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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
FRANCISCAN CARE SERVICES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
430 NORTH MONITOR STREET

City or town, state or country, and ZIP + 4
WEST POINT, NE 687881555

D Employer identification number
47-0486026

E Telephone number
(402) 372-2404

G Gross receipts $ 22,789,498

F Name and address of principal officer
RONALD O BRIGGS
430 NORTH MONITOR STREET
WEST POINT, NE 687881555

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www fcswp org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1964 | **M** State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF FRANCISCAN CARE SERVICES INC IS TO LIVE AND TO PROMOTE THE HEALING MISSION OF JESUS CHRIST

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of employees (Part V, line 2a)	**5**	257
6	Total number of volunteers (estimate if necessary)	**6**	217
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	-6,381
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-6,381

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	208,059	245,306
9	Program service revenue (Part VIII, line 2g)	21,098,345	23,001,081
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	130,860	-495,849
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,437,264	22,750,538
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,000	62,942
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,724,022	12,604,195
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,869		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	7,219,656	7,915,276
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,945,678	20,582,413
19	Revenue less expenses Subtract line 18 from line 12	2,491,586	2,168,125
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	33,243,922	37,560,510
21	Total liabilities (Part X, line 26)	5,652,709	5,731,657
22	Net assets or fund balances Subtract line 21 from line 20	27,591,213	31,828,853

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2010-10-29
Signature of officer | Date

RONALD O BRIGGS PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LORRAINE A EGGER	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP Two Central Park Plaza Suite 1501 Omaha, NE 681021626			EIN ▶ Phone no ▶ (402) 348-1450

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF FRANCISCAN CARE SERVICES INC IS TO LIVE AND TO PROMOTE THE HEALING MISSION OF JESUS CHRIST BY PROVIDING QUALITY HEALTH CARE AND HEALTH RELATED INPATIENT, OUTPAITENT, HOME HEALTH, PHYSICIAN AND ASSISTED LIVING SERVICES TO ANYONE IN NORTHEAST NEBRASKA, REGARDLESS OF THEIR ABILITY TO PAY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 16,592,693 including grants of $ 62,942) (Revenue $ 21,329,425)

FRANCISCAN CARE SERVICES MISSION IS TO PROVIDE QUALITY HEALTH AND HEALTH RELATED INPATIENT, OUTPATIENT, HOME HEALTH AND PHYSICIAN SERVICES TO THE PEOPLE OF NORTHEASTERN NEBRASKA THE CRITICAL ACCESS HOSPITAL PROVIDES A 24 HOUR EMERGENCY ROOM AND DOES NOT DISCRIMINATE AGAINST ANY PATIENT REGARDLESS OF THEIR ABILITY TO PAY OUR CHARITY CARE POLICY FOLLOWS RECOMMENDED STANDARDS WHICH ARE BASED UPON THE FEDERAL POVERTY GUIDELINES THIS POLICY IS COMMUNICATED TO OUR PATIENTS ON OUR WEBSITE AND AT OUR REGISTRATION DESKS PATIENTS SERVED DURING THE YEAR TOTAL MEDICARE MEDICAID IN-PATIENTS DISHCARGED 496 302 49 PATIENT DAYS - ACUTE 1,790 1,275 135 - SWING BED 1,095 975 19 - NURSERY 155 0 75 OUT-PATIENT & HOME HEALTH 42,652 18,194 1,522 Physician Clinic Visits 23,330 8,600 2,204 THE HOSPITAL RECEIVES GENEROUS SUPPORT FROM THE COMMUNITY NOT ONLY FINANCIALLY BUT ALSO FROM ABOUT 170 VOLUNTEERS WHO DONATED APPROXIMATELY 3,500 HOURS OF THEIR VALUABLE TIME

4b (Code) (Expenses $ 1,684,037 including grants of $ 0) (Revenue $ 1,671,656)

ASSISTED LIVING FACILITY FULFILLS THE MISSION OF THE ROMAN CATHOLIC CHURCH BY PROVIDING 85 FRAIL AND ELDERLY PEOPLE WITH ASSISTED LIVING SERVICES REGARDLESS OF THEIR ABILITY TO PAY A TOTAL OF 23 RESIDENTS RECEIVED $153,651 IN FREE CARE DURING THE YEAR APPROXIMATELY 47 VOLUNTEERS PROVIDED ABOUT 3,115 HOURS OF SUPPORT TO THE FACILITY

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** ▶ $ 18,276,730

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** No			
13	Is the organization a school 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 United States?	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 United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	44		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	257		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	13		
b	Enter the number of voting members that are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, 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		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ 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 ▶

DENNIS DINSLAGE
430 NORTH MONITOR STREET
WEST POINT, NE 687881555
(402) 372-6703

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	2,097,995	0	241,822

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ELKHORN VALLEY ANESTHESIA PC 814 VIA LINDA WEST POINT, NE 68788	ANESTHESIA SERVICES	525,814
HDR ARCHITECTURE INC PO BOX 3480 OMAHA, NE 68103	ARCHITECT SERVICES	706,853
CYPRESS BENEFIT ADMINISTRATOR 1235 SOUTH 75TH STREET OMAHA, NE 68124	HEALTH PLAN ADMIN	344,308
HEALTH CARE MANAGEMENT SYSTEMS INC SUITE 400 3102 W END AVENUE NASHVILLE, TN 32703	SOFTWARE MAINTENANCE	122,010
MCS CONSTRUCTION 1020 CENTENNIAL ROAD WEST POINT, NE 68788	GENERAL CONSTRUCTION	1,671,168
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 5		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	194,007			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	51,299			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		245,306			
Program Service Revenue			Business Code				
	2a	HOSPITAL/CLINIC HEALTHCARE SERVICES	622,110	21,243,610	21,243,610		
	b	ASSISTED LIVING-ELDER CARE	623,000	1,670,902	1,670,902		
	c	DIETARY/CAFETERIA	722,210	86,569	86,569		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		23,001,081			
	3	Investment income (including dividends, interest and other similar amounts)		-507,384		-6,381	-501,003
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		50,495			
	b	Less cost or other basis and sales expenses		38,960			
	c	Gain or (loss)		11,535			
	d	Net gain or (loss)		11,535			11,535
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		22,750,538	23,001,081	-6,381	-489,468

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	62,942	62,942		
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	641,117	562,556	78,561	
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	9,817,660	8,884,149	933,511	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	330,255	268,104	62,151	
9	Other employee benefits	1,145,934	934,802	211,132	
10	Payroll taxes	669,229	600,902	68,327	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	16,057		16,057	
c	Accounting	72,246		72,246	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	1,261,780	1,060,427	201,353	
12	Advertising and promotion	110,897	109,815	1,082	
13	Office expenses	3,012,814	2,943,665	68,852	297
14	Information technology	182,264	147,963	34,301	
15	Royalties	0			
16	Occupancy	717,933	632,389	85,544	
17	Travel	102,832	86,832	16,000	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	50,431	43,300	7,131	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,853,544	1,504,726	348,818	
23	Insurance	89,065		89,065	
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	371,350	371,350		
b	DUES & SUBSCRIPTIONS	70,491	62,808	7,683	
c	WOMEN'S AUXILIARY SUPPLIES	3,572			3,572
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	20,582,413	18,276,730	2,301,814	3,869
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		250	1	250
	2	Savings and temporary cash investments		3,362,953	2	4,495,622
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,943,607	4	2,544,335
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	20,000
	8	Inventories for sale or use		330,770	8	359,128
	9	Prepaid expenses and deferred charges		91,841	9	98,890
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 34,001,102			
	b	Less accumulated depreciation	10b 17,353,759	14,741,256	10c	16,647,343
	11	Investments—publicly traded securities		6,861,638	11	8,828,729
	12	Investments—other securities See Part IV, line 11		4,500,431	12	4,049,565
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		411,176	15	516,648
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		33,243,922	16	37,560,510
Liabilities	17	Accounts payable and accrued expenses		2,975,930	17	3,611,140
	18	Grants payable			18	46,000
	19	Deferred revenue		8,284	19	5,929
	20	Tax-exempt bond liabilities		2,668,495	20	2,068,588
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		5,652,709	26	5,731,657
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		27,591,213	27	31,828,853
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		27,591,213	33	31,828,853
	34	Total liabilities and net assets/fund balances		33,243,922	34	37,560,510

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRANCISCAN CARE SERVICES INC

Employer identification number
47-0486026

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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% support test—2008.** 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—2009.** 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—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 47-0486026
Name: FRANCISCAN CARE SERVICES INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
RONALD O BRIGGS CEO & TRUSTEE	45 0	X		X				224,908	0	29,334
DAVE WIMMER CHAIRMAN	1 5	X		X				0	0	0
MIKE GRAYBEAL VICE-CHAIRMAN & CHAIRMAN	1 5	X		X				4,162	0	0
SR MARY ANN TUPY SECRETARY	1 5	X		X				0	0	0
BRAD KOEHN TREASURER	1 5	X		X				0	0	0
CHRIS MEJSTRIK TRUSTEE	1 0	X						0	0	0
JAY HANSEN DDS VICE CHAIRMAN	1 5	X		X				0	0	0
BRIAN REIMERS TRUSTEE	1 0	X						0	0	0
CONRAD REESON TRUSTEE	1 0	X						0	0	0
SUE STEFFENSMEIER TRUSTEE	1 0	X						0	0	0
SR JO ELLEN KOHLMANN TRUSTEE	1 0	X						0	0	0
STEVE AUSDEMORE TREASURER	1 5	X		X				0	0	0
BILL KREIKEMEIER TRUSTEE	1 0	X						0	0	0
JEROME STEFFEN TRUSTEE	1 0	X						0	0	0
SR ANNETTE KUREY TRUSTEE	1 0	X						0	0	0
DENNIS DINSLAGE VP FISCAL & SUPPORT SERVICES	42 0			X				136,229	0	23,962
TERRY NELSON REHAB MANAGER	55 0				X			195,100	0	27,776
MICHAEL BITTLES MD PHYSICIAN	40 0					X		358,612	0	32,021
SCOTT GREEN MD PHYSICIAN	46 0					X		327,893	0	34,021
RHETT ECKMANN MD PHYSICIAN	45 0					X		312,440	0	31,411
BRIAN HASS MD PHYSICIAN	45 8					X		314,541	0	31,411
TOM COHEE MD PHYSICIAN	43 5					X		224,110	0	31,886

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
FRANCISCAN CARE SERVICES INC	47-0486026

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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 Complete if the organization is exempt under section 501(c)(3).

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 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 Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		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		1,952
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			1,952
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRANCISCAN CARE SERVICES INC

Employer identification number
47-0486026

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 for any other purpose conferring 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 a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 the arrangement in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		367,466		367,466
b Buildings		11,582,063	5,500,787	6,081,276
c Leasehold improvements				
d Equipment		19,339,566	11,852,972	7,486,594
e Other		2,712,007		2,712,007
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				16,647,343

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	4,049,565	F
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	4,049,565	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,750,538
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,582,413
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,168,125
4	Net unrealized gains (losses) on investments	4	2,069,515
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,443
9	Total adjustments (net) Add lines 4 - 8	9	2,058,072
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,226,197

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	24,805,038
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,069,515		
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	2,069,515
3	Subtract line **2e** from line **1**			3	22,735,523
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	15,015		
c	Add lines **4a** and **4b**			4c	15,015
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	22,750,538

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	20,578,841
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	20,578,841
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	3,572		
c	Add lines **4a** and **4b**			4c	3,572
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	20,582,413

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
PART XI, LINE 8		AUXILIARY FUNDS RAISED (15,015) AUXILIARY PAID HOSPITAL EXPENSES 0 AUXILIARY OPERATING EXPENSES 3,572 AUXILIARY DONATION TO HOSPITAL 0 TOTAL (11,443)
PART XII, LINE 4B		AUXILIARY FUNDS RAISED 15,015 AUXILIARY DONATION TO HOSPITAL 0 TOTAL 15,015
PART XIII, LINE 4B		AUXILIARY PAID HOSPITAL EXPENSES 0 AUXILIARY OPERATING EXPENSES 3,572 TOTAL 3,572

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRANCISCAN CARE SERVICES INC

Employer identification number
47-0486026

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	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 Government 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)		153	275,521		275,521	1 340 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		3,777	1,431,390	1,224,712	206,678	1 000 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		3,930	1,706,911	1,224,712	482,199	2 340 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		5,891	88,179	3,980	84,199	0 410 %
f Health professions education (from Worksheet 5)		108	56,254		56,254	0 270 %
g Subsidized health services (from Worksheet 6)		24,265	3,663,441	3,237,721	425,720	2 070 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)		6,403	36,197	1,630	34,567	0 170 %
j **Total** Other Benefits		36,667	3,844,071	3,243,331	600,740	2 920 %
k **Total.** Add lines 7d and 7j		40,597	5,550,982	4,468,043	1,082,939	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			10,579		10,579	0 050 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			45		45	
7	Community health improvement advocacy						
8	Workforce development			50,000		50,000	0 240 %
9	Other						
10	**Total**			60,624		60,624	0 290 %

Part III Bad Debt, Medicare, & Collection Practices

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	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	351,016		
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	139,560		
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, and 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	9,300,684		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	9,453,821		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-153,137		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
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	Yes	

Part IV Management Companies and Joint Ventures

	(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

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST FRANCIS MEMORIAL HOSPITAL 430 N MONITOR ST WEST POINT, NE 68788	X	X			X		X		
ST JOSEPH'S RETIREMENT COMMUNITY 320 E DECATUR ST WEST POINT, NE 68788									ASSISTED LIVING FACILITY

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Not applicable

Not applicable

Franciscan Care Services, Inc included physician clinic costs of $414,316 as subsidized health services

The amount of bad debt expense subtracted from the amount reported on Form 990, Part IX, line 25, column (A) was $371,350

A cost-to-charge ratio was used to calculate the cost of community benefit expenses detailed in the table for Part I, line 7(a) - 7(k) The cost-to-charge ratio was derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges

The costing methodology used to report the amounts on Part III, lines 2 and 3, was to use the cost-to-charge ratio calculated on Worksheet 2 The amount that is written off to bad debt is the patient's account balance when it is determined that the patient will not pay Therefore, if the patient is self pay and has not paid any of the balance, then 100% of charges are written off If the patient has commercial insurance and cannot pay the 20% coinsurance that is due after insurance has paid and the contracted discounts have been applied, then only the 20% coinsurance that is owed by the patient is written off to bad debt An analysis was performed by the Patient Accounting Manager of the bad debt accounts written off to determine if any of them would have been written off as charity care if sufficient information was available The process the Patient Accounting Manager used was to review large dollar write-offs and determined, based on her knowledge of the individual's financial situation, whether the amount would have been classified as charity care if sufficient information had been given to us As a result of the analysis, it was determined that $140,292 would possibly have qualified as charity care The accounts receivable footnote from our audited financial statements is as follows "Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges An allowance for uncollectible accounts is established on an aggregate basis by using historical write-off rate factors applied to unpaid accounts based on aging Loss rate factors are based on historical loss experience and adjusted for economic conditions and other trends affecting the Organization's ability to collect outstanding amounts Uncollectible amounts are written off against the allowance for doubtful accounts in the period they are determined to be uncollectible "

Medicare allowable costs reported were taken directly off the Medicare cost report for FY 2009 with the exception of certain services that were reimbursed on a fee schedule methodology For those services reimbursed on a fee schedule methodology, the cost for those services were calculated based on the cost to charge ratio from the cost report for that department or the cost to charge ratio from the department's responsibility report The shortfall reported on Part III, line 7 should be treated as a community benefit because these are costs over and above the amount that Medicare pays us The shortfall that is reported is mainly due to fee schedule payment of services such as lab, mammography, and physician ER services These services are integral services to the community and would not be available to the community if they were not provided by our facility

In our collection policy there is a section on financial assistance It states "Franciscan Care Services has a Financial Assistance program to assist patients that are financially burdened and unable to pay for their medical expenses An assistance application must be completed and turned into the Financial Counselor A copy of the most current tax information must accompany the application A determination of approval or denial is made from this application and is based upon hospital established guidelines "

Five rural health clinics

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

The health care needs of the communities we serve are assessed in many different ways We work closely with the local area public health department who survey the area population to ascertain health disparities, collaborate on health screenings, and determine areas of need As our physicians and other health care workers see patients they discuss their current status and what else we can do for them Also, our board members and employees who are in the public advise us as to what health care needs are in the community that we do not currently address Many of our employees are involved in state and national organizations that keep us up-to-date on the current trends in health care that are brought back to our community Through strategic planning with the physicians and board of directors we look at what the needs of the community are and how we can address them All of these groups work together with Administration to continue to address the health care needs of the community

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

On the Conditions of Admission and Consent for Treatment form that is signed by each patient of the hospital, there is a financial agreement section that states "If you have limited insurance or do not have insurance, you may request to meet with our Financial Counselor to set up a payment plan or to determine if you are eligible for charity care " The collection policy is posted at the Hospital and Clinic entrance and also at the Emergency Room entrance Also, if the Financial Counselor contacts a patient regarding payment of a bill, a letter and a copy of the collection policy is sent to them which states that if they are unable to pay they may be eligible for the charitable care program that we offer Lastly, on our website www fcswp org there is a section on Patient Financial Information In this section there is information on our charity care policy and who to contact if the patient would like more information

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

Franciscan Care Services, Inc is located in a rural area, predominantly agricultural based We are one of four critical access hospitals in the five county area we service The population of the service area is approximately 18,000 people The median household income is approximately $35,500 The population is predominantly Caucasian, high-school educated, and geriatric in nature There is a small population of Hispanic descent (less than 5%) that have become permanent residents of our area after a meat packing plant closed three years ago

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

Franciscan Care Services, Inc is currently involved in a diabetes advisory board, early childhood development committee, and a multicultural action committee All of these groups look at how the community addresses health and safety issues and the access these individuals have to health care services We provide funds for activities at area schools that provide a safe environment and education for our youth We help sponsor our local blood drive through the Red Cross We donate funds to different groups to improve the community's health and safety In 2009 we also donated money to the College of Nursing Northern Division building at Northeast Community College in Norfolk, Nebraska This Division came about as a result of a need for nurses in Northeast Nebraska

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)

Franciscan Care Services, Inc has an open medical staff that includes one surgeon, four family practice physicians, three physician assistants, and one nurse practitioner There are also a number of specialists that come in from the nearby communities of Norfolk, Fremont, and Omaha to meet the health needs of the community Specialists that see patients in our Outpatient Clinic include Obstetrics/Gynecology, ENT, Orthopedic, Oncology, Podiatry, Nephrology, Neurology, Cardiac, Pain, etc The board of directors is comprised of persons from the surrounding communities The board members are diverse in background ranging from Sisters from our sponsor, a nurse, a dentist, a school principal, bankers, and business owners, to farmers who are neither employees (except CEO), contractors, or family members The diverse backgrounds of our board members gives us the insight we need to fulfill the needs of the community Income from operations is put back into the organization through the offering of additional programs and capital equipment/improvements We have a Tau Fund that is used to provide funds to patients, visitors, and staff for healthcare needs that they cannot afford Franciscan Care Services, Inc has an emergency room that is open 24 hours a day to serve those in need regardless of the patient's race, color, sex, age, and/or ability to pay Community Benefit Report The community benefit report is filed with the Nebraska Hospital Association The report is also sent to our local mayor and our state and congressional representatives

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

Franciscan Care Services, Inc is a part of the Franciscan Sisters of Christian Charity HealthCare Ministry, a not-for-profit health system of acute and long-term care facilities, clinics and other health services located in Wisconsin, Nebraska and Ohio Each organization within the HealthCare Ministry is responsible for carrying out the healing mission of Jesus Christ through the Catholic Church according to the needs of their community

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRANCISCAN CARE SERVICES INC

Employer identification number
47-0486026

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" to 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 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE WEST POINT CITY AUDITORIUM FOUNDATION141 EAST GROVE WEST POINT,NE 68788	202365139	501(C)(3)	8,000				BUILDING CONSTRUCT
NORTHEAST COMMUNITY COLLEGE FOUNDATION 801 E BENJAMIN AVE NORFOLK,NE 687020469	510145185	501(C)(3)	50,000				SCHOOL OF NURSING CONSTRUCT

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

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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.

Identifier	Return Reference	Explanation
PART I, LINE 2		DONATIONS/GRANTS ARE ONLY MADE TO RELIGIOUS, CHARITABLE 501(C)(3) OR GOVERNMENTAL ORGANIZATIONS VERIFICATION OF THE STATUS OF THE RECEIVING ORGANIZATION IS MADE PRIOR TO DONATING FUNDS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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FRANCISCAN CARE SERVICES INC

Employer identification number
47-0486026

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RONALD O BRIGGS	(i)	147,607	26,200	51,101	10,868	20,466	256,242	0
	(ii)	0	0	0	0	0	0	0
DENNIS DINSLAGE	(i)	89,082	21,613	25,534	7,480	17,506	161,215	0
	(ii)	0	0	0	0	0	0	0
TERRY NELSON	(i)	64,988	98,830	31,282	10,187	18,373	223,660	0
	(ii)	0	0	0	0	0	0	0
MICHAEL BITTLES MD	(i)	330,865	200	27,547	13,000	20,584	392,196	0
	(ii)	0	0	0	0	0	0	0
SCOTT GREEN MD	(i)	209,871	90,103	27,919	14,500	21,084	363,477	0
	(ii)	0	0	0	0	0	0	0
RHETT ECKMANN MD	(i)	207,894	76,823	27,723	11,890	21,084	345,414	0
	(ii)	0	0	0	0	0	0	0
BRIAN HASS MD	(i)	210,300	73,231	31,010	11,890	21,084	347,515	0
	(ii)	0	0	0	0	0	0	0
TOM COHEE MD	(i)	193,406	2,385	28,319	12,500	25,950	262,560	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
PART I, LINE 4B	QUESTIONS REGARDING COMPENSATION	DURING 2009, FRANCISCAN CARE SERVICES INC CONTRIBUTED FUNDS TO AN IRC SECTION 457(F) PLAN FOR THE FOLLOWING DOCTORS DR BITTLES $13,000 DR GREEN $4,000 DR ECKMANN $4,000 DR HASS $4,000 DR COHEE $12,500
PART I, LINE 5A	QUESTIONS REGARDING COMPENSATION	AT THE BEGINNING OF THE CALENDAR YEAR, THERE WAS A WRITTEN AGREEMENT ESTABLISHED REGARDING THE POTENTIAL AMOUNT OF SUPPLEMENTAL INCOME THAT CERTAIN PHYSICIANS MAY RECEIVE DURING THE YEAR BASED ON THEIR INDIVIDUAL PRODUCTIVITY EACH OF THESE PHYSICIANS IS PAID A BASE SALARY AS AN EMPLOYED PHYSICIAN OF THE ORGANIZATION IN ADDITION, THE PHYSICIAN MAY EARN ADDITIONAL COMPENSATION BASED ON A PRE-DETERMINED CALCULATED FORMULA AS STIPULATED IN THE WRITTEN AGREEMENT THE FORMULA IN SUMMARY IS CALCULATED BY TAKING THE INDIVIDUAL'S PRODUCTIVITY REVENUE FOR THE CALENDAR YEAR LESS ANY CONTRACTUAL ADJUSTMENTS OR WRITE-OFFS AND THEN MULTIPLYING THAT NET AMOUNT BY A PRE-DETERMINED PERCENTAGE IF THIS CALCULATED AMOUNT EXCEEDS THEIR BASE SALARY, THE PHYSICIAN IN PAID THE VARIANCE DURING THE YEAR, DRS GREEN, ECKMANN, COHEE, AND HASS RECEIVED A PAYMENT TERRY NELSON, REHAB MANAGER, ALSO HAD A WRITTEN AGREEMENT AT THE BEGINNING OF THE CALENDAR YEAR WHICH ALLOWED FOR INCENTIVE COMPENSATION TO BE EARNED BASED UPON A PRE-DETERMINED FORMULA IN SUMMARY, THE FORMULA TO CALCULATE HIS INCENTIVE COMPENSATION IS BASED ON THE NET COLLECTED REVENUE OF HIS DEPARTMENT LESS WAGE EXPENSE MULTIPLIED BY FIVE PERCENT DURING THE YEAR, TERRY NELSON RECEIVED A PAYMENT

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FRANCISCAN CARE SERVICES INC

Employer identification number
47-0486026

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	HOSPITAL AUTHORITY NO 1 OF CUMING COUNTY NE	47-0762878		03-31-2009	2,200,000	SEE SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	2,068,588				
2	Gross proceeds in reserve funds	0				
3	Proceeds in refunding or defeasance escrows	0				
4	Other unspent proceeds	0				
5	Issuance costs from proceeds	0				
6	Working capital expenditures from proceeds	0				
7	Capital expenditures from proceeds	0				
8	Year of substantial completion	1999				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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2009

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FRANCISCAN CARE SERVICES INC

Employer identification number
47-0486026

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.

Complete if the organization 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
HOLLY WIMMER HUNKE	SEE SCHEDULE O	34,872	EMPLOYMENT		No
AGNES DINSLAGE	SEE SCHEDULE O	22,315	EMPLOYMENT		No
NANCY NELSON	SEE SCHEDULE O	23,273	EMPLOYMENT		No
CHERI DOESCHER	SEE SCHEDULE O	25,792	EMPLOYMENT		No
BARBARA STEFFEN	SEE SCHEDULE O	20,199	EMPLOYMENT		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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47-0486026

Identifier	Return Reference	Explanation
PART VI, SECTION A, LINE 2		CHRIS MEJSTRIK AND JAY HANSEN, DDS HAVE A BUSINESS RELATIONSHIP BRAD KOEHN AND JEROME STEFFEN HAVE A BUSINESS RELATIONSHIP
PART VI SECTION A, LINE 7A & 7B		The Franciscan sisters of Christian charity healthcare ministry, inc a Wisconsin non-stock, not for profit corporation has the following reserved powers over Franciscan care services inc A)approval of the philosophy, mission and values statements of the corporation B)Amendment of articles of incorporation and by-laws of the corporation C)Appointment and removal of members to the board of directors D)Approval of the creation and dissolution of this corporation or any subsidiary corporations, as well as approval of any merger, consolidation, affiliation, joint venture or other form of corporate reorganization of this corporation or any subsidiary of which this corporation is the member or controlling shareholder E) Appointment, evaluation and discharge of the president of the corporation F)Approval of borrowing in excess of the limit established by the member G)Approval of purchase, mortgage or sale of real estate, or lease of real estate, by or to the corporation for longer than one year H)Implementation of sponsor appointment, salary negotiation, and reassignment processes for Franciscan sister personnel within this corporation I)Approval of capital and operating budgets J)Requirement of a certified audit of corporate funds at any time and approval of the fiscal auditor of the corporation annually K)Approval of all insurance carriers and insurance coverage for the corporation L)Approval of long-range or strategic plans of the corporation
PART VI, SECTION A, LINE 6		THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION WHOSE MEMBER IS FRANCISCAN SISTERS OF CHRISTIAN CHARITY HEALTHCARE MINISTRY, INC
PART VI, SECTION A, LINE 11a		Form 990 is reviewed prior to submission by the member (Franciscan sisters of Christian charity healthcare ministry, inc) and the finance committee of the Franciscan care services, inc board of directors A copy of form 990 will be available for all board members to review at their monthly board meeting before the 990 is filed Form 990 is made available in the administrative office for any individual requesting to inspect it as required by internal revenue code section 6104
PART VI, SECTION B, LINE 12C		The corporate compliance officer (cco) and several members of the corporate compliance committee attend board, administrative, and department manager meetings The cco ensures that all board, medical staff, administration staff, department managers, and individuals who have purchasing authority review the conflict of interest policy annually and disclose any conflicts that might exist Each individual is also asked to identify any family members that are an employee of FCS, inc or employed by a business with which fcs conducts business Any new conflicts that arise during the year need to be reported to the compliance officer immediately If a conflict exists at the board level, the person or the cco or committee member identifies that the conflict exists and then the board determines if the person can take part in the deliberations or needs to leave the room The person would not be able to vote and it is identified in the minutes of the meeting At the administrative level, the staff member identifies the conflict and the administrative team determines if the person can take part in the discussion or needs to leave the room This is also the policy at the medical staff and manager meetings
PART VI, SECTION B, LINE 15A & 15B		Franciscan care services, inc strives to provide a fair and competitive compensation package for its executive This package shall include, but is not limited to salary, incentive bonus, life insurance, health benefits, and a matching defined contribution to a 403(B) retirement plan The salary range and total compensations shall be based upon surveys of the geographic west north central states average for the position as reported by an independent executive compensation market analysis for liked sized organizations and the executive compensation survey for Nebraska hospitals provided by the Nebraska hospital association Bonuses are given based upon achievement of strategic goals agreed upon by the Franciscan care services board of directors and the president of the Franciscan sisters of Christian charity healthcare ministry, inc these bonuses are based upon a percentage of salary and are not to exceed 25% The president/ceo's compensation is set by the executive committee of the board of directors and the healthcare ministry president after a performance appraisal conducted by the executive committee of the fcs board (serving as the compensation committee) and the president of Franciscan sisters of Christian charity healthcare ministry, inc all members of the board provide their input through a written appraisal presented to the compensation committee Minutes of the meeting are kept by the healthcare ministry president All other executives are reviewed by the Franciscan care services, inc president/ceo, who sets their compensation based upon the above surveys and principles
PART VI, SECTION C, LINE 19		NO DOCUMENTS AVAILABLE TO THE PUBLIC
SCHEDULE L, PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	HOLLY WIMMER HUNKE FAMILY MEMBER OF DAVE WIMMER (TRUSTEE/OFFICER) AGNES DINSLAGE FAMILY MEMBER OF DENNIS DINSLAGE (OFFICER) NANCY NELSON FAMILY MEMBER OF TERRY NELSON (KEY EMPLOYEE) CHERI DOESCHER FAMILY MEMBER OF TERRY NELSON (KEY EMPLOYEE) BARBARA STEFFEN FAMILY MEMBER OF JEROME STEFFEN (TRUSTEE)

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, LINE A (F)		Revenue refunding bonds issued to refund the Series 1999 Bonds issued in the original amount of $4,250,000 The Series 1999 Bonds were issued to refinance the costs of construction and acquiring a residential care facility and refinance the costs of constructing and acquiring additions and improvements to the existing hospital facilities

Part VII Compensation of Officers During 2009, Mike Graybeal (Officer) received compensation of $4,162 for catering services that he provided to the Hospital for various events The compensation was not paid to him for his services as an officer Part IV, Line 12a Checklist of Required Schedules The organization's financial statements were audited on a separate basis but also consolidated at the organization's parent level The organization uses the separate audited financial statements for tax return purposes

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

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Employer identification number
47-0486026

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
HOLY FAMILY CONVENT FRANCISCAN SISTERS 2409 SOUTH ALVERNO ROAD MANITOWAC, WI 54220 39-0808523	RELIGIOUS	WI	501(C)(3)	LINE 1	NA
FRANCISCAN SISTERS OF CHRISTIAN CHARITY 1415 SOUTH RAPIDS ROAD MANITOWAC, WI 54220 39-1530622	HEALTHCARE	WI	501(C)(3)	LINE 1	NA
ST FRANCIS MEMORIAL HOSPITAL FOUNDATION 430 N MONITOR ST WEST POINT, NE 68788 47-0629079	FUNDRAISING	NE	501(C)(3)	11A TYPE I	NA
ST JOSEPHS RETIREMENT COMMUNITY FDN PO BOX 65 WEST POINT, NE 68788 47-0790644	FUNDRAISING	NE	501(C)(3)	11A TYPE I	NA
HOLY FAMILY MEMORIAL INC 2300 WESTERN AVE PO BOX 1450 MANITOWOC, WI 542211450 39-0806395	HEALTHCARE	WI	501(C)(3)	Line 3	NA
ST PAUL ELDER SERVICES INC 316 EAST 14TH STREET KAUKAUNA, WI 54130 39-1029149	ELDER CARE	WI	501(C)(3)	LINE 1	NA
GOOD SAMARITAN MEDICAL CENTER 800 FOREST AVENUE ZANESVILLE, OH 43701 31-4379479	HOLDING CO	OH	501(C)(3)	LINE 3	NA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
HOLY FAMILY HEALTH SERVICES 3310 CALUMET AVENUE MANITOWOC, WI54220 39-1572253	PHARMACY	WI	NA	C CORP	0	0	0 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**			**No**
b Gift, grant, or capital contribution to other organization(s)	**1b**			**No**
c Gift, grant, or capital contribution from other organization(s)	**1c**			**No**
d Loans or loan guarantees to or for other organization(s)	**1d**		**Yes**	
e Loans or loan guarantees by other organization(s)	**1e**		**Yes**	
f Sale of assets to other organization(s)	**1f**			**No**
g Purchase of assets from other organization(s)	**1g**			**No**
h Exchange of assets	**1h**			**No**
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**			**No**
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**			**No**
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**			**No**
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**Yes**	
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**			**No**
n Sharing of paid employees	**1n**			**No**
o Reimbursement paid to other organization for expenses	**1o**		**Yes**	
p Reimbursement paid by other organization for expenses	**1p**		**Yes**	
q Other transfer of cash or property to other organization(s)	**1q**			**No**
r Other transfer of cash or property from other organization(s)	**1r**		**Yes**	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 47-0486026
Name: FRANCISCAN CARE SERVICES INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
HOLY FAMILY CONVENT FRANCISCAN SISTERS 2409 SOUTH ALVERNO ROAD MANITOWAC, WI54220 39-0808523	RELIGIOUS	WI	501(C)(3)	LINE 1	NA
FRANCISCAN SISTERS OF CHRISTIAN CHARITY 1415 SOUTH RAPIDS ROAD MANITOWAC, WI54220 39-1530622	HEALTHCARE	WI	501(C)(3)	LINE 1	NA
ST FRANCIS MEMORIAL HOSPITAL FOUNDATION 430 N MONITOR ST WEST POINT, NE68788 47-0629079	FUNDRAISING	NE	501(C)(3)	11A TYPE I	NA
ST JOSEPHS RETIREMENT COMMUNITY FDN PO BOX 65 WEST POINT, NE68788 47-0790644	FUNDRAISING	NE	501(C)(3)	11A TYPE I	NA
HOLY FAMILY MEMORIAL INC 2300 WESTERN AVE PO BOX 1450 MANITOWOC, WI542211450 39-0806395	HEALTHCARE	WI	501(C)(3)	Line 3	NA
ST PAUL ELDER SERVICES INC 316 EAST 14TH STREET KAUKAUNA, WI54130 39-1029149	ELDER CARE	WI	501(C)(3)	LINE 1	NA
GOOD SAMARITAN MEDICAL CENTER 800 FOREST AVENUE ZANESVILLE, OH43701 31-4379479	HOLDING CO	OH	501(C)(3)	LINE 3	NA