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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

C Name of organization
Saint Francis Memorial Hospital
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
900 Hyde Street
Room/suite
City or town, state or country, and ZIP + 4
San Francisco, CA 94109

D Employer identification number
94-1156295

E Telephone number
(415) 353-6600

G Gross receipts \$ 316,423,099

F Name and address of Principal Officer
Alan Fox
900 Hyde Street
San Francisco, CA 94109

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

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

J Web site: WWW.CHWHEALTH.ORG

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation 1938

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To provide compassionate, quality, cost effective medical and healthcare related services to meet the needs of the communities we serve

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 19

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12

5 Total number of employees (Part V, line 2a) 5 1,232

6 Total number of volunteers (estimate if necessary) 6 213

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a 1,904,624

7b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b -266,927

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 3,419,487

9 Program service revenue (Part VIII, line 2g) 9 173,635,336

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 5,139,644

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,881,413

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 184,075,880

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 282,642

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 99,712,067

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

b (Total fundraising expenses, Part IX, column (D), line 25 0) b

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 17 86,629,285

18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) 18 186,623,994

19 Revenue less expenses Subtract line 18 from line 12 19 -2,548,114

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 346,087,749

21 Total liabilities (Part X, line 26) 21 88,050,350

22 Net assets or fund balances Subtract line 21 from line 20 22 258,037,399

Part II Signature Block

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
Signature of officer ALAN FOX CHIEF FINANCIAL OFFICER Date 2010-05-07

Paid Preparer's Use Only Preparer's signature KPMG LLP Date Firm's name (or yours if self-employed), address, and ZIP + 4 55 SECOND STREET SUITE 1400 SAN FRANCISCO, CA 94105 EIN Phone no (415) 963-5100

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission
To provide compassionate, high-quality, affordable health services for our sisters and brothers who are poor and disenfranchised, and partnering with others in the community to improve the quality of life

2

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

YesNo

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?

YesNo

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 165,238,740 including grants of \$ 40,608) (Revenue \$ 174,253,893)
SAINT FRANCIS MEMORIAL HOSPITAL'S MISSION IS TO CONTRIBUTE TO THE HEALTH OF THE COMMUNITY THROUGH THE PROVISION OF QUALITY SERVICES DELIVERED IN A COMPASSIONATE AND COST EFFECTIVE MANNER THE HOSPITAL HAS 356 BEDS AND SERVICED PATIENTS AS FOLLOWS OUTPATIENT VISITS OF 143,845, EMERGENCY VISITS OF 26,462, AND INPATIENT AND OUTPATIENT OPERATING ROOM CASES OF 3,416 INPATIENT SERVICES ACUTE MEDICAL/SURGICAL CARE AND REHAB, INTENSIVE AND BURN CARE, ADULT PSYCH, PHARMACY, CARDIOPULMONARY, SURGERY AND TELEMETRY UNIT OUTPATIENT SERVICES EMERGENCY CARE, WOUND CENTER, SPORTS MEDICINE AND OCCUPATIONAL HEALTH CLINICS, PULMONARY REHAB, PSYCH DAY CARE, OUTPATIENT BURN CARE, SPINE AND JOINT CENTER, DIAGNOSTIC IMAGING, RADIATION ONCOLOGY, RETAIL PHARMACY, GASTROINTESTINAL SERVICES AND PHYSICAL THERAPY SERVICES SUPPORT SERVICES CHAPLAINCY PROGRAM, FAMILY SUPPORT SERVICES, PALLIATVE CARE, PARKING SERVICES, NURSING EDUCATION SERVICES, HEALTH SCIENCES LIBRARY, AS WELL AS SUPPORT, TIME AND MONEY TO ORGANIZATIONS AND INDIVIDUALS THROUGHOUT THE COMMUNITY

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 \$ 165,238,740 Must equal Part IX, Line 25, column (B).

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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 	28a Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	28b	No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	34 Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35	No
36	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36	No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37	No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a227		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1,232		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

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

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

Section B. Policies

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>CA</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ own website ☐ another's website ☒ upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CRYSTAL CARRASCO FINANCE DEPT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 (916) 851-2106

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

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

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(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									3,194,369	3,550,528	1,371,550

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

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

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Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	2,049,717				
	e	Government grants (contributions)	1e	208,309				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	340				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total (Add lines 1a-1f)		2,258,366				
	Program Service Revenue	2a	PATIENT REV/CHARITY CARE	Business Code 900,099	121,151,764	121,151,764		
b		MEDICAL OFF BLDGS	532,000	2,298,629	2,298,629			
c		PHARMACY	900,099	2,837,821	1,390,532	1,447,289		
d		MEDICARE / MEDICAID PAYMENTS	900,099	48,898,876	48,898,876			
e		LABORATORY	621,500	457,335		457,335		
f		All other program service revenue		594,757	594,757			
g		Total. Add lines 2a-2f						
		\$ 176,239,182						
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		3,639,782		3,639,782		
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			132,270,597					
			141,095,752					
			-8,825,155					
	d	Net gain or (loss)		-8,825,155		-8,825,155		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a					
			b	Less direct expenses	b			
			c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a					
			b	Less direct expenses	b			
			c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a					
			b	Less cost of goods sold	b			
			c	Net income or (loss) from sales of inventory		0		
		Miscellaneous Revenue	Business Code					
	11a	CAFETERIA	900,099	238,329		238,329		
b	PARKING LOT FEES	812,930	795,899		795,899			
c	GIFT SHOPS	453,220	69,230		69,230			
d	All other revenue		911,714		911,714			
e	Total. Add lines 11a-11d							
	\$ 2,015,172							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		175,327,347	174,334,558	1,904,624	-3,170,201		

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	40,608	40,608		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,788,361	1,636,772	151,589	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	82,480,537	76,656,186		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	444,054	278,925	165,129	
9	Other employee benefits	10,597,462	9,866,810	730,652	
10	Payroll taxes	5,780,339	5,381,808	398,531	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	125,327		125,327	
c	Accounting	83,269		83,269	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	197,006	197,006		
g	Other	21,834,998	15,504,814	6,330,184	
12	Advertising and promotion	503,540	16,499	487,041	
13	Office expenses	5,105,443	4,427,647	677,796	
14	Information technology	5,998,358	5,965,171	33,187	
15	Royalties	0			
16	Occupancy	3,386,058	3,124,451	261,607	
17	Travel	199,943	75,176	124,767	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	193,146	117,391	75,755	
20	Interest	2,099,819	2,098,835	984	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,837,584	9,137,637	699,947	
23	Insurance	643,316	643,316		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	9,221,491	9,221,491		0
b	MEDICAL SUPPLIES	19,563,585	19,563,585		
c	DUES & SUBSCRIPTIONS	335,302	84,026	251,276	
d	LICENSES & TAXES	459,637	393,570	66,067	
e	OVERHEAD CORP ALLOCATION	1,730,529		1,730,529	
f	All other expenses	970,995	807,016	163,979	0
25	Total functional expenses. Add lines 1 through 24f	183,620,707	165,238,740	18,381,967	0
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	8,368	1 8,562
	2	Savings and temporary cash investments	31,495,757	2 12,839,620
	3	Pledges and grants receivable, net	28,065	3 74,566
	4	Accounts receivable, net	27,821,266	4 26,334,528
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6
	7	Notes and loans receivable, net	907,164	7 1,336,694
	8	Inventories for sale or use	2,529,150	8 2,543,175
	9	Prepaid expenses and deferred charges	2,546,328	9 5,579,811
	10a	Land, buildings, and equipment cost basis		
		10a 234,484,065		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>		
		10b 140,179,237	90,352,866	10c 94,304,828
	11	Investments—publicly traded securities	73,714,638	11 87,491,032
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	78,550,157	13 63,598,217
14	Intangible assets		14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	38,133,990	15 26,665,000	
16	Total assets. Add lines 1 through 15 (must equal line 34)	346,087,749	16 320,776,033	
Liabilities	17	Accounts payable and accrued expenses	18,562,515	17 22,133,339
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22
	23	Secured mortgages and notes payable to unrelated third parties	388,064	23 156,749
	24	Unsecured notes and loans payable		24
	25	Other liabilities <i>Complete Part X of Schedule D</i>	69,099,771	25 66,376,865
	26	Total liabilities. Add lines 17 through 25	88,050,350	26 88,666,953
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	176,713,934	27 165,737,555
	28	Temporarily restricted net assets	50,832,958	28 35,868,041
	29	Permanently restricted net assets	30,490,507	29 30,503,484
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	258,037,399	33 232,109,080
	34	Total liabilities and net assets/fund balances	346,087,749	34 320,776,033

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Saint Francis Memorial Hospital	Employer identification number 94-1156295
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

1	☐	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	☐	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☒	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	☐	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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

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

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

Part II

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

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

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

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization
Saint Francis Memorial Hospital

Employer identification number

94-1156295

Part I-A

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

- 1

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

Political expenditures

\$ _____
- 3

Volunteer hours

Part I-B

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

- 1

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

\$ _____
- 2

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

\$ _____
- 3

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

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C

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

- 1

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

\$ _____
- 2

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

\$ _____
- 3

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

\$ _____
- 4

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

☐ Yes

☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☒ No

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

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

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		25,376
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
	i Other activities If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			25,376
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
	b If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
PART II - B		Lobbying expenditures paid by the Parent organization for annual membership dues where expenses are allocated to the hospital American Hospital Association \$2,458 Catholic Health Association \$1,266 Hospital Association of So Cal \$21,652

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

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

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

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

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

b

Assets included in Form 990, Part X \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

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		2,093,567		2,093,567
b Buildings		116,677,331	79,999,928	36,677,403
c Leasehold improvements		153,061	153,056	5
d Equipment		86,636,244	60,026,253	26,609,991
e Other		28,923,862	0	28,923,862
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				94,304,828

Schedule D (Form 990) 2008

(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)		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
UNCONSOLIDATED FOUNDATION	63,598,217	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶	63,598,217	

(a) Description	(b) Book value
PREPAID PENSION EXPENSE	26,665,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	26,665,000

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO RELATED PARTIES	64,410,659
PENSION LIABILITY	1,250,050
OTHER NON CURRENT LIABILITIES	475,745
DEFERRED COMPENSATION	240,411
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	66,376,865

Schedule D (Form 990) 2008

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, PART X		The consolidated audited financial statements did not include a FIN 48 footnote disclosure as the liability was determined not material for reporting purposes

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I

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

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

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

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

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

Part IIIBad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

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

Section B. Medicare

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

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures (Optional for 2008)

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

Part V

Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Saint Francis Memorial Hospital 900 Hyde ST San Francisco, CA 94109	X	X		X			X		
Hyperbaric Medicine Center 900 Hyde ST San Francisco, CA 94109									Hyperbaric Center
Franciscan Treatment Room-Occupational 1199 Bush ST 160 San Francisco, CA 94109									Clinic
Infusion Center 900 Hyde ST San Francisco, CA 94109									Infusion Center
Occupational Health Center - AT&T Park 24 Willie Mays Plaza San Francisco, CA 94107									Urgent Care Clinic
Outpatient Burn Clinic 900 Hyde ST San Francisco, CA 94109									Clinic
San Francisco Spine Center 1199 Bush ST Suite 200 San Francisco, CA 94109									Health Center
Sports Medicine Center at Corte Madera 770 Tamalpais DR 206 Corte Madera, CA 94925									Sports Medicine
Sports Medicine Center at San Francisco 900 Hyde ST San Francisco, CA 94109									Sports Medicine
Sports Medicine Center at Walnut Creek Alpine Square 1777 Botelho Dr 110 Walnut Creek, CA 94596									Sports Medicine
Total Joint Center 1199 Bush ST Suite 300 San Francisco, CA 94109									Clinic

Complete this part to provide the following information

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

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

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

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

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

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

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

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Francis Memorial Hospital

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

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
94-1156295

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO HEP B FREE - ASIAN WEEK FOUNDATION809 Sacramento St San Francisco,CA 94108	20-1719535	501 (C) (3)	10,000	0	N/A	N/A	To Support Foundation Services
HOSPITAL COUNCIL OF NO CAL1215 K St 800 Sacramento,CA 95814	94-2663197	501 (C) (3)	15,500	0	N/A	N/A	To Promote Personal or Social Health

2

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

10

3

Enter total number of other organizations

4

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PART I, LINE 2		As a 501(3) organization, we provide assistance to various charitable organizations to promote CHW's Mission. A designated Committee establishes and evaluates priorities and allocation of funds with emphasis on promotion of healthy communities and community collaboration. We do not monitor and report program outcomes. Spending is tracked on an ongoing basis and that annual spending is within the budgeted amount.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

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

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

[illegible]

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

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

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).		
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b		
1	(a) Name of disqualified person	(c) Corrected?
		Yes No

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

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

Part II Loans to and/or From Interested Persons										
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a										
(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				\$						

Part III Grants or Assistance Benefitting Interested Persons		
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons				
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
				Yes No
Jean Haddad MD Richard Lanzerot	Dir GoreS & Malin pRTNERS	102,382	Provide physcian services	No

2008

Open to Public Inspection

SCHEDULE O
(Form 990)

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.

Department of the Treasury
Internal Revenue Service

Name of the organization Saint Francis Memorial Hospital	Employer identification number 94-1156295
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Identifier	Return Reference	Explanation
PART VI - GOVERNANCE, MANAGEMENT, DISCLOSURE		FORM 990, PART VI, SECTION A, LINE 6 The sole corporate member is Catholic Healthcare West, a 501(c)(3) exempt organization FORM 990, PART VI, SECTION A, LINE 7a CHW, as the sole corporate member, ratifies the selection of members and the CHW Board approves new Board members of the organization FORM 990, PART VI, SECTION A, LINE 7b Reserved rights of the corporate member include adoption of mission and philosophy statements, amendment or restatement of articles of incorporation and bylaw s, dissolution of the corporation, acquisition of another corporation, creation of a new subsidiary, merger or consolidation with another corporation, participation as a general or limited partner in any venture, incurring long-term indebtedness in excess of normal operating requirements, ratification of board member appointments and dismissals, selection and removal of independent auditors, and transactions outside the ordinary course of business FORM 990, PART VI, SECTION A, LINE 10 The Board of Trustees has delegated the review of the Form 990 to the Finance Committee Management provided the draft of the Form 990 to the Finance Committee before filing the return with the IRS for discussion at the committee meeting held on May 27, 2010 The draft was complete except it excluded compensation information for key employees of the organization and directors who are also key executives of Catholic Healthcare West, the filing organization's sole member Compensation by Catholic Healthcare West to those directors has been review ed by the Compensation and Benefits Committee of the Catholic Healthcare West Board of Directors Subsequent to its review , the Finance Committee reported back to the Board regarding its review and provided a draft to the Board of Trustees, again excluding compensation for certain directors and key employees FORM 990, PART VI, SECTION B, LINE 12c The Organization has adopted CHW's Conflicts of Interest Policy The Organization's Board is charged with monitoring proposed or ongoing transactions for conflicts of interest and addressing any potential or actual conflicts Pursuant to the Conflicts of Interest Policy, an annual conflict of interest questionnaire, aimed at determining any family and business relationships and transactions or other transactions that may pose a potential conflict, is distributed to all covered persons (e g , board members, officers and executive leadership, key employees) Covered persons are required to disclose real or potential conflicts at the time such conflicts arise When someone becomes a covered person and annually thereafter, each covered person is required to sign a statement affirming that he/she (1) has received a copy of the Conflicts of Interest Policy, (2) has read the Policy and understands said Policy, and (3) agrees to comply with all requirements of the Policy, including completing the conflicts of interest questionnaire The completed questionnaires are review ed by CHW's Legal Department and any persons with actual or potential conflicts are informed via w ritten communication The procedures for addressing any conflict of interest include, but are not limited to, the follow ing (1) the conflicting interest is fully disclosed to the Board, (2) the interested person responds to factual questions related to the substance of the transaction or arrangement being considered, after w hich he/she shall leave the meeting, (3) the person with the conflict of interest is excluded from the discussion and approval of such transaction, (4) alternatives to the proposed transaction are investigated, competitive bids or comparable valuations are obtained, (5) any conflicting issues during the course of a Board meeting w hich cannot be resolved is referred to the Governance Committee, and (6) the transaction or action must be approved by a majority of disinterested persons All conflicts of interest, w hether resolved or unresolved, are reported in the Organization's Form 990 FORM 990, PART VI, SECTION B, LINE 15a Although the organization employs personnel, the Service Area Leader is compensated by Catholic Healthcare West (CHW) CHW's Compensation and Benefits department conducts an annual review and analysis to provide benchmarking data for the total compensation and benefits package of the Service Area Leader Appropriate comparability data for similar jobs in peer companies (both taxable and tax-exempt) is obtained from independent third-party survey sources FORM 990, PART VI, SECTION B, LINE 15b The parent organization's human resources department conducts an annual review and analysis to provide benchmarking data for the total compensation and benefits package of key executives The compensation for these individuals w as based on the qualification and experience of the candidates Compensation is also review ed annually as part of the merit increase process FORM 990, PART VI, SECTION B, LINE 19 Federal tax law s do not mandate that the organization's governing documents, conflict of interest policy and financial statements be made available for public inspection The organization makes its financial statements available on its website and upon request

Identifier	Return Reference	Explanation
PART XI - FINANCIAL STATEMENTS/REPORTING		FORM 990, PART XI, LINE 2 The organization's financial statements were audited on a consolidated basis and included in Catholic Healthcare West and Subordinate Corporations' audited annual financial statements prepared according to GAAP FORM 990, PART XI, LINE 3 The organization's federal awards were included in CHW's consolidated OMB Circular A-133 audited Schedule of Federal Expenditures

Identifier	Return Reference	Explanation
Supplement Part III - Community Benefit Report		SECTION 1 - QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT 1 Organizational Commitment to Providing Community Benefit A Our Mission Saint Francis Memorial Hospital, a subsidiary of Catholic Healthcare West (CHW), dedicates resources to - Delivering compassionate, high-quality, affordable health services, - Serving and advocating for our sisters and brothers who are poor and disenfranchised, and - Partnering with others in the community to improve the quality of life Saint Francis Memorial Hospital 900 Hyde Street San Francisco, California, 94109 (415) 353-6000 The hospital was founded in 1905 by five prominent San Francisco physicians The hospital's centers of excellence include the Saint Francis Centers for Sports Medicine, the Bothin Burn Center, the Healing Wound Center, the San Francisco Spine Center, and the Total Joint Center B Community Benefit Following is a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community CA State Senate Bill 697 mandates California hospitals to - Reaffirm the Mission Statement to include an expression of commitment to serve the community - Complete a Community Needs and Assets Assessment every 3 years - Plan and monitor progress toward established outcomes Saint Francis Memorial Hospital is a member of the Building a Healthier San Francisco (BHSF) collaborative The collaborative is a joint effort that includes representatives from all of the city's hospitals, major city departments, philanthropic foundations and community organizations Every three years the collaborative publishes an assessment that provides a picture of the health of San Franciscans The Building a Healthier San Francisco Community Needs Assessment analyzes data produced by government agencies and private organizations to examine health conditions in each of the city's zip codes Geographic Area and Target Population Community Demographics - Population 1,265,726 - Diversity 38% Caucasian, 14% Hispanic, 31 7% Asian, 8% African American, 4% Other - Average Income 51,302 - Uninsured 8 5% - Unemployed 6 6% - No College 18% - Renter 55% Catholic Healthcare West developed a Community Needs Index (CNI) that considers in aggregate the socio-economic barriers residents face Each geographic service area, determined by 80% or more of hospital discharges, was considered The higher the score, the greater risk residents of the zip code have in needing health services CHW's community benefit efforts have a primary focus on the areas with disproportionate unmet health-related needs Primary Primary Service Area CNI Score Service Area CNI Score 94109 3 8 94132 3 2 94102 4 8 94111 3 6 94133 4 8 94015 3 0 94103 4 6 94127 1 8 94108 4 8 94080 3 2 94112 3 6 94014 3 6 94122 3 2 94044 2 6 94115 3 8 94591 2 8 94110 4 0 94105 2 6 94107 4 0 94920 2 0 94116 3 0 94002 2 4 94134 4 4 94941 2 4 94121 3 2 94010 2 4 94124 4 8 95482 4 6 94123 2 4 94066 2 8 94118 3 4 94945 2 6 94117 3 2 94806 4 4 94114 2 6 94403 2 8 94131 2 8 94104 4 6 94158 2 8 94404 2 6 Total 3 4 Major trends, needs, and problems in the community Needs Assessment Survey Priorities - Access to primary care, specialty care, and mental health and substance abuse services - Chronic disease prevention and management - Community Case Management - Prevention/Wellness/Ecology Major strategies to address identified needs and problems Saint Francis Memorial Hospital's Community Benefit programs are either clinical or non-clinical in nature, and include activities and/or programs that provide treatment and/or promote health and healing that are - Responsive to identified health priorities determined in collaboration with community stakeholders, - Integrated into the facility's strategic planning and budgeting process, and - Integrated into the facility's strategic planning and budgeting process, and - Planned and implemented with program objectives and measurable outcomes that are beneficial to community stakeholders In defining the community served by Saint Francis Hospital, strong consideration was focused upon specific resources, including OSHPD's definition of community as the service area, as well as demographic information provided by regional or local government agencies, reimbursement agencies, University studies/surveys, and the United States Census Bureau In addition, recognition of pertinent information regarding the patients or clients that are served in this program, other criteria that has been considered includes - Needs to serve - those who demonstrate the greatest need for services - Can most readily serve - those in the hospital's immediate vicinity - Identified in the Community Need Index (CNI) - those key ambulatory sensitive conditions that must be appropriately addressed for those living in neighboring zip codes that are measured to be within the 4 2 to 5 0 category of most needy - Identified in the Community Needs Assessment (CNA) - those prioritized service elements that are identified in the 2007 CNA Hospital's relationships with community organizations to improve community health, improve access to health care, or in other ways benefit the community - Saint Francis continues to partner with community clinics, and is a major supporter of Glide Health Services The clinic is a unique collaboration between the hospital, UCSF School of Nursing and the Glide Foundation Located in the heart of the Tenderloin, Glide Health Services offers medical, mental health and substance abuse services to adults The Homecoming Services Program assists frail seniors being discharged from the hospital The program is a collaborative effort between Saint Francis, SF Senior Center, Little Brother's Friends of the Elderly, In Home Supportive Services and Project Open Hand The Homecoming Services Program provides short-term case management and ongoing supportive services to help ease the senior back to independent and healthy living Services are free of charge to low -income clients - The Recuperation Program began as a partnership between SFMH and St Anthony's Free Clinic The program was so successful that in FY 2008, it was expanded to include two other clinics, Glide Health Services and South of Market Health Center By providing a comprehensive continuum of care for these vulnerable patients and connecting them with primary care services the program's goal is to reduce the number of patients who return to the emergency room or hospital after being discharged Dedicated staffs to assist the community benefit effort The hospital has dedicated staff to coordinate the community benefit efforts

Identifier	Return Reference	Explanation
Community Benefit Report Continued		C Payment assistance policy for low -income persons and its communication to the public CATHOLIC HEALTHCARE WEST SUMMARY OF PATIENT FINANCIAL ASSISTANCE POLICY Policy Overview Catholic Healthcare West (CHW) is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, CHW strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CHW's procedures for obtaining financial assistance, and to contribute to the cost of their care based on individual ability to pay Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services Eligibility for Patient Financial Assistance - Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy - The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation Determination of Financial Need Financial need will be determined through an individual assessment that may include - an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need, - the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay, - a reasonable effort by the CHW facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs, and will take into account the patient's assets and other financial resources - It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services The need for financial assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known - CHW's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance Requests for financial assistance shall be processed promptly, and the CHW facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application Patient Financial Assistance Guidelines Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the determination as follows - Patients whose income is at or below 200% of the FPL are eligible to receive free care, - Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services, - Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services, - Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the CHW facility CHW's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes Communication of the Financial Assistance Program to Patients and the Public - Information about patient financial assistance available from CHW, including a contact number, shall be disseminated by the CHW facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the CHW facility may elect Such information shall be provided in the primary languages spoken by the populations served by the CHW facility - Any member of the CHW facility staff or medical staff may make referral of patients for financial assistance The patient or a family member, a close friend or associate of the patient may also make a request for financial assistance Budgeting and Reporting - Specific dollar amounts and annual plans for patient financial assistance will be included within the Social Accountability Budget of the CHW facility CHW facilities will report patient financial assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate - Patient financial assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts Relationship to Collection Policies - CHW system management shall develop policies and procedures for internal and external collection practices by CHW facilities that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHW, and a patient's good faith effort to comply with his or her payment agreements with the CHW facility - For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CHW facilities may offer interest-free extended payment plans to eligible patients will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies Regulatory Requirements In implementing this policy, CHW management and CHW facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy

Identifier	Return Reference	Explanation																																																																																																				
Community Benefit Report Continued		2 Organizational Description for Tax Exemption The hospital - operates an emergency room that is open to all persons regardless of ability to pay, - has an open medical staff with privileges available to all qualified physicians in the area, - has a governing body in which independent persons representative of the community comprise a majority, - does not engage in medical or scientific research programs, - engages in the training and education of health care professionals, - participates in Medicaid, Medicare, CHAMPUS, Tricare and/or other government-sponsored health care programs 3 Description of Community Benefit Programs - Charity Care is a provision of healthcare to patients receiving in-patient and out-patient charity care and financial assistance - Chronic Disease Self Management Program provide classes using a curriculum developed by Stanford University at SFMH, Self Help for the Elderly and Curry Senior Center - Dore Urgent Care Clinic is a combined psychiatric urgent care clinic and residential stabilization program designed to serve individuals who are in psychiatric crisis in the community but who do not require involuntary treatment, seclusion, or restraint - HEP B Free Campaign is a citywide campaign to educate, test, vaccinate and treat San Francisco Asian and Pacific Islander (API) residents of Hepatitis B (HBV) Community organizations, hospital, and the San Francisco Department of Public Health are collaborating to provide convenient, free or low-cost testing opportunities at street fairs and clinics 4 Links to Additional Community Benefit Information Payment assistance information http://www.saintfrancismemorial.org/intradoc-cgi/ldc_cgi_isapi.dll?ldcService=SS_GET_PAGE&ssDocName=SFS_M051316 Community benefit report http://www.saintfrancismemorial.org/stellent/groups/public/@xinternet_con_sfs/documents/w ebcontent/sfs_m060207.pdf SECTION 2 - QUANTIFIABLE COMMUNITY BENEFIT UNSPONSORED COMMUNITY BENEFIT EXPENSE Un-sponsored community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs These benefits (a) generate a low or negative margin, (b) respond to the needs of special populations, such as persons living in poverty and other disenfranchised persons, (c) supply services or programs that would likely be discontinued, or would need to be provided by another not-for-profit or government provider, if the decision was made on a purely financial basis, (d) respond to public health needs, and/or (e) involve education or research that improves overall community health Benefits for the Poor include services provided to persons who are economically poor or are medically indigent and cannot afford to pay for healthcare services because they have inadequate resources and/or are uninsured or underinsured Benefits for the Broader Community refer to persons in the general community, beyond and including those in a target population Most services for the broader community are aimed at improving the health and welfare of the overall community Traditional Charity Care is free or discounted health services provided to persons who cannot afford to pay and who meet CHW's criteria for payment assistance Net Community Benefit, excluding the unpaid cost of Medicare, is the total cost incurred after deducting direct offsetting revenue from government reimbursement, patients, donations and other sources The following is a summary of Saint Francis Memorial Hospital's community benefits for the year ended June 30, 2009, in terms of services to the poor and benefits for the broader community, which has been prepared in accordance with the Catholic Health Association of the United States' publication, A Guide for Planning and Reporting Community Benefit Saint Francis Memorial Hospital Complete Summary of Community Benefit Classified as to Poor and Broader Community For period 7/1/2008 through 6/30/2009 <table><tr><td>Persons Net Comm % of Served Ben</td><td>Exp</td><td>Exp</td><td>Benefits for the Poor</td></tr><tr><td>Traditional Charity Care</td><td>4,020</td><td>4,778,164</td><td>2.6%</td></tr><tr><td>Unpaid Costs of Medicaid/Medi-Cal</td><td>7,025</td><td>6,369,034</td><td>3.6%</td></tr><tr><td>Other Public Programs</td><td>1,850</td><td>1,858,397</td><td>1.0%</td></tr><tr><td>Community Services</td><td></td><td></td><td></td></tr><tr><td>Community Health Services</td><td>10,278</td><td>1,053,856</td><td>0.6%</td></tr><tr><td>Subsidized Health Services</td><td>30</td><td>335,692</td><td>0.2%</td></tr><tr><td>Cash and In Kind Contributions</td><td>400</td><td>4,625</td><td>0.0%</td></tr><tr><td>Community Building Activities</td><td>51,795</td><td>59,000</td><td>0.0%</td></tr><tr><td>Community Benefit Operations</td><td></td><td></td><td></td></tr><tr><td>Total Community Services</td><td>62,503</td><td>1,453,173</td><td>0.8%</td></tr><tr><td>Total Benefits for the Poor</td><td>75,398</td><td>14,458,768</td><td>8.1%</td></tr><tr><td>Benefits for the Broader Community</td><td></td><td></td><td></td></tr><tr><td>Community Services</td><td></td><td></td><td></td></tr><tr><td>Community Health Services</td><td>1,875</td><td>15,522</td><td>0.0%</td></tr><tr><td>Health Professions Education</td><td>625</td><td>132,810</td><td>0.1%</td></tr><tr><td>Subsidized Health Services</td><td>29,574</td><td>166,338</td><td>0.1%</td></tr><tr><td>Cash and In Kind Contributions</td><td>7,682</td><td>288,416</td><td>0.2%</td></tr><tr><td>Community Building Activities</td><td>0</td><td>0</td><td>0.0%</td></tr><tr><td>Community Benefit Operations</td><td>0</td><td>333,896</td><td>0.2%</td></tr><tr><td>Total Community Services</td><td>39,756</td><td>936,982</td><td>0.5%</td></tr><tr><td>Total Benefits for the Broader Community</td><td>39,756</td><td>936,982</td><td>0.5%</td></tr><tr><td>Total Excluding Unpaid Cost of Medicare</td><td>115,154</td><td>15,395,750</td><td>8.5%</td></tr><tr><td>Unpaid Costs of Medicare</td><td>27,598</td><td>26,802,059</td><td>14.8%</td></tr><tr><td>Grand Total Including Unpaid Cost of Medicare</td><td>142,752</td><td>42,197,809</td><td>23.4%</td></tr></table>	Persons Net Comm % of Served Ben	Exp	Exp	Benefits for the Poor	Traditional Charity Care	4,020	4,778,164	2.6%	Unpaid Costs of Medicaid/Medi-Cal	7,025	6,369,034	3.6%	Other Public Programs	1,850	1,858,397	1.0%	Community Services				Community Health Services	10,278	1,053,856	0.6%	Subsidized Health Services	30	335,692	0.2%	Cash and In Kind Contributions	400	4,625	0.0%	Community Building Activities	51,795	59,000	0.0%	Community Benefit Operations				Total Community Services	62,503	1,453,173	0.8%	Total Benefits for the Poor	75,398	14,458,768	8.1%	Benefits for the Broader Community				Community Services				Community Health Services	1,875	15,522	0.0%	Health Professions Education	625	132,810	0.1%	Subsidized Health 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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

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
Catholic Healthcare West 185 Berry Street San Francisco, CA94107 94-1196203	Hospital	CA	501(c)(3)	3	NA

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) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	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

Part V

Transactions with Related Organizations

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) NONE		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 94-1156295

Name: Saint Francis Memorial Hospital

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-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			
Dr Andrew Barnett , Board Member	3 0	X						0	0	0
Barbara Otto , Board Member (Thru 6/30/09)	3 0	X						0	0	0
Carrie Byles , Board Member (start 7/1/07)	3 0	X						0	0	0
Caryl Ito , Vice Chair (Thru 6/30/09)	3 0	X		X				0	0	0
Dr Clement Jones , Board Member	3 0	X						0	0	0
Darryl Woo , Board Member (Thru 6/30/09)	3 0	X						0	0	0
Dr Frank Mainzer , Board Member (Thru 4/30/09)	3 0	X						0	0	0
Dr Frank Malin , Chair	3 0	X		X				0	0	0
Dr Gifford Leoung , Board Member (thru 6/30/09)	3 0	X						116,399	0	0
Dr Guido J Gores , Board Member	3 0	X						0	0	0
Dr Issa Eshima , Board Member	3 0	X						0	0	0
James Woolwine , Board Member	3 0	X						0	0	0
Jeff Winter , Board Member	3 0	X						0	939,897	85,080
Dr Mel Blaustein , Board Member	3 0	X						110,101	0	0
Michael D Blaszyk , Board Member (Thru 6/30/09)	3 0	X						0	1,761,046	771,959
Dr Patricia Galamba , Board Member	3 0	X						64,520	0	0
Philip Strause , Board Member	3 0	X						0	0	0
Dr Richard Ward , Board Member	3 0	X						1,484	0	0
Susan Campbell , Board Member	8 0	X						0	0	0
William G Gaede , Board Member	3 0	X						0	0	0
MARY KANE RN JD , BOARD MEMBER	3 0	X						0	0	0
Alan Fox , CFO	40 0			X				284,193	0	39,588
Tom Hennessy , Service Area Leader	40 0			X				0	529,482	80,543
Abbie Yant , Senior Director Advocacy	40 0				X			168,229	0	31,633
Dr Ben Zhou , Sr Director	40 0				X			198,023	0	29,870
Dallas Ryan , Director Materials Management	40 0				X			181,867	0	23,494
Dennis Kneoppel , CNE	40 0				X			260,451	0	28,397
Lloyd Yandell , Director-Facilities	40 0				X			153,807	0	19,706
Raymond Miller , Director Pharmacy	40 0				X			171,239	0	21,902
Rick Mead , Senior Director	40 0				X			173,614	0	22,102

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dr Robert Vautrain , VP Medical Affairs	40 0				X			0	320,103	60,586
Doris Y Yau , Staff Nurse III	20 0					X		346,898	0	46,957
Harendra C Joshi , Coordinator Nuclear medicine	40 0					X		252,290	0	18,850
Bradford K Moy , Medical Director	30 0					X		239,888	0	20,612
Myrna C Danganan , Staff Nurse II	60 0					X		236,879	0	40,677
Robert A Dureault , President- Foundation	40 0					X		234,487	0	29,594

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a PATIENT REV/CHARITY CARE	900,099	121,151,764	121,151,764		
b MEDICAL OFF BLDGS	532,000	2,298,629	2,298,629		
c PHARMACY	900,099	2,837,821	1,390,532	1,447,289	
d MEDICARE / MEDICAID PAYMENTS	900,099	48,898,876	48,898,876		
e LABORATORY	621,500	457,335		457,335	

Software ID:
Software Version:
EIN: 94-1156295
Name: Saint Francis Memorial Hospital

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Abbie Yant	(i)	147,420	18,838	1,971	14,518	17,115	199,862	0
	(ii)	0	0	0	0	0	0	0
Alan Fox	(i)	230,471	40,049	13,673	21,507	18,081	323,781	148,476
	(ii)	0	0	0	0	0	0	0
Dr Ben Zhou	(i)	172,947	24,716	360	12,782	17,088	227,893	0
	(ii)	0	0	0	0	0	0	0
Dallas Ryan	(i)	160,997	20,354	516	11,146	12,348	205,361	0
	(ii)	0	0	0	0	0	0	0
Dennis Kneepel	(i)	215,639	35,335	9,477	20,425	7,972	288,848	143,155
	(ii)	0	0	0	0	0	0	0
Jeff Winter	(i)	0	0	0	0	0	0	0
	(ii)	552,875	372,448	14,574	56,909	28,171	1,024,977	648,886
Lloyd Yandell	(i)	136,464	16,662	681	12,809	6,897	173,513	0
	(ii)	0	0	0	0	0	0	0
Michael D Blaszyk	(i)	0	0	0	0	0	0	0
	(ii)	798,097	940,517	22,432	725,742	46,217	2,533,005	1,339,565
Raymond Miller	(i)	149,771	19,504	1,964	9,079	12,823	193,141	0
	(ii)	0	0	0	0	0	0	0
Rick Mead	(i)	145,266	25,759	2,589	14,768	7,334	195,716	98,392
	(ii)	0	0	0	0	0	0	0
Dr Robert Vautrain	(i)	0	0	0	0	0	0	0
	(ii)	261,010	45,670	13,423	21,963	38,623	380,689	176,175
Tom Hennessy	(i)	0	0	0	0	0	0	0
	(ii)	308,731	177,170	43,581	30,052	50,491	610,025	331,535
Doris Y Yau	(i)	346,498	400	0	22,177	24,780	393,855	173,649
	(ii)	0	0	0	0	0	0	0
Harendra C Joshi	(i)	247,162	400	4,728	13,265	5,585	271,140	123,981
	(ii)	0	0	0	0	0	0	0
Bradford K Moy	(i)	224,996	14,066	826	12,864	7,748	260,500	126,564
	(ii)	0	0	0	0	0	0	0
Myrna C Danganan	(i)	236,479	400	0	15,897	24,780	277,556	0
	(ii)	0	0	0	0	0	0	0
Robert A Dureault	(i)	186,541	38,858	9,088	12,130	17,464	264,081	0
	(ii)	0	0	0	0	0	0	0