personnel Saint Francis works with Tulsa Technology Center for the training of a wide variety of technical personnel Saint Francis Hospital Education Center This facility provides classrooms for educational programs for Saint Francis personnel, expectant parents, nursing education programs for area nursing schools, vocational training groups, physicians' lectures and meetings, and educational programs open to professionals in the five-state referral area Community Classes Saint Francis provides a variety of educational classes in areas of children's and women's health, breast health, nursing mothers, disease management and eating well On-Site Academic Programs Working in conjunction with Tulsa Community College, Texas Christian University and Oklahoma Wesleyan University, Saint Francis Hospital offers on-site academic programs to all staff Tulsa Community College offers general education courses and a variety of courses to complete an Associate of Healthcare Administration degree Oklahoma Wesleyan offers a RN to BSN completion program, allowing practicing RN's with an associate degree or diploma to advance and complete their bachelor's degree Texas Christian University allows registered nurses to complete additional training to become a Certified Registered Nurse Anesthetist SUPPORT SERVICES Clinical Social Work Saint Francis Hospital's Clinical Social Work Department provides assistance at no extra cost in all units of the hospital, both inpatient and outpatient The staff of licensed professionals provides psychological counseling, offers information on community resources, and arranges services and equipment for post-hospital care In additional, social workers facilitate several support groups Outpatient Services Many departments of the hospital offer outpatient services radiology, physical medicine, noninvasive cardiology, cardiac catheterization, MRI, pulmunology, gastrointestinal endoscopy, surgery, therapeutic oncology, intravenous infusion, neurophysiology, sleep laboratory, and the short stay option Saint Francis is a comprehensive tertiary care center of which 27% of its inpatient admissions come from outside the Metropolitan Tulsa area (i e Creek, Mayes, Muskogee, Okmulgee, Rogers, Tulsa, and Wagoner counties) Breast Cancer Specialist Saint Francis Hospital became the first hospital in Tulsa to offer the services of a trained breast cancer specialist to serve as the breast cancer educator and moral support person to patients The specialist ensures that each breast cancer patient's total needs are met in a timely manner, guiding the patient through each step of the processing and answering questions to alleviate confusion, fear, and anxiety when going through breast cancer diagnostic testing, recent diagnosis, and / or the disease treatment Free educational information about breast cancer, sources of support, and services available through Saint Francis Hospital and the community are provided SPONSORSHIP OF COMMUNITY EVENTS American Cancer Society The hospital sponsors several community education projects with the American Cancer Society and participates in several special events to educate the public about the benefits of early detection and prompt treatment for cancer, to celebrate cancer survivors, to help fund breast cancer research, and to encourage people to stop smoking

Identifier	Return Reference	Explanation
American Heart Association		Heart disease is Oklahoma's leading cause of death, contributing to approximately 35% in the state Saint Francis Hospital has sought to support organizations whose primary mission it is to reduce the incidence of heart disease within the local community Saint Francis Hospital employees participate in the Heart Walk and numerous other programs fostering better cardiac health In 2009, Saint Francis was a leading corporate sponsor of the Heart Walk, with employees raising $47,900 to fund research activities designed to reduce the incidence of heart disease in northeastern Oklahoma disease in northeastern Oklahoma Arthritis Foundation It is estimated that over 1 2 million Oklahomans suffer from arthritis or chronic joint ailments In cooperation with the Arthritis Foundation, Eastern Oklahoma Chapter, Saint Francis Hospital offers classes which can provide information and relief for those suffering from the over 100 types of arthritis These include the Arthritis Support Group, People with Arthritis Can Exercise, and Arthritis Foundation Aquatics Program Saint Francis Hospital is a community partner in the development of a statewide Oklahoma Arthritis Network public health initiative American Kidney Fund Saint Francis Hospital supports the American Kidney Fund, a national, not-for-profit health organization by providing care for indigent patients suffering from permanent kidney failure Tulsa Area United Way Guided by its mission "to increase the organized capacity of people to care for one another," the Tulsa Area United Way is regarded as one of northeastern Oklahoma's leading public charities, providing assistance to over 66 agencies in Creek, Okmulgee, Osage, Tulsa, and Wagoner counties Since its inception in 1960, Saint Francis Hospital has been a leading contributor to the TAUW campaign For the 2008 - 2009 campaign, the Saint Francis Health System and Saint Francis Hospital raised $344,709 through employee contributions, fundraising events such as an e-Way basket auction, SandBlazer Volleyball tournament, and 5K SandRun Saint Francis Hospital employees participate in the United Way Day of Caring by taking elderly clients of Reaching Hands on a day of fishing at Five Oaks Ranch Workplace Partnership In 2004 Saint Francis Hospital joined the Workplace Partnership, a program designed to increase awareness about organ, eye, and tissue donation The program is nationally sponsored by the U S Department of Health and Human Services and is locally supported by LifeShare of Oklahoma, a not-for-profit organization certified and designated to recover organs for transplantation throughout Oklahoma Oklahoma Fit Kids Coalition The mission of the Oklahoma Fit Kids Coalition is to make a major contribution to the health and well-being of all Oklahomans, including youth and families, through a comprehensive program of activities including education, collaboration, and advocacy The primary focus is to advocate for systems and processes that will ultimately reduce the prevalence of childhood obesity in Oklahoma Saint Francis Hospital is a founding partner of the Northeastern Oklahoma Chapter of the Oklahoma Fit Kids Coalition and contributed $50,000 during fiscal year 2009 to Oklahoma Fit Kids Coalition It's All About Kids The "It's All About Kids" program is a joint partnership between Saint Francis Health System, Saint Francis Hospital, Tulsa Public Schools, and the Tulsa County Health Department The purpose of the program is to teach children the benefits or proper nutrition and regular exercise as a way to lease a healthier lifestyle Safe Kids The "Safe Kids" program is part of the National Safe Kids Campaign, a national organization dedicated solely to the prevention of unintentional childhood injury The purpose of the program is raise safety awareness among the general public and policy makers In addition, the program has coordinated and participated in a wide variety of public safety oriented events for financially impoverished families Senior Specialty Unit A new senior specialty unit, the first and only specialty unit of its kind in Oklahoma, opened at Saint Francis Hospital in September 2007 This unit has been created to improve the hospital experience for people age 70 and older Nurses on this unit have been specially trained in geriatric care, a Saint Francis hospitalist directs admissions and the unit has a dedicated pharmacy, nutritionist and physical therapist By the year 2010, it is estimated the 40 million Americans will be over the age of 65, of these six million will be age 85 and older By addressing the unique needs of older patients the senior specialty unit can speed the recovery, reduce the number of days spent in the hospital and keep these patients from returning to the hospital

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		PART VI, LINE 1B THE CORPORATION DELEGATES ITS GOVERNANCE TO THE BOARD OF DIRECTORS OF SAINT FRANCIS HEALTH SYSTEM, INC (SFHS) THE SFHS BOARD IS COMPRISED OF 14 DIRECTORS, 10 OF WHOM ARE INDEPENDENT PART VI, LINE 2 JAKE HENRY JR AND W R LISSAU EACH SERVE ON THE BOARD (S) OF RELATED ORGANIZATIONS PART VI, LINE 3 THE CORPORATION DELEGATES ITS GOVERNANCE TO SFHS PART VI, LINE 6 THE MEMBERS OF THE CORPORATION ARE WILLIAM K WARREN, JR , HENRY ZARROW, AND THE MOST REVEREND EDWARD J SLATTERY THEIR ROLES AS TRUSTEES AT SAINT FRANCIS HEALTH SYSTEM DICTATES THAT THEY ARE MEMBERS OF SAINT FRANCIS HOSPITAL PART VI, LINE 7A THE MEMBERS OF THE CORPORATION ELECT THE DIRECTORS AT A SPECIAL OR ANNUAL MEETING PART VI, LINE 7B THE MEMBERS MUST APPROVE THE SALE OF ASSETS WITH A VALUE GREATER THAN $10,000,000, AMENDMENTS TO THE CERTIFICATE OF INCORPORATION, MERGER OR CONSOLIDATION, THE SALE, LEASE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS AND PROPERTY OF THE CORPORATION, THE DISSOLUTION OR REVOCATION OF DISSOLUTION OF THE CORPORATION, AND AMENDMENTS TO THE BYLAWS OF THE CORPORATION PART VI, LINE 10 The Form 990 of Saint Francis Hospital, Inc will be posted to a portal on the Saint Francis Health System, Inc website Each member of the finance committee of Saint Francis Health System, Inc will receive a password to the portal where they can view the Form 990 for at least one week before it is filed PART VI, LINE 12C THE CORPORATION USES THE CONFLICT OF INTEREST DISCLOSURE AND RESOLUTION PROCESS OF SAINT FRANCIS HEALTH SYSTEM, INC ALL TRUSTEES, DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE ASKED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS THE DISCLOSURES ARE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF SAINT FRANCIS HEALTH SYSTEM THE FINANCE COMMITTEE DETERMINES IF AN ACTUAL CONFLICT EXISTS AND, IF SO, WHAT MEASURES SHOULD BE TAKEN TO MANAGE THE CONFLICT PART VI, LINE 13 THE CORPORATION USES THE WHISTLEBLOWER POLICY OF SAINT FRANCIS HEALTH SYSTEM, INC , ALTHOUGH IT HAS NOT BEEN FORMALLY ADOPTED BY THE CORPORATION'S BOARD OF DIRECTORS PART VI, LINE 14 THE CORPORATION USES THE DOCUMENT RETENTION AND DESTRUCTION POLICY OF SAINT FRANCIS HEALTH SYSTEM, INC , ALTHOUGH IT HAS NOT BEEN FORMALLY ADOPTED BY THE CORPORATION'S BOARD OF DIRECTORS PART VI, LINE 15A&B THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF SAINT FRANCIS HEALTH SYSTEM, INC , IS RESPONSIBLE FOR REVIEWING AND APPROVING THE COMPENSATION OF TOP MANAGEMENT EMPLOYEES THE COMMITTEE IS STAFFED ENTIRELY BY INDEPENDENT VOTING MEMBERS OF THE BOARD OF DIRECTORS THE COMMITTEE UTILIZES THE SERVICES OF AN OUTSIDE CONSULTANT WHO PROVIDES BENCHMARKING DATA AND GUIDANCE REGARDING EXECUTIVE COMPENSATION THE FINDINGS OF THE COMMITTEE ARE DOCUMENTED IN MINUTE FORMAT PART VI, LINE 19 REQUESTS FOR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE EVALUATED ON A CASE-BY-CASE BASIS PART VII AND SCHEDULE J-2 THE HOURS PER WEEK REPORTED ON FORM 990, PART VII AND SCHEDULE J-2 FOR OFFICERS AND DIRECTORS ARE THE HOURS SPENT ON THE FILING ENTITY ONLY THE REMAINING 40 HOURS OR THE OFFICERS AND DIRECTORS WITH RELATED COMPENSATION IS ALLOCATED AMONGST THE ENTITIES REPORTED ON SCHEDULE R PART VIII, LINE 11D THE HOSPITAL PROVIDES HEALTH AND MEDICAL EDUCATION TO PATIENTS, EMPLOYEES, AND OTHER COMMUNITY MEMBERS THE HOSPITAL IS ABLE TO BETTER SERVE THE COMMUNITY BY PROVIDING ADDITIONAL SERVICES SUCH AS HOME HEALTH CARE AND HOSPICE AFFILIATED ENTITIES

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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 answerd "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
Saint Francis Hospital Inc

Employer identification number
73-0700090

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
SAINT FRANCIS OUTREACH SERVICES LLC 6600 S YALE AVE STE 400 TULSA, OK 74136 14-1841340	LAB SERVICES	OK	16,799,958	1,774,452	SFH
CARE COMMUNICATIONS LLC 6600 S YALE AVE STE 400 TULSA, OK 74136 26-0015989	PHYS COMMUNIC	OK	2,713,145	2,983,481	SFH

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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) 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
ASHM LLC 6600 S YALE AVE TULSA, OK74136 73-1558644	SALE/RENT OF DURA	OK	NA	RELATED				No		Yes	
SFSJ VENTURES LLC 6600 S YALE AVE TULSA, OK74136 73-1563876	OFFICE SPACE&OTHR	OK	NA	UNRELATED				No			No
SFBCMRI 6600 S YALE AVE TULSA, OK74136 20-1919259	MAMMOGRAPHY SRVCS	OK	SFH	RELATED	36,000	404,461		No			No

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
See Additional Data Table							

Part V Transactions with Related Organizations

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

		Yes	No
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	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f	Yes	
g Purchase of assets from other organization(s)	1g	Yes	
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on 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)		

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 73-0700090
Name: Saint Francis Hospital Inc

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
SAINT FRANCIS HEALTH SYSTEM INC 6600 S YALE AVE STE 400 TULSA, OK74136 73-1501972	PARENT ORG	OK	501c3	11B TYPE II	N/A
SAINT FRANCIS HOSPITAL SOUTH LLC 6600 S YALE AVE STE 400 TULSA, OK74136 01-0603214	HOSPITAL SRVC	OK	501c3	3	N/A
LAUREATE PSYCHIATRIC CLINIC & HOSPITAL 6600 S YALE AVE STE 400 TULSA, OK74136 73-1308273	PSYCH SRVC	OK	501c3	3	SFHS
WARREN CLINIC INC 6600 S YALE AVE STE 400 TULSA, OK74136 73-1310891	PHYSICIAN SRV	OK	501c3	3	SFHS
PATIENT CARE SERVICES OF ST FRANCIS INC 6600 S YALE AVE STE 400 TULSA, OK74136 73-0803027	PHYSICIAN SRV	OK	501c3	3	SFHS
SAINT FRANCIS HOME HEALTH INC 6600 S YALE AVE STE 400 TULSA, OK74136 73-1234331	IND LIVING SR	OK	501c3	11A TYPE I	SFH
WARREN CANCER RESEARCH FD INC 6600 S YALE AVE STE 400 TULSA, OK74136 73-1426265	CANCER RSRCH	OK	501c3	4	SFH
MCALESTER MEDICAL CORPORATION 6600 S YALE AVE STE 400 TULSA, OK74136 73-0710406	PHYSICIAN SRV	OK	501(c)(2)		SFH
THE CHILDREN'S HOSPITAL FD AT ST FRANCIS 6600 S YALE AVE STE 400 TULSA, OK74136 20-2843418	SUPPORT SRVCS	OK	501c3	11A TYPE I	SFHS
SERVICE COLLECTION ASSOCIATION INC 6600 S YALE AVE STE 400 TULSA, OK74136 73-0927856	COLLECTN SRVC	OK	501(e)		SFH
ARROWHEAD RIDGE OWNERS ASSOCIATION INC 6600 S YALE AVE STE 400 TULSA, OK74136 52-2418279	ADMIN SRVCS	OK	501c6		SFH SOUTH

Form 990, Schedule R, 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
SPRINGER CLINIC INC 6600 S YALE AVE STE 400 TULSA, OK74136 73-1414359	PHYSICIAN SRVC	OK	NA	S CORP			
RELATED HEALTH SERVICES INC 6600 S YALE AVE STE 400 TULSA, OK74136 73-1288715	PHYSICAL FITNESS	OK	SFH	S CORP	-1,043,323	43,533,428	100 %
XAVIER INSURANCE COMPANY INC 6600 S YALE AVE STE 400 TULSA, OK74136 03-0333599	CAPTIVE INSURANCE	OK	SFH	C CORP	21,376	5,552,093	100 %
SAINT FRANCIS PAYROLL SERVICES LLC 6600 S YALE AVE STE 400 TULSA, OK74136 45-0470422	ADMIN SERVICES	OK	SFH	C CORP	0	0	100 %
SFSJ MED VENTURES 6600 S YALE AVE STE 400 TULSA, OK74136 73-1504031	ADMIN SERVICES	OK	SFH	C CORP	0	0	50 %
SAINT FRANCIS HEART HOSPITAL MOB TENANTS 6600 S YALE AVE STE 400 TULSA, OK74136 03-0541505	ADMIN SERVICES	OK	NA	C CORP			
COMMUNITY CARE MNGD HLTHCARE PLANS OF OK 218 W 6TH ST TULSA, OK74119 73-1513383	INSURANCE SRVCS	OK	NA	C CORP			
SFHS GENERAL PROFESSIONAL LIABILITY TRST 6600 S YALE AVE STE 400 TULSA, OK74136 75-6583874	ADMIN SRVCS	OK	NA	TRUST			

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	LAUREATE PHYCHIATRIC CLINIC AND HOSPITAL INC	k	11,729,212
(2)	LAUREATE PHYCHIATRIC CLINIC AND HOSPITAL INC	l	59,600
(3)	LAUREATE PHYCHIATRIC CLINIC AND HOSPITAL INC	o	29,985,886
(4)	LAUREATE PHYCHIATRIC CLINIC AND HOSPITAL INC	p	45,238,932
(5)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	j	114,786
(6)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	g	79,187
(7)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	k	1,044,795
(8)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	o	1,871,349
(9)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	p	2,558,837
(10)	WARREN CLINIC INC	p	3,213,417
(11)	WARREN CLINIC INC	b	360,000
(12)	WARREN CLINIC INC	g	71,342
(13)	WARREN CLINIC INC	k	3,029,848
(14)	WARREN CLINIC INC	l	5,579,441
(15)	WARREN CLINIC INC	o	2,750,481
(16)	SAINT FRANCIS HEALTH SYSTEM INC	p	19,728,888
(17)	SAINT FRANCIS HEALTH SYSTEM INC	l	527,905
(18)	SAINT FRANCIS HEALTH SYSTEM INC	o	26,237,992
(19)	MCALESTER MEDICAL CORP	b	476,456
(20)	ALL SAINTS HOME MEDICAL LLC	p	9,042,744
(21)	ALL SAINTS HOME MEDICAL LLC	k	10,455,291
(22)	ALL SAINTS HOME MEDICAL LLC	o	20,030,543
(23)	RELATED HEALTH SERVICES INC	o	2,058,723
(24)	RELATED HEALTH SERVICES INC	p	3,041,758
(25)	RELATED HEALTH SERVICES INC	k	1,140,799
(26)	RELATED HEALTH SERVICES INC	l	50,869
(27)	SAINT FRANCIS HOME HEALTH INC	o	5,520,954
(28)	SAINT FRANCIS HOME HEALTH INC	p	11,753,770
(29)	SAINT FRANCIS HOME HEALTH INC	c	2,099,259
(30)	SAINT FRANCIS HOME HEALTH INC	k	6,523,525

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(31)	SAINT FRANCIS HOME HEALTH INC	I	1,938,228
(32)	WARREN CANCER RESEARCH FOUNDATION	b	400,000
(33)	WARREN CANCER RESEARCH FOUNDATION	p	421,173
(34)	WARREN CANCER RESEARCH FOUNDATION	o	427,059
(35)	WARREN CANCER RESEARCH FOUNDATION	k	150,438
(36)	THE CHILDREN'S HOSPITAL FD AT SAINT FRANCIS	p	1,128,766
(37)	THE CHILDREN'S HOSPITAL FD AT SAINT FRANCIS	b	400,000
(38)	THE CHILDREN'S HOSPITAL FD AT SAINT FRANCIS	c	9,396,022
(39)	THE CHILDREN'S HOSPITAL FD AT SAINT FRANCIS	o	646,313
(40)	SPRINGER CLINIC INC	a	124,842
(41)	SPRINGER CLINIC INC	f	71,342
(42)	SPRINGER CLINIC INC	J	314,392
(43)	SPRINGER CLINIC INC	K	16,384,761
(44)	SPRINGER CLINIC INC	L	345,501
(45)	SPRINGER CLINIC INC	O	20,519,960
(46)	SAINT FRANCIS HOSPITAL SOUTH LLC	a	2,387,060
(47)	SAINT FRANCIS HOSPITAL SOUTH LLC	f	12,015,560
(48)	SAINT FRANCIS HOSPITAL SOUTH LLC	k	12,702,830
(49)	SAINT FRANCIS HOSPITAL SOUTH LLC	l	1,470,388
(50)	SAINT FRANCIS HOSPITAL SOUTH LLC	o	47,264,987
(51)	SAINT FRANCIS HOSPITAL SOUTH LLC	p	71,234,155
(52)	SAINT FRANCIS HOSPITAL SOUTH LLC	q	66,406
(53)	SAINT FRANCIS HEALTH SYSTEM INC	q	15,000,000
(54)	SAINT FRANCIS HEALTH SYSTEM INC	r	15,950,000
(55)	SPRINGER CLINIC INC	P	13,199,787
(56)	WARREN CLINIC INC	a	66,265
(57)	WARREN CLINIC INC	J	58,229
(58)	SPRINGER CLINIC INC	J	58,832

Additional Data

Software ID:
Software Version:
EIN: 73-0700090
Name: Saint Francis Hospital Inc

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			
JAKE HENRY JR 1 , PRESIDENT/CEO/DIRECTOR	10	X		X				0	1,542,812	238,254
BARRY L STEICHEN 2 , TREASURER / DIRECTOR	10	X		X				0	667,157	136,569
WILLIAM K WARREN JR , TRUSTEE	10	X						0	0	0
BISHOP EDWARD J SLATTERY , TRUSTEE	10	X						0	0	0
HENRY ZARROW , TRUSTEE/DIRECTOR	10	X						0	0	0
WR LISSAU , DIRECTOR	10	X						0	0	0
THOMAS G NEFF 2 , VICE PRESIDENT	40 0			X				457,796	0	93,896
JEFFREY C SACRA , SECRETARY	40 0			X				211,770	0	28,418
ROBERT ELI SMITH , ASSISTANT SECRETARY	10			X				0	109,036	25,583
ERIC SCHICK , ASSISTANT TREASURER	40 0			X				207,770	0	28,635
ROBERT BUTLER 2 , SENIOR VICE PRESIDENT	40 0				X			283,095	0	95,004
LYNN SUND 2 , SR VP/CHIEF NURSE EXEC	40 0				X			398,596	0	126,576
WILLIAM L SCHLOSS 2 , SENIOR VICE PRESIDENT	40 0				X			710,948	0	41,686
DAVID WAGNER , VICE PRESIDENT	40 0				X			243,317	0	124,491
PRESTON PHILLIPS , PHYSICIAN	40 0					X		37,500	592,575	28,846
BRUCE MARKMAN , PHYSICIAN	40 0					X		39,000	560,022	28,846
ROBERT OKADA , PHYSICIAN	40 0					X		14,670	1,236,611	28,846
KENNETH CHEKOFSKY , PHYSICIAN	40 0					X		38,500	531,405	28,846
CHRISTIAN LUESSENHOP , PHYSICIAN	40 0					X		39,000	441,298	28,846

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 NET PATIENT CARE REVENUE	621,990	442,370,967	442,370,967		
b PARTNERSHIP INC RELATED TO PROGRAM SVC	541,900	1,739,119	1,753,573	-14,454	
c OUTREACH LAB	621,500	13,288,928	13,288,928		
d OFFICE SPACE REIMBURSEMENT	531,120	837,191	837,191		
e MEDICARE/MEDICAID PAYMENTS	621,990	211,206,069	211,206,069		