



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable	C Name of organization Wheaton Franciscan Services Inc		D Employer identification number 36-3262111
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (630) 909-6900
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 26 W171 Roosevelt Rd		G Gross receipts \$ 2,230,407,796
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 Wheaton, IL 60187		
<input type="checkbox"/> Amended return	F Name and address of principal officer JONATHAN W SOHN 400 W RIVER WOODS PARKWAY GLENDALE, WI 53212		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

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

J Website: ► www.wfhealthcare.org

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1983 M State of legal domicile IL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities WFSI is the parent organization that provides oversight and support to its system of related healthcare organizations and housing ministry operating in four states	
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 12
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 9
5 Total number of employees (Part V, line 2a) . . . . .	5 642
6 Total number of volunteers (estimate if necessary) . . . . .	6 0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 1,404,902
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 64,489	Current Year 35,367
9 Program service revenue (Part VIII, line 2g) . . . . .	255,410,582	288,643,678
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-21,251,036	17,981,468
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,455,353	24,781,800
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	274,679,388	331,442,313

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	130,737	97,989
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)	161,833,136	187,008,657
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	129,041,922	135,454,568
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	291,005,795	322,561,214
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-16,326,407	8,881,099

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 1,137,692,748	End of Year 1,163,339,526
21 Total liabilities (Part X, line 26) . . . . .	1,349,686,876	1,362,197,670
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	-211,994,128	-198,858,144

## 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		
***** Signature of officer JONATHAN W SOHN SENIOR VP AND CFO Type or print name and title	2011-05-15 Date	

Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ►			EIN ►
			Phone no ►

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

As a member of Wheaton Franciscan Healthcare, our affiliates strive to live out the healing ministry of Jesus while providing exceptional and compassionate healthcare services that promote the dignity and well being of the patients and communities we serve. Our vision is to be recognized for superior healthcare service, clinical excellence, as the healthcare employer of choice, and the preferred partner of physicians.

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 \$	70,199,756	including grants of \$	97,989 ) (Revenue \$	313,425,478 )
<p>WHEATON FRANCISCAN SERVICES, INC (WFSI) is a Catholic, not-for-profit health care and housing organization serving at sites in Wisconsin, Iowa, Illinois, and Colorado. The System includes 18 hospital campuses, three transitional and extended-care facilities, two home health agencies, more than 3,500 physicians, 70 clinic sites with approximately 600 employed physicians, and approximately 2,800 units of assisted living and other housing, and the corporate services offices in Wheaton, Illinois, and Glendale, Wisconsin. Started more than 125 years ago and formally incorporated in 1983, WFSI is committed to living out the Mission and Values of its Sponsors, the Wheaton Franciscan Sisters, by providing excellent and compassionate health care and housing services to all, regardless of their ability to pay. WFSI was incorporated in 1983 to preserve and strengthen Judeo-Christian values, provide a framework for lay expertise and involvement, respond to an increasingly complex environment, ensure continuity of Franciscan sponsorship, and assure viability and excellence throughout the organization. As a not-for-profit organization, WFSI reinvests all net income into the communities it serves. Its multiple entities are dedicated to delivering quality health care to patients and residents through highly-trained staff, advanced technology, and superior and compassionate service, caring for each person's body, mind, and spirit with respect and dignity, working to improve the health of the communities, and ensuring health care access for everyone. WFSI is organized into market-based regional holding companies organized in the Southeast, Wisconsin region, the Fox Valley, Wisconsin region, as well as other regional holding companies conducting services in Illinois, Iowa, and Colorado. The System's housing and spiritual development services are organized under the holding company name of Franciscan Ministries, Inc. Since 2006, the "doing business as" name for WFSI's health care ministry has been Wheaton Franciscan Healthcare (WFH). In 2010 Wheaton Franciscan Healthcare in Southeast Wisconsin was recognized as one of the nation's top 30 most efficient, best-performing health care networks by SDI, the nation's premier integrated health network evaluation system. The Southeast Wisconsin region was also named by Becker's Hospital Review as one of the "50 Integrated Delivery Systems to Know." Other national recognitions include being named one of the best performing 50 systems in Thompson Reuters' 100 Top Hospitals. Health Systems Quality/Efficiency Study in 2009. Wheaton Franciscan Healthcare also received a 2009 VIP Award from McKesson Technology Solutions for its success in using information technology to enhance patient safety across nine hospital sites and more than 100 physician offices. The VIP Awards are presented annually to organizations that demonstrate vision, innovation and performance in the use of healthcare IT. Wheaton Franciscan Healthcare was one of five health care organizations selected by a panel of experts in the field of health care IT use to receive the award. Please see our full 2010 Annual Report online at <a href="http://www.wfhealthcare.org/Wheaton/Documents/2010AnnualReport_001.pdf">http://www.wfhealthcare.org/Wheaton/Documents/2010AnnualReport_001.pdf</a>.</p> <p><b>CORPORATE STRUCTURE</b></p> <p>Parent Company: Wheaton Franciscan Services, Inc DBA: Wheaton Franciscan Healthcare</p> <p>Health care ministry: Wheaton Franciscan Healthcare</p> <p>Housing ministry: Franciscan Ministries, Inc</p> <p>Health Care Mission: Wheaton Franciscan Healthcare</p> <p>Wheaton Franciscan Healthcare is committed to living out the healing ministry of Jesus by providing exceptional and compassionate health care service that promotes the dignity and well-being of the people we serve. Health Care Vision: Our health ministries will be recognized in each community we serve for superior and compassionate patient service, clinical excellence, as the health care employer of choice, and the preferred partner of physicians.</p> <p>Housing Mission: Franciscan Ministries is committed to providing quality and affordable housing in a compassionate environment that promotes wholeness of life within ourselves and the communities we serve.</p> <p>Housing Vision: Our housing ministries will be recognized for excellence in property management and a well-integrated network of support services that provide hope, growth, and opportunity.</p> <p>Values: Our common Values, which flow from our Mission and Catholic tradition, must have meaning for every one of us. Through them we put the healing ministry of Jesus into practice throughout the Wheaton Franciscan System.</p> <p>Respect: We value each person as sacred, created in the image and likeness of God, which gives worth and meaning to each person's life.</p> <p>Integrity: We value honesty and words and actions that build trust.</p> <p>Development: We value personal and professional growth that combines the physical, emotional, spiritual and relational aspects of life and work.</p> <p>Excellence: We value superior performance in our work and service.</p> <p>Stewardship: We value our responsibility to use human, financial, and natural resources entrusted to us for the common good, with special concern for those who are poor.</p> <p><b>WHEATON FRANCISCAN HEALTHCARE</b></p> <p>Wheaton Franciscan Services, Inc.'s health care division, doing business as Wheaton Franciscan Healthcare (WFH), consists of facilities in Illinois, Iowa, and Wisconsin.</p> <p><b>SYSTEM STATISTICS</b></p> <p>Hospital Campuses: 18</p> <p>Staffed Hospital beds: 2,143</p> <p>Long-term Care Facilities: 3</p> <p>Home Health Agencies: 2</p> <p>Units of Housing: 2,681</p> <p>Associates: 21,626</p> <p>Affiliated Physicians: 2,782</p> <p>Employed Physicians: 761</p> <p>Emergency Room Visits: 365,552</p> <p>Newborns: 10,819</p> <p>Hospital Admissions: 82,625</p> <p>Hospital Patient Days: 397,397</p> <p>Skilled Nursing Unit Patient Days: 26,754</p> <p>Long-term Care Facility Patient Days: 116,498</p> <p>Hospital Outpatient Visits: 1,978,689</p> <p>Hospice Days: 18,189</p> <p>Home Health Visits: 114,708</p> <p>Medical Group Physician Visits: 2,125,334</p> <p><b>WFH ORGANIZATIONS</b></p> <p>Iowa: Covenant Medical Center, Inc</p> <p>Iowa: Mercy Hospital of Franciscan Sisters, Inc</p> <p>Iowa: Sartor Memorial Hospital, Inc</p> <p>Illinois: Covenant Clinic</p> <p>Illinois: Covenant Foundation, Inc</p> <p>Illinois: Sartor Health Care Foundation, Inc</p> <p>Illinois: Covenant Regional Services, Inc</p> <p>Illinois: Illinois Marianjoy Rehabilitation Hospital and Clinics</p> <p>Illinois: Marianjoy Medical Group</p> <p>Illinois: Marianjoy Foundation</p> <p>Illinois: RUSH OAK PARK HOSPITAL, Inc</p> <p>Illinois: OSF Services</p> <p>Illinois: Canticle Ministries</p> <p>Illinois: Clara Pfaender Fund</p> <p>Illinois: Wisconsin Wheaton Franciscan - St Joseph</p> <p>Illinois: The Wisconsin Heart Hospital</p> <p>Illinois: Campuses All Saints Elmbrook Memorial St Francis Franklin Franciscan Woods The Terrace at St Francis</p> <p>Illinois: Wheaton Franciscan Home Health</p> <p>Illinois: Wheaton Franciscan Hospice</p> <p>Illinois: Wheaton Franciscan Laboratories</p> <p>Illinois: Wheaton Franciscan Medical Group</p> <p>Illinois: All Saints Foundation</p> <p>Illinois: Volunteers in Partnership with Wheaton Franciscan Healthcare</p> <p>Illinois: All Saints St Joseph Foundation</p> <p>Illinois: Elmbrook Memorial Foundation</p> <p>Illinois: Circle of Life Foundation</p> <p>Illinois: The Foundation for St Francis and Franklin</p> <p><b>AFFILIATIONS INCLUDE</b></p> <p>Midwest Orthopedic Specialty Hospital - Franklin, WI</p> <p>Affinity Health System - Menasha, Wisconsin</p> <p>St Elizabeth Hospital</p> <p>Mercy Medical Center of Oshkosh</p> <p>Calumet Medical Center</p> <p>Franciscan Care and Rehabilitation Center</p> <p>Network Health Plan of Wisconsin</p> <p>Affinity Medical Group</p> <p>St Elizabeth Hospital</p> <p>Community Foundation</p> <p>United Hospital System - Kenosha, Wisconsin</p> <p>St Catherine's Medical Center and Kenosha Medical Center</p> <p>Campuses</p> <p><b>WHEATON FRANCISCAN HEALTHCARE COMMUNITY IMPACT FOR SYSTEM / 2010</b></p> <p>Charity Care: \$24,045,199</p> <p>Charity Care is defined as free or discounted health services provided to those who cannot afford to pay and who meet all criteria for financial assistance.</p> <p>Charity care is based on actual costs, not charges, and does not include bad debt.</p> <p>Unreimbursed cost of public programs: \$92,446,697</p> <p>Unreimbursed cost of public programs is defined as the shortfall experienced when payments received are below the cost of treating public beneficiaries through Medicaid and other local public programs.</p> <p>Community Health Improvement Services: \$3,048,321</p> <p>Community Health Improvement Services are defined as clinical and non-clinical services designed to improve community health, which are provided to the community for free or for fees that did not cover costs.</p> <p>Financial contributions: \$2,495,206</p> <p>Financial contributions are defined as contributions, including cash, non-cash items such as food, furniture, equipment, supplies, and loaned staff for volunteer and charitable purposes, made to individuals, community groups, or nonprofit organizations for charitable purposes.</p> <p>Health professions education: \$4,735,894</p> <p>Health professions education is defined as direct costs incurred for accredited training and education programs for physicians, nurses, allied health professionals and technicians (does not include ongoing education for staff).</p> <p>Community building activities: \$213,368</p> <p>Community building activities are defined as programs that, while not directly related to health care, provide opportunities to address the root causes of health problems, such as poverty, homelessness, and environmental issues.</p> <p>Costs for these activities include cash and in-kind contributions.</p>						

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

ANSWER

**4d** Other program services (Describe in Schedule O )  
(Expenses \$  including grants of \$  ) (Revenue \$  )

**4e Total program service expenses**  \$ 70,199,756

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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.
 

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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

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 Yes

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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

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

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12		No
13		No
14a	Yes	
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20		No

**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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
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	29	No	
30	Did the organization receive more than \$25,000 in non-cash 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	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 133	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 642	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
<b>4a</b>	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)?	Yes	
<b>4b</b>	If "Yes," enter the name of the foreign country <b>CJ</b> See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	No	
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?	No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	No	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	No	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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	12
b	Enter the number of voting members that are independent . . .	1b	9
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	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	Yes
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	Yes
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	Yes
	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	No
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	

### 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 ►  
 LISA FLANIGAN  
 26 W171 ROOSEVELT RD  
 WHEATON, IL 60187  
 (630) 909-6900

## **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.

<b>1b Total</b>	9,609,553	0	1,954,687
-----------------	-----------	---	-----------

**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 **►109**

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>	Yes
<b>4</b>	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	<b>4</b>	Yes
<b>5</b>	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	<b>5</b>	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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
WELLSPRING PARTNERS 123 NORTH WACKER DRIVE STE 900 CHICAGO, IL 60606	CONSULTING SVCS	16,746,421
CIBER INC PO BOX 844140 DALLAS, TX 75284	CONSULTANTS	1,384,317
CATHOLIC HEALTHCARE AUDIT NETWORK L 231 S BEMISTON STE 33 CLAYTON, MO 63105	AUDIT SERVICES	968,360
MERCER HUMAN RESOURCE CONSULTING PO BOX 730212 DALLAS, TX 75373	HR Consulting	855,277
KPMG PEAT MARWICK LLP DEPT 0946 PO BOX 120001 DALLAS, TX 75312	AUDIT SERVICES	774,190
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>►35</b>		

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	34,357			
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,010			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		35,367			
<b>Program Service Revenue</b>	<b>2a</b> SUPPORT SERVICES REVENUE	Business Code				
		900,099	284,152,495	282,747,593	1,404,902	
	<b>b</b> GPO PATRONAGE DIV	900,099	4,491,183	4,491,183		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		288,643,678			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
			9,842,763		9,842,763	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		2,417,685		2,417,685	
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross Rents	(I) Real	(II) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	1,904,686,503					
	1,898,965,483					
	<b>c</b> Gain or (loss)	5,721,020				
	<b>d</b> Net gain or (loss) . . . . .		5,721,020		5,721,020	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>	Business Code					
<b>11a</b> INT INTERCO LOANS	900,099	24,794,521	24,794,521			
<b>b</b> INVESTMENT IN AFFILIATE	900,099	-668,038	-668,038			
<b>c</b> 457 PAYOUT FORFEITURE	900,099	254,057	254,057			
<b>d</b> All other revenue . . . . .		401,260	401,260			
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		24,781,800				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		331,442,313	312,020,576	1,404,902	17,981,468	

**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	97,989	97,989		
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 . . . . .	7,845,261		7,845,261	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	945,796		945,796	
7 Other salaries and wages	41,464,457	2,973,161	38,491,296	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	53,004,491	148,658	52,855,833	
9 Other employee benefits . . . . .	80,608,625	891,948	79,716,677	
10 Payroll taxes . . . . .	3,140,027	227,447	2,912,580	
11 Fees for services (non-employees)				
a Management . . . . .	11,181,064	8,385,798	2,795,266	
b Legal . . . . .	1,707,708		1,707,708	
c Accounting . . . . .	1,614,163		1,614,163	
d Lobbying . . . . .	0			
e Professional fundraising See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	1,388,436		1,388,436	
g Other . . . . .	2,436,102	1,827,076	609,026	
12 Advertising and promotion . . . . .	0			
13 Office expenses . . . . .	10,395,145	7,796,359	2,598,786	
14 Information technology . . . . .	222,122		222,122	
15 Royalties . . . . .	0			
16 Occupancy . . . . .	3,242,804	2,432,103	810,701	
17 Travel . . . . .	500,778	30,784	469,994	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	322,489	4,968	317,521	
20 Interest . . . . .	39,589,314		39,589,314	
21 Payments to affiliates . . . . .	745,000	745,000		
22 Depreciation, depletion, and amortization . . . . .	21,378,146	16,033,609	5,344,537	
23 Insurance . . . . .	13,756,615	10,317,461	3,439,154	
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 MAINTENANCE CONTRACTS	19,010,808	14,258,106	4,752,702	
b MINOR EQUIPMENT	3,681,927	2,761,445	920,482	
c OTHER PURCHASED SERVICES	1,947,530	973,765	973,765	
d RECRUITMENT	570,499	285,249	285,250	
e MEMBERSHIP FEES & DUES	627,962	1,132	626,830	
f All other expenses	1,135,956	7,698	1,128,258	
25 Total functional expenses. Add lines 1 through 24f	322,561,214	70,199,756	252,361,458	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	1	
	2 Savings and temporary cash investments . . . . .	101,582,041	2 39,779,910
	3 Pledges and grants receivable, net . . . . .	3	
	4 Accounts receivable, net . . . . .	634,591	4 400,017
	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 . . . . .	491,824,791	7 481,062,890
	8 Inventories for sale or use . . . . .	96,804	8 180,999
	9 Prepaid expenses and deferred charges . . . . .	22,044,841	9 14,961,239
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 141,478,803	
	b Less accumulated depreciation . . . . .	10b 72,580,123	10c 68,898,680
	11 Investments—publicly traded securities . . . . .	323,332,741	11 493,597,059
	12 Investments—other securities See Part IV, line 11 . . . . .	8,951,720	12 5,764,070
	13 Investments—program-related See Part IV, line 11 . . . . .	26,285,304	13 26,285,304
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	89,758,848	15 32,409,358
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,137,692,748	16 1,163,339,526
Liabilities	17 Accounts payable and accrued expenses . . . . .	54,092,410	17 68,644,756
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	5,348,471	19 7,188,993
	20 Tax-exempt bond liabilities . . . . .	871,140,689	20 864,280,882
	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 . . . . .	419,105,306	25 422,083,039
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,349,686,876	26 1,362,197,670
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	-211,994,128	27 -198,887,134
	28 Temporarily restricted net assets . . . . .	28	28,990
	29 Permanently restricted net assets . . . . .	29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	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 . . . . .	-211,994,128	33 -198,858,144
	34 Total liabilities and net assets/fund balances . . . . .	1,137,692,748	34 1,163,339,526

**Part XI Financial Statements and Reporting**

**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? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**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 . . . . .

**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? . . . . .

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Wheaton Franciscan Services Inc

Employer identification number

36-3262111

**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?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
<b>Total</b>									179,912,968

**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 <b>Total.</b> 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 <b>Public Support.</b> 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 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

**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 <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (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						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> 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 <b>stop here</b>						

**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
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private Foundation</b> 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

---

## **SCHEDULE C**

**(Form 990 or 990-EZ)**

## 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.

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  
Wheaton Franciscan Services Inc

Employer identification number

36-326211

**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 function 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

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

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2006</b>	<b>(b) 2007</b>	<b>(c) 2008</b>	<b>(d) 2009</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
	Yes	No	
			Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		62,671
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		
<b>j</b> Total lines 1c through 1i			62,671
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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".**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> 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).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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?		
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	4	
	5	

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
LOBBYING	SCH C, PT II-B, LINE 1I	Wheaton Franciscan Healthcare and Franciscan Ministries are part of a controlled group of healthcare and housing organizations that are related through a common parent organization. Certain entities within this controlled group engage in limited lobbying activities that benefit each organization collectively. Wheaton Franciscan Healthcare employs one full time Vice President of Strategic Planning and Government Relations whose duties include a portion of lobbying activities. These lobbying activities approximate 20% of total annual salary. A benefits factor of 25% is added, and the total is allocated amongst the organizations receiving the benefit of these services. The lobbying activities include such things as preservation of Medicare and Medicaid funding, monitoring federal legislation that may impact the organization, participating in and coordinating visits with elected officials, coordinating advocacy activities in conjunction with relevant trade associations, and providing awareness on specific state related legislative issues when the need arises (e.g. state hospital assessment legislation in Wisconsin). The portion of direct expenses related to annual employee business travel to Washington DC or other locations, in order to lobby for issues important to healthcare providers and patients, have been included if applicable. Finally, any trade association dues containing a percentage portion allocable to lobbying activities, has been added or estimated, as appropriate. Lobbying expenses incurred by each organization directly, are reflected on their respective IRS Form 990, and can be summarized as follows: Wheaton Franciscan Services, Inc #36-3262111 \$62,671; Wheaton Franciscan Healthcare - Southeast Wisconsin, Inc #39-1566865 \$31,571; Wheaton Franciscan, Inc (formerly Wheaton Franciscan Healthcare - St. Joseph, Inc and The Wisconsin Heart Hospital, Inc) #39-0816857 \$16,252; Wheaton Franciscan Healthcare - St. Francis, Inc #39-0907740 #13,312; Wheaton Franciscan Healthcare - Elmbrook Memorial, Inc #39-0853528 \$6,739; Wheaton Franciscan Healthcare - All Saints, Inc #39-1264986 \$14,012; Wheaton Franciscan Healthcare - Franklin, Inc #56-2592868 \$1,530; Wheaton Franciscan Home Health and Hospice, Inc #39-1559428 \$1,726; Marianjoy, Inc #36-3483589 \$3,750; Marianjoy Rehabilitation Hospitals and Clinics, Inc #36-2680776 \$13,364; Wheaton Franciscan Healthcare - Iowa, Inc #42-1177001 \$3,750; Covenant Medical Center, Inc #42-1264647 \$25,385; Sartori Hospital, Inc #42-0758901 \$5,270; Mercy Hospital, Inc #42-1178403 \$2,354. TOTAL LOBBYING EXPENSES \$201,686.

2009

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**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.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
Wheaton Franciscan Services Inc**Employer identification number**

36-3262111

**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
2a	
2b	
2c	
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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

(i) unrelated organizations . . . . .	Yes	No
(ii) related organizations . . . . .	3a(i)	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 . . . . .	0	2,064,696		2,064,696
b Buildings . . . . .	0	1,641,115	713,062	928,053
c Leasehold improvements . . . . .				
d Equipment . . . . .	0	132,200,381	71,746,048	60,454,333
e Other . . . . .	0	5,572,611	121,013	5,451,598
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				68,898,680

**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		
Closely-held equity interests		
Other		
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B), line 12.)		

---

**Total.** (Column (b) should equal Form 990, Part X, col (B), line 12)

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

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

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

---

— 10 —

**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

<b>Part X Other Liabilities.</b> See Form 990, Part X, line 25.		
1	(a) Description of Liability	(b) Amount
Federal Income Taxes		0
SECURITY LENDING PAYABLE		26,896,866
BENEFIT RESTORATION PLAN		884,108
PENSION-MIN LIAB PER FASB87		230,780,265
DEFERRED COMPENSATION		23,040,061
FELICIAN SERVICES		28,000,000
GIFT ANNUITIES		103,326
DERIVATIVE SWAP VALUE ADJ		6,685,801
DUE TO/FROM RELATED ORGS		105,692,612
<b>Total (Column (b))</b>		<b>300,341,000</b>

**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	331,442,313
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	322,561,214
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,881,099
4	Net unrealized gains (losses) on investments	4	19,165,118
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-14,910,233
9	Total adjustments (net) Add lines 4 - 8	9	4,254,885
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,135,984

**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	350,607,431
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	19,165,118
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	19,165,118
3	Subtract line 2e from line 1	3	331,442,313
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	331,442,313

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

1	Total expenses and losses per audited financial statements	1	324,152,450
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	1,591,236
e	Add lines 2a through 2d	2e	1,591,236
3	Subtract line 2e from line 1	3	322,561,214
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	322,561,214

**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
Supplemental Information	Schedule D, Part XI, XII, XIII	SCHEDULE D NET ASSETS, REVENUE, AND EXPENSE RECONCILIATIONS AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE HAVE A CONSOLIDATED AUDIT PREPARED FOR THE ENTRIE CONTROLLED GROUP BECAUSE OF THIS, CERTAIN PARTS OF THIS IRS FORM 990 REGARDING INDIVIDUALLY PREPARED AUDITS HAVE BEEN ANSWERED ACCORDINGLY AND PER IRS INSTRUCTIONS NORMALLY, AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE WILL USE AN INTERNALLY PREPARED DOCUMENT, THAT BREAKS THE CONSOLIDATED AUDIT DOWN TO THE ENTITY LEVEL AND TIE EACH 990 ACCORDINGLY SCHEDULE D, PART XI, LN 8 Change in minimum pension liability per FASB87 (\$5,767,879) Equity transactions of unconsolidated affiliates (\$5,031,755) Change in Restricted Equity - Employee Emergency Fund \$249 WFIC - Return of Capital (\$2,519,612) Difference between Premiums Paid and Claims Paid (\$1,591,236) RECONCILITATION OF ENDING NET ASSETS BEGINNING Net Assets PER FORM 990 (211,994,128) FY10 Excess Rev over Exp 8,881,099 FY10 Excess Rev over Exp-Unrealized Gain 19,165,118 Reverse PL/GL premiums paid (4,110,848) Deduction for PL/GL claims paid 2,519,612 Chg in Equity-Trans of Unconsld Affiliates (5,031,755) Chg in Eq Tnfr Pension (5,767,879) Chg in Rest EqEmp Emg Fnd 249 WFIC-Return of Capital (2,519,612) ENDING Net Assets PER 990 (198,858,144) Balance Sheet reclass of Invest-Affinity (26,285,304) WFIC RETURN OF CAPITAL 2,519,612 ENDING NET ASSETS PER AUDITED FIN STMTS (222,623,836) SCHEDULE D, PART XIII, LINE 2D Reverse PL/GL premiums paid (4,110,848) Deduction for PL/GL claims paid 2,519,612

OMB No 1545-0047

## **Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- Attach to Form 990. ► See separate instructions.

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

## Wheaton Franciscan Services Inc

**Employer identification number**

36-3262113

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . ► \_\_\_\_\_

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

**Part IV Supplemental Information**

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

**Schedule I  
(Form 990)**

## **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**

**► Attach to Form 990**

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**Wheaton Franciscan Services Inc**

**Employer identification number**

## **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.

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
UWM Foundation ALUMNI HOUSE 3230 EAST KENWOOD BLVD MILWAUKEE, WI 53211	237337744	501(c)(3)	20,000				WFH Scholarship Fund
HOSPITAL SISTERS MISSION OUTREACH PO BOX 1665 SPRINGFIELD, IL 62705	352271729	501(C)(3)	15,158				Contribution
NATIONAL ASSOCIATION OF HEALTH 1050 CONNECTICUT AVENUE NW 10th Flo WASHINGTON, DC 20036	621312239	501(c)(3)	10,000				SPONSORSHIP
SCHOLARSHIP AMERICA Inc PO BOX 297 ST PETER, MN 56082	237039405	501(C)(3)	15,919				SCHOLARSHIPS
Sharon Lynne Wilson Center for the Arts 19805 W CAPITOL DRIVE BROOKFIELD, WI 53045	391787648	501(C)(3)	15,000				SPONSORSHIP
SET MINISTRIES INC 2977 N 50th STREET MILWAUKEE, WI 53210	391618277	501(C)(3)	12,712				SUPPORT PROGRAMS

**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.

**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
Supplemental Information	Part I, Line 2	Wheaton Franciscan Healthcare and Franciscan Ministries maintain files and records to manage the decision-making and award process for organizations that it provides community sponsorship dollars to. Decisions are made by a Community Sponsorship Committee with leaders who hold positions in Diversity, Strategic Planning, Mission Services, Marketing and Philanthropy. The Committee generally strives to sponsor organizations that have missions that align with the mission, vision and values of Wheaton Franciscan Healthcare. The committee also looks for certain other criteria when deciding which organizations will receive contributions, including but not limited to supporting healthcare related activities within the Southeast Wisconsin, Iowa, and Illinois markets, supporting programming that work to further diversity and cultural competency, aligning with other WFH business relationships or service lines, supporting student academic achievement or workforce development initiatives, and finally, supporting environmental "green" initiatives. Leaders periodically meet with representatives of sponsored organizations to discuss objectives including how dollars will be spent. Currently, confirmation letters are sent to sponsored organizations when award dollars are given that confirm the dollar amount awarded and the intended purpose, with a request that the recipient acknowledge receipt of the funds in written correspondence. Files are maintained in the Organizational Change and Leadership Performance Department to include copies of letters of request, award and denial letters along with acknowledgement receipts from sponsored organizations.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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.**

**Name of the organization**  
Wheaton Franciscan Services Inc**Employer identification number**

36-3262111

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input checked="" type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain

**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?

**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

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?

**b** Any related organization?

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?

**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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.

**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
Supplemental Information Schedule J	Part III	<p>Schedule J Part I Line 1a Certain Officers and/or Directors of Wheaton Franciscan Healthcare affiliates were provided an "Executive Flexible Spending Account" in the amount of up to \$5,000 annually. The account provides access to funds for expenses incurred for business-related spousal travel, financial counsel, tax preparation, estate planning, club membership fees, holistic health and wellness, and/or unreimbursed medical or dental expenses. The individual is required to substantiate each item reimbursed, and the amount used each year is fully taxable. Certain Officers were also provided housing during 2009 in the Milwaukee, Wisconsin area because these key leaders are required to be available frequently at both the Wisconsin and Illinois corporate locations. This housing is paid for by Wheaton Franciscan Healthcare, and due to the nature of housing, may contain personal usage. Schedule J, Part I, Line 4a Reportable compensation of Ronald Groepper includes \$244,739 in severance payments made during calendar year 2009. Reportable compensation of Terrance McGuire includes \$78,009 in severance payments made during calendar year 2009. Reportable compensation of David Smith includes \$97,668 in severance payments made during calendar year 2009. Schedule J, Part I, Line 4b John Oliverio received a 2009 taxable payout of \$346,993 related to a supplemental nonqualified retirement plan known as the Wheaton Franciscan Services Benefit Restoration Plan. Ronald Groepper received a 2009 taxable payout of \$31,023 related to a supplemental nonqualified retirement plan under IRC Section 457(f).</p>

**Schedule K  
(Form 990)****2009****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.

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
Wheaton Franciscan Services IncEmployer identification number  
36-3262111**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHOR	39-1337855	97710VMM7	08-20-2003	115,566,221	WHFA 2003A REVENUE BONDS		X		X
B	WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHOR	39-1337855	97710VND6	08-20-2003	75,000,000	WHFA 2003B VRAT DEMAND REV BND		X		X
C	WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHOR	39-1337855	97710vp51	11-14-2006	318,938,498	WHFA 2006A REVENUE BONDS		X		X
D	WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHOR	39-1337855	97710VT81	12-12-2006	222,455,595	WHFA 2006B REV & REFINANCE BND		X		X
E	WISCONSIN HEALTHA AND EDUCATIONAL FACILITES AUTHOR	39-1337855	97710V3X4	07-31-2007	64,600,000	WHFA 2007 REVENUE BONDS		X		X

**Part II Proceeds**

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total proceeds of issue			115,546,393		75,317,166		313,369,855		212,163,004	
2	Gross proceeds in reserve funds			11,703,427				23,174,401		18,587,483	
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds			1,144,219		521,431		2,488,832		1,490,312	
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds			85,097,002		74,478,569		202,651,722			
8	Year of substantial completion			2005		2004		2008		2006	
9	Were the bonds issued as part of a current refunding issue?	X			X		X				X
10	Were the bonds issued as part of an advance refunding issue?		X		X		X	X			X
11	Has the final allocation of proceeds been made?	X		X		X		X			X
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			X

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		
<b>3c</b> 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?	X		X		X		X			
<b>4</b> 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 ►	0 %		0 %		0 %		0 %			
<b>5</b> 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 ►	0 %		0 %		0 %		0 %			
<b>6</b> Total of lines 4 and 5	0 %		0 %		0 %		0 %			
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X			

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		X		X		X		X
<b>2</b> Is the bond issue a variable rate issue?		X	X			X		X	X	
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?		X		X	X		X			X
<b>b</b> Name of provider	MORGAN STANLEY		MORGAN STANLEY		SUN TRUST					
<b>c</b> Term of GIC	5 25		5 25		7 25					
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X				X		X			
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
<b>6</b> Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

2009

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**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.

Department of the Treasury  
Internal Revenue Service  
**Name of the organization**  
Wheaton Franciscan Services Inc

**Employer identification number**

36-3262111

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION TO FORM 990	SCHEDULE O	FORM 990, PART VI, LNS 6-7 WFSI has two members which hold several reserved powers over WFSI. These reserved powers include, but are not limited to, the election of members of the governing body and election of officers, approval of certain financial expenditures in accordance with policy, and approval of budgets and strategic plans, these approvals are based on recommendations from the governing body. FORM 990, PART VI, LN 10 Wheaton Franciscan Healthcare and Franciscan Ministries are part of a controlled group of health care and housing providers, controlled under a common parent organization Wheaton Franciscan Services, Inc. Some of these organizations are exempt through the Catholic Group Ruling and other organizations have a stand alone exemption (IRS determination) letter. As such, these related affiliates have certain policies and procedures that were adopted at the parent level, but are applicable to the entire controlled group of organizations. All policy and procedure matters are handled in a manner to ensure that all activities are consistent with the organization's overall exempt purposes. Please see Schedule R for a full listing of all related affiliate organizations. FORM 990, PART VI, LINE 11 Affiliates of Wheaton Franciscan Healthcare use a multiple-level review process on all Federal and State information and tax returns to ensure accurate and timely filing for all organizations. Under the direction of the Tax Manager, the Accounting Department prepares Forms 990, 990-T, and associated state filings. When complete, the return is first reviewed by the Accounting Director, who focuses on the income statement and balance sheet items, and all schedules where transactions of this type might be reported. If discrepancies are found, the item will be corrected prior to the next step in the review process. Once cleared through Accounting, the return is provided to the Tax Department, where the Tax Manager and Vice President of Treasury and Risk Management focus their review on consistency of reporting between all returns, accuracy of tax related information, and explanation and understanding of any outliers. Again, any problems or questions are investigated and corrected. Depending on the level of complexity of the year in question, as well as the individual issues specific to that filing, certain returns may be selected for outside review by a public accounting firm. This decision will vary from year to year based on many factors, and sometimes outside review is not utilized at all. Also, certain schedules, such as Schedule K, Schedule H, and Schedule J, may be selected for review by outside bond counsel, a community benefit associate, and/or the compensation committee respectfully and as needed. This decision will vary from year to year, again based on many factors. The Tax Department, upon completion of all levels of review, will schedule an appointment with the Senior Vice President and CFO, who will perform a review prior to signing the return. Once signed, the return is cleared to provide to members of the Board of Directors. The parent organization, Wheaton Franciscan Services, Inc. has designated that the Audit Committee review the parent return in certain years. This is a cursory review, where the 990 is explained at a high level by management representatives, and any questions or concerns that the board have can be addressed. At a later date and prior to e-filing, the full board is provided access to all 990's and 990-T's through the system via an online portal. A similar process exists at the regional holding company level - a 990 is selected for review in certain years by the Finance and Operations Committee. Similarly, the 990 (and accompanying 990-T if any) is explained at a high level, and board questions or concerns are addressed. Members of the full board are provided access to all 990's and 990-T's within that region prior to e-filing via an online portal. FORM 990 PART VI, SECTION B POLICIES, LINE 12C As part of the annual process, conflict of interest questionnaires are sent out to all Officers, Directors, and other individuals in key positions in order to capture information on potential conflicts, as well as information on business and family relationships for purposes of answering certain questions on IRS Form 990. Responses to these questionnaires are reviewed weekly by the Vice President of Compliance, the Manager of Tax Compliance, and the Manager of Legal Services. Responses to questions are documented in a spreadsheet for follow up at a later time. After an approximate 6 week time frame, names of all non responders are compiled, and these individuals receive either an email or letter with a duplicate questionnaire, asking them once again to complete the information. Responses to questionnaires continue to be reviewed and documented throughout this time period. Approximately 1 month prior to the filing deadline of IRS Form 990, responses to date are compiled. Any response

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION TO FORM 990	SCHEDULE O	<p>requiring disclosure is entered into the information return. Also at this date, the remaining non responder names are determined, and a letter, along with the actual Conflict of Interest Policy, is sent to the Chairperson of each board. The letter outlines the current non responders, as well as any Officer or Board member that has disclosed a financial interest that might pose a potential conflict of interest. Depending upon the nature of the financial interest and work done by the board, several actions may be considered - the board member with a financial interest would need to voluntarily excuse him or herself from the deliberations or voting on such a matter, or, if necessary, the board would determine that the subject's financial interest was an actual conflict of interest, in which case the board member would be informed by the board Chairperson that he or she would not be allowed to vote in any such matters due to this real or perceived conflict of interest. Minutes of the board meeting would document this decision process, and reflect whatever action(s) are ultimately taken. The board chairperson is also required to discuss with non responders the repercussions of not responding after two attempts, and require the board member to complete the annual conflict of interest disclosure questionnaire before being allowed to continue in any board matters. If the board member refuses, the Chairperson has the authority to determine the appropriate action, including, but not limited to prohibiting them from participating in deliberations, preventing them from voting, and/or removing them as a board member.</p> <p>FORM 990, PART VI, SECTION B POLICIES, LINE 15 The compensation of the CEO of Wheaton Franciscan Services Inc (WFSI) and other officers and key employees of the filing organization is reviewed and approved on an annual basis by the Executive Committee of the WFSI Board of Directors, an independent board, acting in a manner consistent with its conflicts of interest policy. The board's decision is informed by an opinion on market comparable compensation data provided to the board by an independent compensation expert. The organization maintains contemporaneous documentation of the substantiation of the deliberation and decision by the board.</p>

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION FOR FORM 990 (CONTINUED)	SCHEDULE O	<p>FORM 990, PART VI, SECTION C DISCLOSURE, LINE 19 Affiliates of Wheaton Franciscan Healthcare and Franciscan Ministries provide upon request certain documents including our financial statements, conflict of interest policy, and governing documents that support our tax exempt status, including, but not limited to, articles of incorporation and bylaws. Requests for information are considered on a case-by-case basis, and this process is outlined in our Public Disclosure Policy. As part of the requirements for tax exempt bond financing, the consolidated financial statements of Wheaton Franciscan Services, Inc (#36-3262111), the parent corporation of Wheaton Franciscan Healthcare and Franciscan Ministries affiliates are required to be provided each quarter to the Municipal Securities Rule Making Board (MSRB). The vehicle used to accomplish this is through an external website (<a href="http://emma.msrb.org/">http://emma.msrb.org/</a>) referred to as "EMMA" (Electronic Municipal Market Access System). The financial statements are uploaded each quarter to the website, and along with other information provided at the bond's inception, are available for viewing by the general public. Form 990, Part IX, Line 8 and 9 Certain employee benefits for affiliated organizations are centrally managed by Wheaton Franciscan Services, Inc and are reflected on Lines 8 and 9. The salary expense for these associates is reflected on the tax returns for the affiliated organizations. Schedule K, Part I, Column F Description of Purpose Line A Proceeds were used to construct, renovate and equip health care facilities used by the borrower and certain related corporations, to refund series 1991 bonds (issued January 22, 1992, to establish a debt service reserve fund and to pay certain costs in connection with the issuance of the series 2003A bonds. Line B Proceeds were used to construct, renovate and equip health care facilities used by the borrower and certain related corporations and to pay certain costs in connection with the issuance of the series 2003B bonds. Line C Proceeds were used to construct, renovate and equip health care facilities used by the borrower and certain related corporations, to refund variable rate demand revenue bonds, series 1997, to establish a debt service reserve fund and to pay certain costs in connection with the issuance of the series 2006A bonds. Line D Proceeds were used to refund a portion of revenue and refunding bonds, series 2002, to establish a debt service reserve fund and to pay certain costs in connection with the issuance of the series 2006B bonds. Line E Proceeds were used to refinance the \$50,000,000 of The Wisconsin Heart Hospital LLC taxable variable rate demand revenue bonds, series 2003, to pay or reimburse the borrower or one of its related corporations for the payment of the costs of certain projects and to pay certain costs in connection with the issuance of the series 2007 bonds. Schedule R, Part II, Related Organization footnotes (1) Wheaton Franciscan Laboratories, Inc was granted exempt status on 10/14/09 retroactive to 6/30/08 (2) Metro Physicians, Inc was granted exempt status on 02/01/10 retroactive to 08/15/08 (3) Wheaton Franciscan Healthcare-Pharmacy Enterprises and Franciscan Woods, Inc (formerly known as Wheaton Franciscan Healthcare-Marian Franciscan Center, Inc) sold the assets of one of its skilled nursing care divisions to an unrelated third party on 09/30/09 (4) Effective 06/30/2009, The Wisconsin Heart Hospital Inc was merged with Wheaton Franciscan Healthcare - St Joseph, Inc and the surviving corporation changed its legal name to Wheaton Franciscan, Inc (5) Wisconsin Heart and Vascular Clinics, SC was dissolved on 12/23/2009 and filed its final IRS Form 1120 for the calendar year ending December 31, 2009 Other Notes The following entities are listed with NO DCE and the reason they are classified as such. Synergon Health System Inc Two entities are involved (Rush Presbyterian and OSF Services Inc) but since neither has the ability to appoint a majority of the board, neither organization "controls" UHS Inc KHMC Community Board and OSF Services Inc are involved, but neither appoints a majority of board and KHMC is not an entity, it is a community board, so neither body "controls"</p>

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

**Employer identification number**

36-326211

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

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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
See Additional Data Table					

**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.)

**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
See Additional Data Table							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q	Yes	
1r		No

**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) See Additional Data Table			
(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.

**Software ID:**  
**Software Version:**  
**EIN:** 36-3262111  
**Name:** Wheaton Franciscan 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
WHEATON FRANCISCAN SERVICES INC 26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3262111	PARENT CORP	IL	501(c)(3)	11 - III-FI	NA
AFFINITY HEALTH SYSTEM 1570 MIDWAY PLACE MENASHA, WI54942 39-1638765	HOLDING CO	IL	501(c)(3)	11 - I	WFSIMHC
AUXILIARY OF ST ELIZABETH HOSPITAL INC 1506 SOUTH ONEIDA STREET APPLETON, WI54915 39-6077331	AUXILIARY	WI	501(c)(3)	11 - III-O	ST ELIZ HOSP
CALUMET MEDICAL CENTER INC 614 MEMORIAL DRIVE CHILTON, WI53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	AFF HLTH SYS
MERCY MEDICAL CENTER OF OSHKOSH INC 500 SOUTH OAKWOOD ROAD OSHKOSH, WI54904 39-0806268	HOSPITAL	WI	501(c)(3)	3	AFF HLTH SYS
NETWORK HEALTH SYSTEM INC 1570 MIDWAY PLACE MENASHA, WI54942 39-1127163	PHYSCN CLINIC	WI	501(c)(3)	3	AFF HLTH SYS
ST ELIZABETH HOSPITAL COMMUNITY FNDN INC 1506 SOUTH ONEIDA STREET APPLETON, WI54915 39-1256677	FOUNDATION	WI	501(c)(3)	11 - I	AFF HLTH SYS
ST ELIZABETH HOSPITAL INC 1506 SOUTH ONEIDA STREET APPLETON, WI54915 39-0816818	HOSPITAL	WI	501(c)(3)	3	AFF HLTH SYS
WFH - ALL SAINTS INC 3801 SPRING STREET RACINE, WI53405 39-1264986	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI
WFH - ALL SAINTS FOUNDATION INC 1320 WISCONSIN AVENUE RACINE, WI53403 39-1570877	FOUNDATION	WI	501(c)(3)	11 - I	WFH-AS INC
VOLUNTEERS IN PTNRSHIP WITH WFH-AS INC 3801 SPRING STREET RACINE, WI53405 93-0838390	FOUNDATION	WI	501(c)(3)	11 - III-O	WFH-AS INC
WFH - SOUTHEAST WISCONSIN INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1568865	HOLDING CO	IL	501(c)(3)	11 - III-FI	WFSI
WFH - CIRCLE OF LIFE FOUNDATION INC 9632 WEST APPLETON AVENUE MILWAUKEE, WI53225 56-2426294	FOUNDATION	WI	501(c)(3)	11 - I	WFH-PE
WHEATON FRAN HOME HEALTH & HOSPICE INC 3070 NORTH 51ST STREET STE 406 MILWAUKEE, WI53210 39-1559428	HOME HLTH	WI	501(c)(3)	3	WFH-SE WI
WHEATON FRANCISCAN MEDICAL GROUP INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1791586	MEDICAL GRP	WI	501(c)(3)	3	WFSI
WFH - ELMBROOK MEMORIAL FOUNDATION INC 19333 WEST NORTH AVENUE BROOKFIELD, WI53045 39-2028808	FOUNDATION	WI	501(c)(3)	11 - I	WFH-EMH
WFH - ELMBROOK MEMORIAL INC 19333 WEST NORTH AVENUE BROOKFIELD, WI53045 39-0853528	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI
WHEATON FRANCISCAN LABORATORIES INC (1) 11020 WEST PLANK COURT WAUWATOSA, WI53226 39-1701402	LABORATORY	WI	501(c)(3)	9	WFH-SE WI
WFH PHARMACY ENT AND FRAN WOODS INC (3) 13950 WEST CAPITOL DRIVE BROOKFIELD, WI53005 39-1613624	NURSING HOME	WI	501(c)(3)	9	WFH-SE WI
WFH - ST FRANCIS INC 3237 SOUTH 16TH STREET MILWAUKEE, WI53215 39-0907740	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI
WF - ST JOSEPH FOUNDATION INC 5000 WEST CHAMBERS STREET MILWAUKEE, WI53210 39-1636804	FOUNDATION	WI	501(c)(3)	11 - I	WF INC
WHEATON FRANCISCAN INC (5) 5000 WEST CHAMBERS STREET MILWAUKEE, WI53210 39-0816857	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI
WFH - THE WISCONSIN HEART HOSPITAL INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1220690	FOUNDATION	WI	501(c)(3)	11 - I	WFH-SE WI
WFH-FNDN FOR ST FRANCIS AND FRANKLIN INC 3237 SOUTH 16TH STREET MILWAUKEE, WI53215 32-0135258	FOUNDATION	WI	501(c)(3)	11 - I	WFH-SFH
WFH - TERRACE AT ST FRANCIS INC 3200 SOUTH 20TH STREET MILWAUKEE, WI53225 39-1486775	NURSING HOME	WI	501(c)(3)	9	WFH-SE WI
WFH - FRANKLIN INC 10101 SOUTH 27TH STREET FRANKLIN, WI53132 56-2592868	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI
WHEATON WAY CONDO OWNERS ASSCN INC 10101 S 27TH STREET FRANKLIN, WI53132 30-0659830	CONDO ASSCN	WI	N/A	N/A	WFH-FRKLN
METRO PHYSICIANS INC (2) 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 94-3436893	MEDICAL GRP	WI	501(c)(3)	3	WFMG
MARIANJOY INC 26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3483589	HOLDING CO	IL	501(c)(3)	11 - III-FI	WFSI
MARIANJOY FOUNDATION INC 26 W 171 ROOSEVELT RD WHEATON, IL60187 35-2165613	FOUNDATION	IL	501(c)(3)	7	M REHAB CLC

## 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
MARIANJOY REHAB CENTER AUXILIARY INC 26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3896976	AUXILIARY	IL	501(c)(3)	11 - I	MJ REHAB CLC
MARIANJOY REHAB HOSPITAL & CLINICS INC 26 W 171 ROOSEVELT RD WHEATON, IL60187 36-2680776	REHAB HOSPITA	IL	501(c)(3)	3	MARIANJOY
REHABILITATION MEDICINE CLINIC INC 26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3236791	MEDICAL GRP	IL	501(c)(3)	3	MARIANJOY
OSF SERVICES INC PO Box 667 WHEATON, IL601870667 39-1471463	HOLDING CO	WI	501(c)(3)	11 - III-FI	WFSI
CANTICLE MINISTRIES INC PO Box 667 WHEATON, IL601870667 36-4091836	HOUSING/ADVCY	IL	501(c)(3)	7	OSF SVCS INC
CLARA PFAENDER FUND INC PO Box 667 WHEATON, IL601870667 36-3353311	SPONSORSHIP	IL	501(c)(3)	11 - III-O	OSF SVCS INC
FRANCISCAN SISTERS CHARITABLE FUND OF CO 2626 OSCEOLA STREET DENVER, CO80212 84-0733072	AUXILIARY	CO	501(c)(3)	7	OSF SVCS INC
RUSH OAK PARK HOSPITAL INC 520 SOUTH MAPLE AVENUE OAK PARK, IL60304 36-2183812	HOSPITAL	IL	501(c)(3)	3	OSF SVCS INC
SET MINISTRY INC 2977 NORTH 50TH STREET MILWAUKEE, WI53210 39-1618277	SOCIAL WORK	WI	501(c)(3)	9	OSF SVCS INC
ST CATHERINE'S HOSPITAL INC 9555 76TH STREET PLEASANT PRAIRIE, WI53158 39-0855075	HOSPITAL	WI	501(c)(3)	3	OSF SVCS INC
SYNERGON HEALTH SYSTEM INC 520 SOUTH MAPLE AVENUE OAK PARK, IL60304 36-3739067	HOSPITAL	IL	501(c)(3)	3	NONE
UHS INC 6308 EIGHTH AVENUE KENOSHA, WI53143 39-1956749	HOSPITAL	WI	501(c)(3)	3	NONE
WFH - IOWA INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1177001	HOLDING CO	IA	501(c)(3)	11 - III-FI	WFSI
COVENANT FOUNDATION INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1295784	FOUNDATION	IA	501(c)(3)	9	COV MED CTR
COVENANT MEDICAL CENTER INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1264647	HOSPITAL	IA	501(c)(3)	3	WFH-IOWA
MERCY HOSPITAL OF FRANCISCAN SISTERS INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1178403	HOSPITAL	IA	501(c)(3)	3	WFH-IOWA
NE IOWA REAL ESTATE INVESTMENTS LTD 3421 WEST NINTH STREET WATERLOO, IA50702 42-1207432	HOLDING CO	IA	501(c)(2)	N/A	WFH-IOWA
SARTORI HEALTH CARE FOUNDATION INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1240996	FOUNDATION	IA	501(c)(3)	11 - I	SARTORI HOSP
SARTORI MEMORIAL HOSPITAL INC 515 COLLEGE STREET CEDAR FALLS, IA50613 42-0758901	HOSPITAL	IA	501(c)(3)	3	WFH-IOWA
FRANCISCAN MINISTRIES INC 26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-3259684	HOLDING CO	IL	501(c)(3)	11 - III-FI	WFSI
ASSISI HOMES - BATAVIA APARTMENTS INC 1259 EAST WILSON STREET BATAVIA, IL60510 36-3914084	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - COLONY PARK INC 550 EAST THORNHILL DRIVE CAROL STREAM, IL60188 36-4039278	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - CONSTITUTION HOUSE INC 401 NORTH CONSTITUTION DRIVE AURORA, IL60506 36-4049150	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - JEFFERSON COURT INC 415 EAST KNAPP STREET MILWAUKEE, WI53202 39-1771526	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES - KENOSHA INC 1860 27TH AVENUE KENOSHA, WI53140 39-1814815	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES - SAXONY INC 1876 22ND AVENUE KENOSHA, WI53140 39-1790498	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES OF GURNEE INC 3495 WEST GRAND AVENUE GURNEE, IL60031 36-3942336	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES OF ILLINOIS INC 2126 WEST ROOSEVELT ROAD WHEATON, IL60187 36-3803443	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES OF NEENAH INC 210 BYRD AVENUE NEENAH, WI54946 36-3767250	HOUSING	WI	501(c)(3)	9	FMI
CANTICLE PLACE INC 26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-3957850	HOUSING	IL	501(c)(3)	9	FMI

## 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
CATHERINE MARIAN HOUSING INC  806 SOUTH WISCONSIN AVENUE RACINE, WI53403 39-1657098	HOUSING	WI	501(c)(3)	9	FMI
CLARE GARDENS INC  2626 OSCEOLA STREET DENVER, CO80212 23-7200039	HOUSING	CO	501(c)(3)	9	FMI
CLARE OF ASSISI HOMES-WESTMINSTER INC  2451 WEST 82ND PLACE WESTMINSTER, CO80031 74-2740978	HOUSING	CO	501(c)(3)	9	FMI
DAYSPRING VILLA INC  3777 WEST 26TH AVENUE DENVER, CO80211 36-3933908	HOUSING	CO	501(c)(3)	9	FMI
FRANCIS HEIGHTS INC  2626 OSCEOLA STREET DENVER, CO80212 84-0626174	HOUSING	CO	501(c)(3)	9	FMI
FRANCISCAN MINISTRIES COMMUNITY FNDN INC  26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-4456204	FOUNDATION	IL	501(c)(3)	11 - II	FMI
FRANCISCAN SENIORS KENOSHA INC  1920 27TH AVENUE KENOSHA, WI53140 39-1821568	HOUSING	WI	501(c)(3)	9	FMI
MARIAN HOUSING CENTER INC  4105 SPRING STREET RACINE, WI53405 39-1515867	HOUSING	WI	501(c)(3)	9	FMI
MARIAN PARK INC  2126 WEST ROOSEVELT ROAD WHEATON, IL60187 36-2750105	HOUSING	IL	501(c)(3)	9	FMI
RIDGEWAY PLACE INC  155 EAST RIDGEWAY AVENUE WATERLOO, IA50702 42-1416064	HOUSING	IA	501(c)(3)	9	FMI
STARVED ROCK-LASALLE MANOR INC  1135 10TH STREET LASALLE, IL61301 36-3796933	HOUSING	IL	501(c)(3)	9	FMI
VILLA MARIA INC  2461 WEST 82ND PLACE WESTMINSTER, CO80031 84-1347868	HOUSING	CO	501(c)(3)	9	FMI
VILLA ST CLARE INC  130 BYRD AVENUE NEENAH, WI54946 39-1769395	HOUSING	WI	501(c)(3)	9	FMI

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
NETWORK HEALTH INSURANCE CORPORATION 1570 MIDWAY PLACE MENASHA, WI54942 39-2020474	INSURANCE CO	WI	NETWK HLTH SY	C CORP			
NETWORK HEALTH PLAN 1570 MIDWAY PLACE MENASHA, WI54942 39-1442058	HLTH MAINT ORG	WI	NETWK HLTH SY	C CORP			
WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1985204	HOLDING CO	WI	WF HOLDINGS INC	C CORP			
WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1836357	PHARMACY	WI	WFH-SE WI	C CORP			
WHEATON FRANCISCAN MED GRP-SUSSEX INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1361100	MEDICAL GRP	WI	WF HOLDINGS INC	C CORP			
WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1952140	ADMN SUPPORT	WI	WFH-SE WI	C CORP			
WI HEART AND VASCULAR CLINICS SC (6) 400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1673654	MEDICAL GRP	WI	WFMG	C CORP			
COVENANT REGIONAL SERVICES INC 3421 WEST NINTH STREET WATERLOO, IA50702 42-1189805	PHARMACY	IA	WFH - IOWA INC	C CORP			
WHEATON FRANCISCAN INSURANCE COMPANY  98-0691609	OTHER INVEST	UK	WFSI	C CORP			

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) WFH-SE WI INC	A (I)	9,063,651
(2) WFH-IOWA INC	A (I)	965,884
(3) MARIANJOY INC	A (I)	1,780,640
(4) AFFINITY HEALTH SYSTEM	A (I)	930,006
(5) WFH-SE WI INC	D	3,493,295
(6) WFH-IOWA INC	D	1,604,540
(7) MARIANJOY INC	D	620,369
(8) AFFINITY HEALTH SYSTEM	D	966,909
(9) WFH-SE WI INC	P	217,846,595
(10) WFH MEDICAL GROUP	P	3,638,844
(11) WFH-IOWA INC	P	49,570,314
(12) MARIANJOY INC	P	11,055,577
(13) FRANCISCAN MINISTRIES INC	P	700,860
(14) AFFINITY HEALTH SYSTEM	P	5,512,551
(15) WFSI HEALTH & WELFARE BENEFIT TRUST	Q	1,000,000
(16) WHEATON FRANCISCAN INSURANCE COMPANY	Q	2,628,961

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-3262111  
**Name:** Wheaton Franciscan Services Inc

**Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.**

<b>(i)</b> Name of Supported Organization	<b>(ii)</b> EIN	<b>(iii)</b> Type of organization (described on lines 1- 9 above or IRC section )	<b>(iv)</b> Is the organization in (i) listed in your governing document?		<b>(v)</b> Did you notify the organization in (i) of your support?		<b>(vi)</b> Is the organization in (i) organized in the U S ?		<b>(vii)</b> Amount of support?
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
CALUMET MEDICAL CENTER	390905385	03		No		No	Yes		0
MERCY MEDICAL CENTER OF OSKOSH INC	390806268	03		No		No	Yes		0
NETWORK HEALTH SYSTEM INC	391127163	09		No		No	Yes		0
ST ELIZABETH HOSPITAL INC	390816818	03		No	Yes		Yes		5512552
WFH - ALL SAINTS INC	391264986	09		No	Yes		Yes		36428004
WHEATON FRANCISCAN HOME HEALTH AND HOSPICE INC	391559428	03		No	Yes		Yes		348000
WHEATON FRANCISCAN MEDICAL GROUP INC	391791586	03		No	Yes		Yes		14100996
WFH - ELMBROOK MEMORIAL INC	390853528	03		No	Yes		Yes		16830996
WFH PHARMACY ENT & FRAN WOODS INC	391613624	09		No	Yes		Yes		783000
WFH - ST FRANCIS INC	390907740	03		No	Yes		Yes		14853996
WHEATON FRANCISCAN INC	390816857	09		No	Yes		Yes		30485004
WFH - TERRACE AT ST FRANCIS INC	391486775	09		No	Yes		Yes		182004
WFH - FRANKLIN INC	562592868	03		No	Yes		Yes		1227996
MARIANJOY REHABILITATION HOSPITAL AND CLINICS INC	362680776	03		No	Yes		Yes		10695577
REHABILITATION MEDICINE CLINIC INC	363236791	09		No		No	Yes		0
CANTICLE MINISTRIES INC	364091836	07		No		No	Yes		0
RUSH OAK PARK HOSPITAL INC	362183812	03		No	Yes		Yes		0
SET MINISTRIES INC	391618277	09		No	Yes		Yes		14529
ST CATHERINES HOSPITAL INC	390855075	03		No	Yes		Yes		0
COVENANT MEDICAL CENTER INC	421264647	03		No	Yes		Yes		48450314
COVENANT-MERCYCARE INC	421497221	03		No		No	Yes		0
MERCY HOSPITAL OF FRANCISCAN SISTERS INC	421178403	0		No		No	Yes		0
NE IOWA REAL ESTATE INVESTMENTS LTD	421207432	03		No		No	Yes		0
SARTORI MEMORIAL HOSPITAL INC	420758901	09		No		No	Yes		0
ASSISI HOMES-BATAVIA APARTMENTS INC	363914084	09		No		No	Yes		0

**Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.**

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
ASSISI HOMES-COLONY PARK INC	364039278	09		No		No	Yes		0
ASSISI HOMES- CONSTITUTION HOUSE INC	364049150	09		No		No	Yes		0
ASSISI HOMES- JEFFERSON COURT INC	391771526	09		No		No	Yes		0
ASSISI HOMES- KENOSHA INC	391814815	09		No		No	Yes		0
ASSISI HOMES-SAXONY INC	391790498	09		No		No	Yes		0
ASSISI HOMES OF GURNEE INC	363942336	09		No		No	Yes		0
ASSISI HOMES OF ILLINOIS INC	363803443	09		No		No	Yes		0
ASSISI HOMES OF NEENAH INC	363767250	09		No		No	Yes		0
CATHERINE MARIAN HOUSING INC	391657098	09		No		No	Yes		0
CLARE GARDENS	237200039	09		No		No	Yes		0
CLARE OF ASSISI HOMES-WESTMINSTER INC	742740978	09		No		No	Yes		0
DAYSPRING VILLA INC	363933908	09		No		No	Yes		0
FRANCIS HEIGHTS INC	840626174	09		No		No	Yes		0
FRANCISCAN SENIORS KENOSHA INC	391821568	09		No		No	Yes		0
MARIAN HOUSING CENTER INC	391515867	09		No		No	Yes		0
MARIAN PARK	362750105	09		No		No	Yes		0
RIDGEWAY PLACE INC	421416064	09		No		No	Yes		0
STARVED ROCK-LASALLE MANOR INC	363796933	09		No		No	Yes		0
VILLA MARIA INC	841347868	09		No		No	Yes		0
VILLA ST CLARE INC	391769395	09		No		No	Yes		0

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-3262111  
**Name:** Wheaton Franciscan 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	Official	Key employee	Highest compensated employee			
Parke Behn Director	10	X							
Dennis Clark Director	10	X							
James Concannon MD Director	10	X							
Stephen Evans Director	10	X							
Sr Mary Beth Glueckstein Director	10	X							
Carolyn Hodge-West Director	10	X							
Jack Lanier PhD Director	10	X							
Joseph Lewis Director	10	X							
Michael LePore Secretary - Director	10	X		X					
Robert Walker Treasurer - Director	10	X		X					
Michael Murry ViceChair/Secretary - Director	10	X		X					
John Oliverio Director	400	X		X			1,737,485	0	222,799
Sarah Herzog Asst Secretary	400			X			323,137	0	43,761
William Blum Senior VP and CFO	400			X			695,333	0	358,436
Jon Wachs Chief Administrative Officer	400				X		633,085	0	375,398
Jonathan Sohn Sr VP and CFO - WFH	400				X		317,030	0	52,325
Stephen Cardamone DO SVP/CHIEF MEDICAL OFFICER	400				X		529,986	0	74,817
Gregory Smith SVP/CIO	400				X		406,384	0	181,990
Therese Rocole SVP-MISSION SRVCS	400				X		163,072	0	23,186
Brenda Bowers SVP-ORG CHANGE/LDRSHP PERF	400				X		237,114	0	24,449
Coreen Dicus-Johnson SVP-PAYER CONTRACTING & REVENU	400				X		360,766	0	42,302
Richard Canter SVP-STRATEGY & CORP AFFAIRS	400				X		664,722	0	65,835
Wayne Frangesch SVP-SYSTEM HUMAN RESOURCES	400				X		262,058	0	49,791
Kenneth Buser PRESIDENT/CEO WFH-ALL SAINTS	400					X	630,288	0	106,872
Jack Dusenbery PRESIDENT/CEO WFH-IOWA	400					X	481,252	0	62,319

**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
		Or director	Individual trustee	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	
Loren Meyer MD PRESIDENT/CEO -WFMG	40 0					X		478,631	0 78,111
Debra Standridge PRESIDENT-NORTH MARKET	40 0					X		457,170	0 59,795
Robert De Vita SVP/COO	40 0					X		378,700	0 40,045
Ronald Groepper PRESIDENT-ST JOSEPH HOSPITAL	40 0						X	275,555	0 20,938
Terrance McGuire SVP-MISSION SRVCS	40 0						X	213,186	0 35,398
David Smith SVP-SYSTEM HUMAN RESOURCES/OD	40 0						X	364,599	0 36,120

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i><b>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</b></i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
MAINTENANCE CONTRACTS	19,010,808	14,258,106	4,752,702	
MINOR EQUIPMENT	3,681,927	2,761,445	920,482	
OTHER PURCHASED SERVICES	1,947,530	973,765	973,765	
RECRUITMENT	570,499	285,249	285,250	
MEMBERSHIP FEES & DUES	627,962	1,132	626,830	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 36-3262111  
**Name:** Wheaton Franciscan Services Inc

### Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	SECURITY LENDING PAYABLE	26,896,866
	BENEFIT RESTORATION PLAN	884,108
	PENSION-MIN LIAB PER FASB87	230,780,265
	DEFERRED COMPENSATION	23,040,061
	FELICIAN SERVICES	28,000,000
	GIFT ANNUUITIES	103,326
	DERIVATIVE SWAP VALUE ADJ	6,685,801
	DUE TO/FROM RELATED ORGS	105,692,612

**Software ID:**  
**Software Version:**  
**EIN:** 36-3262111  
**Name:** Wheaton Franciscan Services Inc

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Ronald Groepper	(i) 243,461 (ii) 0		32,094	12,656	8,282	296,493 0	275,762
Terrance McGuire	(i) 208,564 (ii) 0		4,622	16,098	19,300	248,584 0	
David Smith	(i) 283,476 (ii) 0	59,200	21,923	24,490	11,630	400,719 0	
Kenneth Buser	(i) 472,682 (ii) 0	134,300	23,306	62,661	44,211	737,160 0	
Jack Dusenbery	(i) 366,303 (ii) 0	104,700	10,249	38,697	23,622	543,571 0	
Loren Meyer MD	(i) 395,067 (ii) 0	75,400	8,164	49,294	28,817	556,742 0	
Debra Standridge	(i) 346,706 (ii) 0	97,200	13,264	36,396	23,399	516,965 0	
Robert De Vita	(i) 298,435 (ii) 0	69,300	10,965	21,757	18,288	418,745 0	
Sarah Herzog	(i) 247,100 (ii) 0	71,300	4,737	18,605	25,156	366,898 0	
Jon Wachs	(i) 462,093 (ii) 0	150,000	20,992	320,249	55,149	1,008,483 0	
John Oliverio	(i) 897,790 (ii) 0	477,700	361,995	158,482	64,317	1,960,284 0	
William Blum	(i) 546,079 (ii) 0	130,400	18,854	319,560	38,876	1,053,769 0	
Jonathan Sohn	(i) 243,527 (ii) 0	63,000	10,503	24,604	27,721	369,355 0	
Stephen Cardamone DO	(i) 388,544 (ii) 0	129,200	12,242	52,482	22,335	604,803 0	
Gregory Smith	(i) 294,775 (ii) 0	97,900	13,709	153,023	28,967	588,374 0	156
Therese Rocole	(i) 138,743 (ii) 0	21,900	2,429	15,941	7,245	186,258 0	
Brenda Bowers	(i) 173,858 (ii) 0	48,000	15,256	17,558	6,891	261,563 0	
Coreen Dicus-Johnson	(i) 281,007 (ii) 0	70,100	9,659	20,760	21,542	403,068 0	
Richard Canter	(i) 486,687 (ii) 0	160,100	17,935	39,852	25,983	730,557 0	
Wayne Frangesch	(i) 220,172 (ii) 0	35,800	6,086	24,301	25,490	311,849 0	