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WK7 T FD6541-001 1

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 JULY 1 **, 2008, and ending** JUNE 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 WARREN CLINIC, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 6600 S YALE AVE. Room/suite 400

City or town, state or country, and ZIP + 4 TULSA, OK 74136-3319

D Employer identification number 73-1310891

E Telephone number (918) 502-8120

G Gross receipts $ 93,541,657.00

F Name and address of principal officer
BARRY L. STEICHEN, 6161 SOUTH YALE, AVE., TULSA, OK 74136

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 ▶ N/A

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

J Website: ▶http://www.warrenclinic.com

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987 **M** State of legal domicile OK

Part I Summary

Activities & Governance

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) See Schedule O, Stmt 1	5	1,343
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.00
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.00

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	500.00	0.00
9	Program service revenue (Part VIII, line 2g)	79,588,104.00	88,396,417.00
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	914,847.00	687,257.00
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,505,685.00	4,473,685.00
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,009,136.00	93,557,359.00

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0.00	0.00
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.00	0.00
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	66,305,302.00	79,348,265.00
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.00	0.00
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.00		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	25,605,096.00	30,737,541.00
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	91,910,398.00	110,085,806.00
19	Revenue less expenses Subtract line 18 from line 12	-6,901,262.00	-16,528,447.00

Net Assets or Fund Balances

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	19,195,449.00	23,338,572.00
21	Total liabilities (Part X, line 26)	15,388,572.00	14,745,043.00
22	Net assets or fund balances Subtract line 21 from line 20	3,806,877.00	8,593,529.00

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

Sign Here

Barry L. Steichen — Signature of officer — Date 5/13/10

BARRY L. STEICHEN, TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature Christopher B. Boggs — Date 5-10-10 — Check if self-employed ▶ ☐ — Preparer's Identifying number (see instructions)

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 ▶ 34-6565596 — Phone no ▶ (317) 280-3400

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

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Part III Statement of Program Service Accomplishments (see instructions)

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

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

4a (Code _____) (Expenses $ 92,920,460.00 including grants of $ _____) (Revenue $ 93,415,629.00)

WARREN CLINIC, INC. PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IT HAS A STRONG COMMITMENT TO HELP MEET THE NEEDS OF THE COMMUNITIES IT SERVES. RECOGNIZING THIS COMMITMENT, WARREN CLINIC PROVIDES SERVICES TO BOTH MEDICARE AND MEDICAID PATIENTS AND ACCEPTS REDUCED FEES IN SUPPORT OF THESE PROGRAMS. THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS $28,305,313 IN FISCAL YEAR 2009. CHARITY CARE IS ALSO PROVIDED THROUGH REDUCED PRICE AND FREE SERVICES. EACH EMPLOYEE PHYSICIAN IS REQUIRED BY CONTRACT TO PROVIDE CARE TO INDIGENT PATIENTS IN THE NORMAL COURSE OF THEIR DUTIES. THE VALUE OF CHARITY CARE PROVIDED WAS $265,735 IN FISCAL YEAR 2009. WARREN CLINIC, INC. PROVIDES PHYSICIAN SERVICES TO COMMUNITIES WHICH ARE DESIGNATED PHYSICIAN SHORTAGE AREAS. TRAINING FOR MEDICAL STUDENTS IS ALSO PROVIDED BY WARREN CLINIC PHYSICIANS.

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 ▶ $ 92,920,460.00 *(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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
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	N/A	
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
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		X
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		X
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		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
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		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	
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	N/A	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A	
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		X
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		X
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		X
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		X

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		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b	X	
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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	X	
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	X	
36	**Section 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		X
37	Did the organization conduct more than 5% 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		X

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	114		
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		X	
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	1,343		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions) N/A - SEE SCH O				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		N/A	
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			X
b	If "Yes," enter the name of the foreign country ► N/A 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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		N/A	
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		N/A	
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 more than $75?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N/A	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		N/A	
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		N/A	
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		N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N/A	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A		
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	N/A		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A		

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 2–7b 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	X	
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	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	N/A	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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	N/A	
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		X
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		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
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		X
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	N/A	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OKLAHOMA

18 Section 6104 requires an organization to make its Forms 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.

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, STE 400, TULSA, OK 74136-3319 (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), 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, and 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-2/1099-MISC)	(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			
HENRY ZARROW TRUSTEE	1	X								
WILLIAM K. WARREN, JR. TRUSTEE	1	X								
W.R. LISSAU DIRECTOR	1	X								
JAKE HENRY JR. PRESIDENT/DIRECTOR/TRUSTEE	1	X		X				0.00	1,542,812.00	238,254.00
BARRY L. STEICHEN DIRECTOR/TREASURER	1	X		X				0.00	667,157.00	136,569.00
THOMAS G. NEFF VICE PRESIDENT	1			X				0.00	457,796.00	93,896.00
JEFFREY C. SACRA SECRETARY	1			X				0.00	211,770.00	28,418.00
ROBERT ELI SMITH ASSISTANT SECRETARY	1			X				0.00	109,036.00	25,583.00
ERIC E. SCHICK ASSISTANT TREASURER	1			X				0.00	207,770.00	28,635.00
JAMES KALTENBACHER SENIOR VICE PRESIDENT	40				X			266,369.00	0.00	318,731.00
PATRICK GANNON, PHYSICIAN	40					X		979,375.00	0.00	28,846.00
STEPHEN RIDDEL, PHYSICIAN	40					X		659,586.00	0.00	28,846.00
PRESTON PHILLIPS, PHYSICIAN	40					X		592,575.00	37,500.00	28,846.00
EMORY HILTON, PHYSICIAN	40					X		620,133.00	0.00	28,846.00
BRUCE MARKMAN, PHYSICIAN	40					X		560,022.00	39,000.00	28,846.00

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b Total ►								3,678,060.00	3,272,841.00	1,014,316.00

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 166

		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*		X
4	For any individual listed on line 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*	X	
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*		X

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
NEXTGEN HEALTHCARE INFORMATION, 795 HORSHAM RD, HORSHAM, PA 19044	MAINTENANCE	320,387.00
PER-SE TRANSACTION SERVICES, INC; PO BOX 409969, ATLANTA, GA 30384	PATIENT STMT PROCESSING	218,486.00
BVK DIRECT, INC., PO BOX 78189, MILWAUKEE, WI 53278	MARKETING	213,977.00
THE ADDISON GROUP, LLC., 9216 S TOLEDO, TULSA, OK 74137	TEMP EMPLOYEE SVCS	200,164.00
IRON MOUNTAIN RECORDS MANAGEMENT, PO BOX 915004, DALLAS, TX 75391	MEDICAL RECORDS STORAGE	119,143.00

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ► 8

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f ▶		0.00			
Program Service Revenue		**Business Code**				
	2a PHYSICIAN SERVICES	621300	88,186,120.00	88,186,120.00		
	b RENTAL INCOME FROM AFFILIATES		210,297.00	210,297.00		
	c		0.00			
	d		0.00			
	e		0.00			
	f All other program service revenue		0.00			
	g **Total.** Add lines 2a–2f ▶		88,396,417.00			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		689,347.00	650,545.00		38,802.00
	4 Income from investment of tax-exempt bond proceeds ▶		0.00			
	5 Royalties ▶		0.00			
		(i) Real / (ii) Personal				
	6a Gross Rents	84,557.00				
	b Less: rental expenses					
	c Rental income or (loss)	84,557.00 / 0.00				
	d Net rental income or (loss) ▶		84,557.00			84,557.00
	7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other: 1,843.00				
	b Less cost or other basis and sales expenses	3,933.00				
	c Gain or (loss)	0.00 / -2,090.00				
	d Net gain or (loss) ▶		-2,090.00			-2,090.00
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶		0.00			
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶		0.00			
	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 ▶		0.00			
	Miscellaneous Revenue	**Business Code**				
	11a BILLING AND ACCOUNTING FEES FOR AFFILIATE	900099	4,368,667.00	4,368,667.00		
	b		0.00			
	c		0.00			
	d All other revenue	900099	20,461.00			20,461.00
	e **Total.** Add lines 11a–11d ▶		4,389,128.00			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		93,557,359.00	93,415,629.00		141,730.00

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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	0.00			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.00			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.00			
4 Benefits paid to or for members	0.00			
5 Compensation of current officers, directors, trustees, and key employees	413,774.00	0.00	413,774.00	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	251,596.00	251,596.00	0.00	
7 Other salaries and wages	66,943,287.00	59,740,543.00	7,202,744.00	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,234,106.00	4,670,916.00	563,190.00	
9 Other employee benefits	2,955,711.00	2,622,876.00	332,835.00	
10 Payroll taxes	3,549,791.00	3,167,834.00	381,957.00	
11 Fees for services (non-employees):				
a Management	27.00	27.00		
b Legal	-61.00	-61.00		0.00
c Accounting	81,614.00		81,614.00	
d Lobbying	24,109.00	24,109.00		
e Professional fundraising services. See Part IV, line 17	0.00			
f Investment management fees	0.00			
g Other	2,269,862.00	1,441,896.00	827,966.00	
12 Advertising and promotion	477,433.00	343,555.00	133,878.00	
13 Office expenses	6,733,654.00	6,325,076.00	408,578.00	
14 Information technology	1,078,014.00	645,657.00	432,357.00	
15 Royalties	0.00			
16 Occupancy	5,676,115.00	4,962,291.00	713,824.00	
17 Travel	195,783.00	147,559.00	48,224.00	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.00			
19 Conferences, conventions, and meetings	145,891.00	122,591.00	23,300.00	
20 Interest	481.00	481.00		
21 Payments to affiliates	0.00			
22 Depreciation, depletion, and amortization	2,031,278.00	989,241.00	1,042,037.00	
23 Insurance	2,210,842.00	2,029,325.00	181,517.00	
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 DUES AND LICENSES	442,100.00	404,496.00	37,604.00	
b ADMINISTRATIVE EXPENSE	4,585,400.00	757,150.00	3,828,250.00	
c EMPLOYEE EXPENSE	615,745.00	111,048.00	504,697.00	
d BAD DEBT EXPENSE	4,159,381.00	4,159,381.00		
e COMMUNITY CONTRIBUTIONS	9,873.00	2,873.00	7,000.00	
f All other expenses	0.00			
25 **Total functional expenses.** Add lines 1 through 24f	110,085,806.00	92,920,460.00	17,165,346.00	0.00
26 **Joint Costs.** Check here ▶ ☐ 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	0.00			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		310,301.00	1	990,911.00
	2	Savings and temporary cash investments		1,378,010.00	2	1,764,994.00
	3	Pledges and grants receivable, net		0.00	3	0.00
	4	Accounts receivable, net		5,957,800.00	4	5,607,386.00
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		0.00	5	0.00
	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		0.00	6	0.00
	7	Notes and loans receivable, net		612,516.00	7	452,437.00
	8	Inventories for sale or use		0.00	8	0.00
	9	Prepaid expenses and deferred charges		1,432,554.00	9	1,483,914.00
	10a	Land, buildings, and equipment: cost basis	10a 19,731,561.00			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 10,508,725.00	8,090,371.00	10c	9,222,836.00
	11	Investments–publicly traded securities		0.00	11	0.00
	12	Investments–other securities See Part IV, line 11		0.00	12	0.00
	13	Investments–program-related See Part IV, line 11		1,156,838.00	13	1,507,383.00
	14	Intangible assets		0.00	14	1,006,766.00
	15	Other assets See Part IV, line 11		257,059.00	15	1,301,945.00
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		19,195,449.00	16	23,338,572.00
Liabilities	17	Accounts payable and accrued expenses		13,817,611.00	17	14,247,706.00
	18	Grants payable		0.00	18	0.00
	19	Deferred revenue		0.00	19	0.00
	20	Tax-exempt bond liabilities		0.00	20	0.00
	21	Escrow account liability. Complete Part IV of Schedule D		0.00	21	0.00
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0.00	22	0.00
	23	Secured mortgages and notes payable to unrelated third parties		0.00	23	0.00
	24	Unsecured notes and loans payable		11,817.00	24	63,489.00
	25	Other liabilities Complete Part X of Schedule D		1,559,144.00	25	433,848.00
	26	**Total liabilities.** Add lines 17 through 25		15,388,572.00	26	14,745,043.00
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,806,877.00	27	8,593,529.00
	28	Temporarily restricted net assets		0.00	28	0.00
	29	Permanently restricted net assets		0.00	29	0.00
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0.00	30	0.00
	31	Paid-in or capital surplus, or land, building, or equipment fund		0.00	31	0.00
	32	Retained earnings, endowment, accumulated income, or other funds		0.00	32	0.00
	33	Total net assets or fund balances		3,806,877.00	33	8,593,529.00
	34	Total liabilities and net assets/fund balances		19,195,449.00	34	23,338,572.00

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		
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	X	
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		X
b	If "Yes," did the organization undergo the required audit or audits?	3b	N/A	

SCHEDULE A (Form 990 or 990-EZ)

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	**Employer identification number**
WARRREN CLINIC, INC.	73-1310891

Part I **Reason for Public Charity Status** (All organizations must complete this part.) (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 33⅓% 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 33⅓% 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
11g(i) (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 supported organization?		
11g(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

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									0.00

Part II **Support Schedule for Organizations Described in Sections 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.) N/A

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.")						0.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.00
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.00
4 **Total.** Add lines 1-3	0.00	0.00	0.00	0.00	0.00	0.00
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						0.00

Section B. 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	0.00	0.00	0.00	0.00	0.00	0.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.00
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.00
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.00
11 **Total support.** Add lines 7 through 10						0.00

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 section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.0000 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33⅓% support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33⅓% support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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 a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.) N/A

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 ")						0.00
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						0.00
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.00
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.00
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.00
6 **Total.** Add lines 1-5	0.00	0.00	0.00	0.00	0.00	0.00
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.00
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						0.00
c Add lines 7a and 7b	0.00	0.00	0.00	0.00	0.00	0.00
8 **Public support** (Subtract line 7c from line 6.)						0.00

Section B. 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	0.00	0.00	0.00	0.00	0.00	0.00
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.00
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.00
c Add lines 10a and 10b	0.00	0.00	0.00	0.00	0.00	0.00
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.00
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.00
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						0.00

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.0000 %
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	0.0000 %
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33⅓% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

N/A

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), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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), then

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

Name of organization	Employer identification number
WARREN CLINIC, INC.	73-1310891

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. N/A

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 ▶ $ 0.00

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ 0.00

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? N/A ☐ Yes ☐ No

4a Was a correction made? N/A ☐ Yes ☐ No

b If "Yes," describe in Part IV. N/A

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. N/A

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 funds contributed to other organizations for section 527 exempt function 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 ▶ $ 0.00

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 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 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. N/A

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)	0.00	0.00
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)	0.00	0.00
f Lobbying nontaxable amount Enter the amount from the following table in both columns.	0.00	0.00
g Grassroots nontaxable amount (enter 25% of line 1f)	0.00	0.00
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		

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

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 2a through 2f 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					0.00
b Lobbying ceiling amount (150% of line 2a, column(e))					0.00
c Total lobbying expenditures					0.00
d Grassroots non-taxable amount					0.00
e Grassroots ceiling amount (150% of line 2d, column (e))					0.00
f Grassroots lobbying expenditures					0.00

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?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV	X		24,109.00
j	Total lines 1c through 1i			24,109.00
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			N/A
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			N/A
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	N/A		

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. N/A

			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 Schedule C instructions for details. N/A

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.

Part IV Supplemental Information *(continued)*

PART II-B

WARREN CLINIC, INC., THROUGH THE MEMBERSHIP DUES PAID ON BEHALF OF PHYSICIANS TO THE AMERICAN MEDICAL ASSOCIATION AND OKLAHOMA STATE MEDICAL ASSOCIATION, PARTICIPATES IN LOBBYING AND GRASS ROOTS POLITICAL ACTIVITY. IT IS LESS THAN A SUBSTANTIAL PART OF THE TOTAL CLINIC EXPENDITURES IN A TAXABLE YEAR. THE LOBBYING AND GRASS ROOTS POLITICAL ACTIVITY IS RELATED TO LEGISLATION AFFECTING THE CLINIC, IN PARTICULAR THE PROMOTION OF HEALTH.

"LOBBYING" MEANS ANY ATTEMPT BY THE AMA OR OSMA TO INFLUENCE ANY LEGISLATION THROUGH AN ATTEMPT TO AFFECT OPINIONS OF THE GENERAL PUBLIC OR ANY SEGMENT THEREOF, ANY ATTEMPT TO INFLUENCE LEGISLATION THROUGH COMMUNCATIONS WITH ANY MEMBER OR EMPLOYEE OF A LEGISLATIVE BODY WHO MAY PARTICIPATE IN THE FORMULATION OF LEGISLATION.

"GRASS ROOTS POLITICAL ACTIVITY" MEANS ANY ATTEMPT BY THE AMA OR OSMA TO INFLUENCE ANY LEGISLATION THROUGH AN ATTEMPT TO AFFECT THE OPINIONS OF THE GENERAL PUBLIC OR ANY SEGMENT THEREOF.

PORTION OF DUES ATTRIBUTED TO LOBBYING AND GRASS ROOTS POLITICAL ACTIVITY: $24,109

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
WARREN CLINIC, INC.

Employer identification number
73-1310891

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. N/A

	(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. N/A

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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of certified historic structure

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 section 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. N/A

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. N/A

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 the arrangement 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 organization answered "Yes" to Form 990, Part IV, line 10. N/A

	(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				
b Buildings		6,014,581.00	1,689,560.00	4,325,021.00
c Leasehold improvements		637,809.00	525,301.00	112,508.00
d Equipment		12,268,319.00	8,261,657.00	4,006,662.00
e Other		810,852.00	32,207.00	778,645.00
Total. Add lines 1a–1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ..... ►				9,222,836.00

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products ...		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12.)* ▶	0.00	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN MCALESTER ASC	1,507,383.00	EQUITY METHOD
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13.)* ▶	1,507,383.00	

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

(a) Description	(b) Book value
DUE FROM CUSTOMERS	15,555.00
OTHER ACCRUED ACCOUNTS RECEIVABLE	150,785.00
DUE FROM AFFILIATES	1,135,605.00
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 15.)* ▶	1,301,945.00

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

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATES	64,109.00
PROFESSIONAL LIABILITY RESERVE	369,739.00
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	433,848.00

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 N/A

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	0.00
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	0.00
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	0.00

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

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	0.00
3	Subtract line 2e from line 1			3	0.00
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	0.00
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	0.00

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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	0.00
3	Subtract line 2e from line 1			3	0.00
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	0.00
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	0.00

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 IV, 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.

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES, 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 CONSIDRERED PROBABLE AND REASONABLY ESTIMABLE IN ACCORDANCE WITH FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES. ON JULY 1, 2007, THE CLINIC ADOPTED FIN 48. THE IMPACT OF THE ADOPTION OF FIN 48 ON THE CLINIC'S FINANCIAL STATEMENTS WAS NOT SIGNIFICANT. THERE WERE NO MATERIAL UNRECORDED TAX LIABILITIES AS OF JUNE 30, 2009 AND 2008.

Part XIV Supplemental Information *(continued)*

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
WARREN CLINIC, INC.

Employer identification number
73-1310891

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification 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 of 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

Schedule J (Form 990) 2008

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is 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 reportable compensation				
JAKE HENRY JR. (1)	(i)						0.00	
	(ii)	740,230.00	768,840.00	33,742.00	230,226.00	8,028.00	1,781,066.00	545,415.00
BARRY L. STEICHEN (2)	(i)						0.00	
	(ii)	410,477.00	245,052.00	11,628.00	126,968.00	9,601.00	803,726.00	145,552.00
THOMAS G. NEFF (2)	(i)						0.00	
	(ii)	248,955.00	202,514.00	6,327.00	85,031.00	8,865.00	551,692.00	147,614.00
JEFFREY C. SACRA	(i)						0.00	
	(ii)	178,603.00	30,888.00	2,279.00	27,076.00	1,342.00	240,188.00	
ERIC E. SCHICK	(i)						0.00	
	(ii)	181,426.00	24,414.00	1,930.00	20,269.00	8,366.00	236,405.00	
JAMES KALTENBACHER (2)	(i)	199,104.00	65,000.00	2,265.00	309,702.00	9,029.00	585,100.00	
	(ii)						0.00	
PATRICK GANNON	(i)	960,936.00	2,939.00	15,500.00	28,846.00	0.00	1,008,221.00	
	(ii)						0.00	
STEPHEN RIDDEL	(i)	641,147.00	2,939.00	15,500.00	28,846.00	0.00	688,432.00	
	(ii)						0.00	
PRESTON PHILLIPS	(i)	558,510.00	3,065.00	31,000.00	28,846.00	0.00	621,421.00	
	(ii)	37,500.00	0.00	0.00	0.00	0.00	37,500.00	
EMORY HILTON	(i)	586,194.00	2,939.00	31,000.00	28,846.00	0.00	648,979.00	
	(ii)						0.00	
BRUCE MARKMAN	(i)	541,470.00	3,052.00	15,500.00	28,846.00	0.00	588,868.00	
	(ii)	39,000.00	0.00	0.00	0.00	0.00	39,000.00	
	(i)						0.00	
	(ii)						0.00	
	(i)						0.00	
	(ii)						0.00	
	(i)						0.00	
	(ii)						0.00	
	(i)						0.00	
	(ii)						0.00	
	(i)						0.00	
	(ii)						0.00	

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.

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 AMENDMED 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 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 BENEFIT 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 BENEFIT IS ONE YEAR'S BASE SALARY AND WILL BE PAID ONLY UNDER SPECIFIC CIRCUMSTANCES OF TERMINATION.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

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WARREN CLINIC, INC.

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73-1310891

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) N/A

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

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

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

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

Part II Loans to and/or From Interested Persons. N/A

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total ► $				0.00						

Part III Grants or Assistance Benefitting Interested Persons. N/A

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
MARTINA HUM M.D.	MARRIED TO VICE PRESIDENT	250,624.00	PHYSICIAN COMPENSATION		X

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.

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Name of the organization
WARREN CLINIC, INC.

Employer identification number
73-1310891

PART V, LINE 2B: FOLLOWING REVENUE PROCEDURE 70-6, 1970-1 C.B. 420, SAINT FRANCIS PAYROLL SERVICES, L.L.C., EIN 45-0470422, HAS BEEN AUTHORIZED TO ACT AS A COMMON PAY AGENT UNDER SECTION 3504 OF THE INTERNAL REVENUE CODE FOR WARREN CLINIC, INC., EFFECTIVE JULY 1, 2002. AS OF THAT DATE, SAINT FRANCIS PAYROLL SERVICES, L.L.C. ASSUMED REPORTING OBLIGATIONS FOR FEDERAL INCOME TAX, SOCIAL SECURITY, MEDICARE, AND BACKUP WITHOLDING TAX PURPOSES AS WELL AS ADVANCE PAYMENT OF EARNED INCOME TAX CREDIT FOR WARREN CLINIC, INC., INCLUDING YEAR END REPORTING.

PART VI, SECTION A, 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.

2: JAKE HENRY JR AND W.R. LISSAU EACH SERVE ON THE BOARDS OF OTHER ORGANIZATIONS, SOME OF WHICH ARE RELATED.

3: THE CORPORATION DELEGATES ITS GOVERNANCE TO SFHS.

6: THE MEMBERS OF THE CORPORATION ARE WILLIAM K WARREN JR, TRUSTEE, HENRY ZARROW, TRUSTEE, AND JAKE HENRY JR., TRUSTEE.

7a: THE MEMBERS OF THE CORPORATION ELECT THE DIRECTORS AT A SPECIAL OR ANNUAL MEETING.

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.

10: THE FORM 990 OF WARREN CLINIC, 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, SECTION B, 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, INC. THE FINANCE COMMITTEE DETERMINES IF AN ACTUAL CONFLICT EXISTS AND, IF SO, WHAT MEASURES SHOULD BE TAKEN TO MANAGE THE CONFLICT.

Name of the organization	Employer identification number
WARREN CLINIC, INC.	73-1310891

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.

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.

15b: 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.

19: REQUESTS FOR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE EVALUATED ON A CASE-BY-CASE BASIS.

PART VII, SECTION A, LINE 1a: THE HOURS PER WEEK REPORTED FOR OFFICERS AND DIRECTORS ARE THE HOURS SPENT ON THE FILING ENTITY ONLY. THE REMAINING PORTION OF THE 40 HOURS PER WEEK OF THE OFFICERS AND DIRECTORS WITH RELATED COMPENSATION IS ALLOCATED AMONG THE ENTITIES REPORTED ON SCHEDULE R.

SCHEDULE L, PART IV: DR MARTINA HUM, AN EMPLOYED PHYSICIAN OF WARREN CLINIC, INC., IS MARRIED TO THOMAS G. NEFF, VICE PRESIDENT OF WARREN CLINIC, INC. HER COMPENSATION AND BENEFITS ARE REPORTED ON FORM 990, PART IX, LINE 6. ALL EMPLOYED PHYSICIAN COMPENSATION IS REVIEWED BY AN INDEPENDENT THIRD PARTY.

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 answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

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Open to Public Inspection

Name of the organization
WARREN CLINIC, INC.

Employer identification number
73-1310891

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt 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
SAINT FRANCIS HEALTH SYSTEM, INC, 6600 S. YALE AVE, STE 400, TULSA, OK 74136-3319 73-1501972	HEALTH SERVICES	OKLAHOMA	501(c)(3)	11b Type II	N/A
SAINT FRANCIS HOSPITAL, INC, 6600 S. YALE AVE, STE 400, TULSA, OK 74136-3319 73-0700090	HEALTH SERVICES	OKLAHOMA	501(c)(3)	3	N/A
SAINT FRANCIS HOSPITAL SOUTH, LLC, 6600 S. YALE AVE, STE 400, TULSA, OK 74136-3319 01-0603214	HEALTH SERVICES	OKLAHOMA	501(c)(3)	3	N/A
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC, 6600 S. YALE AVE, STE 400, TULSA, OK 74136-3319 73-1308273	HEALTH SERVICES	OKLAHOMA	501(c)(3)	3	N/A
PATIENT CARE SERVICES OF SAINT FRANCIS, INC., 6600 S. YALE AVE, STE 400, TULSA, OK 74136-3319 73-0803027	HEALTH SERVICES	OKLAHOMA	501(c)(3)	3	N/A
MCALESTER AMBULATORY SURGERY CENTER, LLC, 6600 S. YALE AVE, STE 400, TULSA, OK 74136-3319 73-1599085	HEALTH SERVICES	OKLAHOMA	501(c)(3)	3	N/A
THE CHILDREN'S HOSPITAL FOUNDATION AT SAINT FRANCIS, 6600 S. YALE AVE, STE 400, TULSA, OK 74136-3319 20-2843418	HEALTH SERVICES	OKLAHOMA	501(c)(3)	11a Type I	N/A

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) Disproportionate allocations? Yes	(H) No	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) 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
SAINT FRANCIS PAYROLL SERVICES, LLC, 6600 S YALE AVE, STE 400, TULSA OK 74136-3319; 45-0470422	COMMON PAY AGENT	OKLAHOMA	N/A	C corp	N/A	N/A	N/A
XAVIER INSURANCE COMPANY, INC, 76 ST PAUL ST, BURLINGTON, VT 05401-4477; 03-0333599	CAPTIVE INSURANCE	VERMONT	N/A	C corp	N/A	N/A	N/A
SAINT FRANCIS HEALTH SYSTEM GENERAL/PROFESSIONAL LIABILITY LOSS FUND, 6600 S YALE AVE, STE 400, TULSA, OK 74136-3319, 76-6583874	LIABILITY TRUST	OKLAHOMA	N/A	Trust	N/A	N/A	N/A
SPRINGER CLINIC, INC., 6600 S. YALE AVE, STE 400, TULSA, OK 74136-3319; 73-1414359	HEALTH SERVICES	OKLAHOMA	N/A	S corp	N/A	N/A	N/A

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		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c	X	
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r	X	

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)	SAINT FRANCIS HOSPITAL, INC	C	360,000.00
(2)	SAINT FRANCIS HOSPITAL, INC	F	71,342.00
(3)	SAINT FRANCIS HOSPITAL, INC	K	5,579,441.00
(4)	SAINT FRANCIS HOSPITAL, INC	O	3,213,417.00
(5)	LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.	K	63,018.00
(6)	LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC.	O	3,944,802.00

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) Disproportionate allocations?		(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

► Attach to Form 990 to list additional information for Schedule R, Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

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Name of filing organization
WARREN CLINIC, INC.

Employer identification number
73-1310891

Part I Continuation of Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	*** 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
SERVICE COLLECTION ASSOCIATION, INC. 73-0927856 6600 S YALE AVE, STE 400, TULSA, OK 74136-3319	INACTIVE	OKLAHOMA	501(e)	N/A	N/A

Part III Continuation of 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) Disproportionate allocations? Yes	(H) Disproportionate allocations? No	(I) Code V—UBI amount on box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Continuation of 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

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a–r)	(C) Amount involved
(7)	PATIENT CARE SERVICES OF SAINT FRANCIS, INC	O	277,728.00
(8)	MCALESTER AMBULATORY SURGERY CENTER, LLC	K	257,703.00
(9)	MCALESTER AMBULATORY SURGERY CENTER, LLC	O	247,198.00
(10)	SPRINGER CLINIC, INC	I	83,766.00
(11)	SPRINGER CLINIC, INC	K	4,800,707.00
(12)	SPRINGER CLINIC, INC	O	9,482,778.00
(13)	SAINT FRANCIS HOSPITAL SOUTH, LLC	F	89,178.00
(14)	SAINT FRANCIS HOSPITAL SOUTH, LLC	K	220,206.00
(15)	SAINT FRANCIS HOSPITAL SOUTH, LLC	O	219,196.00
(16)	SAINT FRANCIS HOSPITAL, INC	L	3,029,848.00
(17)	SAINT FRANCIS HOSPITAL, INC	P	2,750,481.00
(18)	LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC	P	60,720.00
(19)	SPRINGER CLINIC, INC	J	151,605.00
(20)	SPRINGER CLINIC, INC	G	71,338.00
(21)	SPRINGER CLINIC, INC	L	989,024.00
(22)	SPRINGER CLINIC, INC	P	34,283,827.00
(23)	SAINT FRANCIS HOSPITAL SOUTH, LLC	L	93,510.00
(24)	MCALESTER AMBULATORY SURGERY CENTER, LLC	B	300,000.00

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a–r)	(C) Amount involved
(7)	SAINT FRANCIS HOSPITAL, INC.	J	66,265.00
(8)	SAINT FRANCIS HOSPITAL, INC.	A	58,229.00
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(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) Disproportionate allocations?		(G) Code V—UBI amount on box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No