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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WHEATON FRANCISCAN INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 5000 WEST CHAMBERS STREET City or town, state or country, and ZIP + 4 MILWAUKEE, WI 53210	D Employer identification number 39-0816857
		E Telephone number (414) 447-2000
		G Gross receipts \$ 347,653,190.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer JOHN OLIVERIO 400 WEST RIVER WOODS PARKWAY MILWAUKEE, WI 53212		H(c) Group exemption number ▶ 0928
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WFHEALTHCARE.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1927 M State of legal domicile WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO INDIVIDUALS LOCATED IN SOUTHEAST WISCONSIN		
	2 Check this box <input type="checkbox"/> 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	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of employees (Part V, line 2a)	5	2,790
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 31	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8	1,315,837.
	9 Program service revenue (Part VIII, line 2g)	9	309,726,702.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	324,794.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	3,323,020.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	314,690,353.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	121,611,288.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
	b Total fundraising expenses, Part IX, column (D), line 25	16b	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	175,058,438.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	296,669,726.
	19 Revenue less expenses Subtract line 18 from line 12	19	18,020,627.
	20 Total assets (Part X, line 16)	20	241,936,642.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	21	110,195,552.
	22 Net assets or fund balances Subtract line 21 from line 20	22	131,741,090.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer	Date	
	JONATHAN W SOHN, SENIOR VP AND CFO		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's identifying number (see instructions)
		Phone no	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 2

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 \$ 267,772,504 including grants of \$ 1,500) (Revenue \$ 344,734,263)

ATTACHMENT 3

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

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 267,772,504.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Sections 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
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	X	
• 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.		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
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		X
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		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable. 1a 220		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2,790		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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	27	
b Enter the number of voting members that are independent	8	
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?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ELIZABETH A SCHINKO 400 WEST RIVER WOODS PARKWAY MILWAUKEE, WI 53212
414-465-3542

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN ANDREOLI CHAIR - DIRECTOR	1.00	X		X						
SAM BALKHY MD DIRECTOR	1.00	X								
SR M RAMONA DOMBROWSKI DIRECTOR	1.00	X								
CHRIS LEBERFING DIRECTOR	1.00	X								
DEAN SCHMELZER DIRECTOR	1.00	X								
BRIAN SMIGELSKI DIRECTOR	1.00	X								
GLENN WILDER DIRECTOR	1.00	X								
ROBERT KOEBERT MD SECRETARY/TREASURER - DIRECTOR	1.00	X		X			3,185.	30,000.		
JAMES KING MD TREASURER - DIRECTOR	1.00	X		X						
GARY SWART MD DIRECTOR	5.00	X						32,750.		
NEAL HARMELINK MD DIRECTOR	5.00	X						657.		
STEPHEN CARDAMONE DO CHAIR/VICE CHAIRPERSON/SECRETA	40.00	X		X				529,986.		74,817.
JOHN OLIVERIO CHAIRPERSON - DIRECTOR	40.00	X		X				1,737,485.		222,799.
SHARON BAUGHMAN DIRECTOR	40.00	X					208,712.			46,082.
RITA HANSON-MELZER MD DIRECTOR	40.00	X					367,195.			30,308.
ROBERT STERN MD DIRECTOR	40.00	X					152,754.			22,601.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NICHOLAS OMDAHL MD DIRECTOR	40.00	X							452,690.	41,479.
DAVID ASHPOLE MD DIRECTOR	40.00	X							545,433.	46,504.
PETER CHAPMAN MD DIRECTOR	40.00	X							680,304.	38,840.
DANIEL DONOVAN DO DIRECTOR	40.00	X							371,724.	43,646.
TOD POREMSKI MD DIRECTOR	40.00	X							268,526.	24,347.
KENNETH BUSER DIRECTOR	40.00	X							630,288.	106,872.
DANIEL MATTES DIRECTOR	40.00	X							359,379.	64,160.
DEBRA STANDRIDGE PRESIDENT/VICE CHAIR - DIRECTO	40.00	X		X					457,170.	59,795.
NORMA MCCUTCHEON PRESIDENT/VICE CHAIRPERSON - D	40.00	X		X	X				359,574.	50,317.
KRISHNA KUMAR MD SECRETARY - DIRECTOR	40.00	X		X					586,053.	38,891.
JOHN MANLEY, MD SECRETARY/TREASURER - DIRECTOR	40.00	X		X					573,830.	46,782.
JON WACHS CHIEF ADMINISTRATIVE OFFICER	40.00				X				633,085.	375,398.
WILLIAM BLUM CHIEF FINANCIAL OFFICER-WFH	40.00				X				695,333.	358,436.
1b Total CONTINUED AT SCHEDULE J-2								1,491,700.	10,606,066.	2,022,586.

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 **42**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **37**

Part VIII Statement of Revenue

39-0816857

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	758,583			
	e	Government grants (contributions)	1e	9,020			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	910			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		768,513			
Program Service Revenue				Business Code			
	2a	PATIENT REVENUES	900099	239,581,163	239,581,163		
	b	MEDICARE/MEDICAID PAYMENTS	900099	103,475,256	103,475,256		
	c	RENTAL INCOME	900099	39,149	39,149		
	d					
	e					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		343,095,568			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5		139,638			139,638
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	858,926				
	b	Less rental expenses					
	c	Rental income or (loss)	858,926				
	d	Net rental income or (loss)		858,926			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		61,568			
	b	Less cost or other basis and sales expenses		93,602			
	c	Gain or (loss)		-32,034			
	d	Net gain or (loss)		-32,034			-32,034
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	JOINT VENTURE REVENUE	900099	8,300	8,300			
b	OTHER OPERATING REVENUE	900099	2,720,677	1,630,395		1,090,282	
c						
d	All other revenue						
e	Total. Add lines 11a-11d		2,728,977				
12	Total Revenue. See instructions		347,559,588	344,734,263		1,197,886	

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	1,500.	1,500.		
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	830,837.	576,043.	254,794.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	96,531,623.	93,482,589.	3,049,034.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	8,355,132.	8,071,615.	283,517.	
9 Other employee benefits	14,923,148.	14,416,757.	506,391.	
10 Payroll taxes	7,729,719.	7,467,424.	262,295.	
11 Fees for services (non-employees)	0.			
a Management	0.			
b Legal	5,493.	5,493.		
c Accounting	6,000.	6,000.		
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	27,504,412.	26,915,182.	589,230.	
12 Advertising and promotion	7,697.	6,200.	1,497.	
13 Office expenses	50,372,601.	50,279,803.	92,798.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	8,583,925.	7,997,221.	586,704.	
17 Travel	184,824.	154,435.	30,389.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	18,799.	18,799.		
20 Interest	2,441,565.	2,423,228.	18,337.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	24,946,263.	10,638,958.	14,307,305.	
23 Insurance	163,501.	163,501.		
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 <u>MANAGEMENT FEES</u>	53,927,955.		53,927,955.	
b <u>BAD DEBT</u>	19,730,195.	19,730,195.		
c <u>MAINTENANCE CONTRACTS</u>	2,984,873.	2,921,364.	63,509.	
d <u>OTHER</u>	8,794,460.	8,723,527.	70,933.	
e <u>HOSPITAL ASSESSMENT</u>	13,772,670.	13,772,670.		
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	341,817,192.	267,772,504.	74,044,688.	0.
26 Joint Costs. Check here <input 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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-88,703.	1	98,038.
	2 Savings and temporary cash investments		2	-2,400.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	39,083,797.	4	43,348,362.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,152,150.	8	5,160,616.
	9 Prepaid expenses and deferred charges	859,536.	9	879,851.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 502,613,773.		
	b Less accumulated depreciation	10b 284,007,866.	188,799,550.	10c 218,605,907.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	10,130,314.	15	18,116,444.
16 Total assets. Add lines 1 through 15 (must equal line 34)	241,936,642.	16	286,206,818.	
Liabilities	17 Accounts payable and accrued expenses	18,292,221.	17	15,887,535.
	18 Grants payable		18	
	19 Deferred revenue		19	85,185.
	20 Tax-exempt bond liabilities		20	
	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	91,903,331.	25	131,944,952.
	26 Total liabilities. Add lines 17 through 25	110,195,552.	26	147,917,672.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		131,240,587.	27	137,926,800.
28 Temporarily restricted net assets		500,503.	28	362,346.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		131,741,090.	33	138,289,146.
34 Total liabilities and net assets/fund balances		241,936,642.	34	286,206,818.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 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	X	
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?		X
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		

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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.

2009

Open to Public Inspection

WHEATON FRANCISCAN INC

Employer identification number

39-0816857

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 described in section 170(b)(1)(A)(i).

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

3 ☒ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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 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)

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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 from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** 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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047
2009
Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization WHEATON FRANCISCAN INC	Employer identification number 39-0816857
--	--

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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		13,705.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		0.
j Total. Add lines 1c through 1i			13,705.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i.

Also, complete this part for any additional information

SEE PAGE 4

Part IV Supplemental Information (continued)

SCH C PART IV

SCH C PART II-B LINE 11

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

Part IV Supplemental Information (continued)

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

Part IV Supplemental Information (continued)-----
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.

Part IV Supplemental Information (continued)

#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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

WHEATON FRANCISCAN INC

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

39-0816857

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 ► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

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

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

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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		11,911,575.		11,911,575.
b Buildings		257,844,488.	104,374,116.	153,470,372.
c Leasehold improvements		4,047,059.	3,663,623.	383,436.
d Equipment		133,853,967.	106,859,153.	26,994,814.
e Other		94,956,684.	69,110,974.	25,845,710.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				218,605,907.

Schedule D (Form 990) 2009

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 _____		

Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

Total (Column (b) must equal Form 990, Part X, col (B) line 12)

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

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

Total (Column (b) must equal Form 990, Part X, col (B) line 13)**Part IX** Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
ACCOUNTS REC AFFILIATED ORGS	5,199,077.
OTHER ACCOUNTS RECEIVABLE	1,814,050.
GOODWILL	9,830,122.
NOTE RECEIVABLE WFH SE WI	823,584.
MORTGAGE NOTE RECEIVABLE	87,265.
RESTRICTED ASSET	362,346.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	18,116,444.

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

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

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	DUE TO THIRD PARTY PAYORS	3,266,360.
	FAS 47 LONG TERM PAYABLE SJH	2,571,906.
	ACCOUNTS PAYABLE TO AFFILIATES	79,167,448.
	LT NOTE PAYABLE WFSI	44,319.
	ACCRUED PROPERTY TAXES	51,600.
	BONDS PAYABLE TO AFFILIATES	46,843,319.
	Total (Column (b) must equal Form 990, Part X, col (B) line 25)	131,944,952.

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	805,660.
9	Total adjustments (net) Add lines 4 through 8	9	805,660.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	805,660.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XI LINE 8

EFFECTIVE JUNE 30, 2009 WHEATON FRANCISCAN HEALTHCARE - ST. JOSEPH, INC.

AND THE WISCONSIN HEART HOSPITAL MERGED, AND THE SURVIVING COMPANY UNDER

FEIN #39-0816857 WAS RENAMED WHEATON FRANCISCAN, INC. AS A RESULT OF

THIS REORGANIZATION, \$805,660 IN NET ASSETS, PREVIOUSLY ON THE BOOKS OF

THE WISCONSIN HEART HOSPITAL, WAS TRANSFERRED INTO WHEATON FRANCISCAN

INC.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

WHEATON FRANCISCAN INC

Hospitals

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

▶ Attach to Form 990.

▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

39-0816857

Part I Charity Care and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			3,859,577.		3,859,577.	1.20
b Unreimbursed Medicaid (from Worksheet 3, column a)			108,331,805.	86,781,772.	21,550,033.	6.69
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			361,924.	272,717.	89,207.	.03
d Total Charity Care and Means-Tested Government Programs			112,553,306.	87,054,489.	25,498,817.	7.92
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			106,327.	4,000.	102,327.	.03
f Health professions education (from Worksheet 5)			10,918,064.	7,387,928.	3,530,136.	1.10
g Subsidized health services (from Worksheet 6)			18,126,643.	13,555,182.	4,571,461.	1.42
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			118,449.		118,449.	.04
j Total Other Benefits			29,269,483.	20,947,110.	8,322,373.	2.59
k Total. Add lines 7d and 7j			141,822,789.	108,001,599.	33,821,190.	10.51

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2009

JSA

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V 09-9.3

PAGE 32

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			7,800.	7,800.		
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			3,575.	1,168.	2,407.	
8 Workforce development						
9 Other						
10 Total			11,375.	8,968.	2,407.	

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

		Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense (at cost)	2	19,730,195.	
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	70,542,670.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	61,946,043.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	8,596,627.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

 SCHEDULE H SUPPLEMENT INFORMATION

SEE REFERENCES BELOW

SCHEDULE H PART 1 LINE 4

WHEATON FRANCISCAN HEALTHCARE'S GENEROUS PAYMENT FOR SERVICES POLICY

SPECIFIES THAT FOR UNINSURED PATIENTS WHOSE INCOME IS AT OR BELOW 400% OF

THE FEDERAL POVERTY INCOME GUIDELINES, THE MAXIMUM OUT-OF-POCKET

LIABILITY THAT WHEATON FRANCISCAN HEALTHCARE WILL CHARGE FOR MEDICALLY

NECESSARY SERVICES SHALL NOT EXCEED 15% OF GROSS HOUSEHOLD INCOME. THIS

ALSO APPLIES TO PATIENTS WHO ARE UNDERINSURED WHOSE INCOME IS AT OR BELOW

300% OF THE FEDERAL POVERTY INCOME GUIDELINES. FREE OR DISCOUNTED CARE IS

AVAILABLE TO THOSE WHO MEET REQUIREMENTS INCLUDING INCOME LEVEL, FAMILY

SIZE, AND ASSETS.

SCHEDULE H PART 1 LINE 6A

THE ANNUAL REPORT THAT OUTLINES THE HOSPITAL'S COMMUNITY BENEFIT

INFORMATION IS CONTAINED IN A REPORT PREPARED BY THE SYSTEM, WHEATON

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4; Part III, line 8, Part III, line 9b, and Part V. See Instructions
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FRANCISCAN SERVICES, INC. WHICH IS THE ULTIMATE PARENT ORGANIZATION OF AN

INTEGRATED HEALTH CARE SYSTEM OPERATED IN WISCONSIN, ILLINOIS, AND IOWA.

FOR MORE INFORMATION, PLEASE SEE OUR ANNUAL REPORT AT WWW.MYWHEATON.ORG,

AND SELECT THE LINK FOR "SPIRIT OF COMPASSION; VIEW THE WHEATON

FRANCISCAN HEALTHCARE ANNUAL REPORT". IT IS ALSO AVAILABLE UNDER "ABOUT

US"; CLICK ON "ANNUAL REPORT".

SCHEDULE H PART 1 LINE 7

COMMUNITY BENEFIT AMOUNTS ARE REPORTED USING TOTAL ACTUAL COSTS PER THE

HOSPITAL'S MANAGERIAL ACCOUNTING SYSTEM IN USE, WHICH INCLUDES ALL

PATIENT SEGMENTS INCLUDING INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE

INSURANCE, MEDICAID, MEDICARE, MEDICARE HMO, UNINSURED, AND SELF PAY

PATIENTS. AMOUNTS ARE COMPILED USING A SOFTWARE APPLICATION RECOMMENDED

BY THE AMERICAN HOSPITAL ASSOCIATION BECAUSE IT HAS THE ABILITY TO

PROVIDE THE INFORMATION IN A FORMAT SUITABLE FOR SCHEDULE H PRESENTATION.

AFTER THE DATA IS ENTERED BY THE SITE FINANCE DIRECTORS, IT'S ACCURACY

IS VERIFIED BY EMPLOYEES WHO ARE TRAINED IN COMMUNITY BENEFIT REPORTING.

ADDITIONALLY, THE DIRECTOR OF HEALTHCARE REFORM AND THE VICE PRESIDENT OF

Part VI Supplemental Information

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GOVERNMENT RELATIONS ALSO REVIEW THE COMMUNITY BENEFIT AMOUNTS WITH THE

PRESIDENT/CEO OF THE ORGANIZATION. ONCE AMOUNTS ARE VERIFIED AND

APPROVED, COMMUNITY BENEFIT AMOUNTS BECOME FINALIZED, AND ARE REPORTED

PERIODICALLY AS REQUIRED BY ILLINOIS STATE LAW. ADDITIONALLY, WHEATON

FRANCISCAN HEALTHCARE VOLUNTARILY REPORTS COMMUNITY BENEFIT INFORMATION

TO WISCONSIN AND IOWA BY MAKING THE INFORMATION READILY AVAILABLE ON

CERTAIN WEBSITES. FINALLY, THE INFORMATION IS COMPILED WITH THE

ASSISTANCE OF THE SOFTWARE, FOR PRESENTATION IN IRS FORMS 990 SCHEDULE H

AND STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS PART III.

SCHEDULE H PART 1 LINE 7 COLUMN F

WHEATON FRANCISCAN HEALTHCARE ORGANIZATIONS FOLLOW GUIDELINES ESTABLISHED

BY THE CATHOLIC HEALTH ASSOCIATION, WHICH RECOMMENDS THAT BAD DEBT

EXPENSE NOT BE INCLUDED IN COMMUNITY BENEFIT AMOUNTS. AS A RESULT OF

THIS APPLIED METHODOLOGY, A TOTAL AMOUNT OF \$ 19,730,195 HAS NOT BEEN

INCLUDED IN THE CALCULATION OF THE PERCENTAGES REPORTED ON SCHEDULE H

LINE 7 COLUMN F.

Part VI Supplemental Information

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SCHEDULE H PART I LINE 7G

AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE ROUTINELY ORGANIZE PHYSICIAN

CLINICS INTO SEPARATE LEGAL ENTITIES WITH THE EXCEPTION OF THE IOWA

REGION, WHICH INCLUDES CLINIC OPERATIONS IN THE HOSPITAL, COVENANT

MEDICAL CENTER, INC. CLINIC OPERATIONS FOR THE IOWA CLINICS ARE INCLUDED

ONLY IN THE COMMUNITY BENEFIT REPORTING OF CHARITY CARE, GOVERNMENT

SPONSORED HEALTH CARE, AND MEDICARE SHORTFALL. THEREFORE, FOR ALL

ENTITIES, INCLUDING COVENANT MEDICAL CENTER, INC., COSTS RELATED TO

PHYSICIAN CLINICS ARE NOT INCLUDED IN SUBSIDIZED HEALTH SERVICES REPORTED

ON SCHEDULE H PART I LINE 7G.

SCHEDULE H PART III SECTION A LINE 4

AS PART OF AN ANNUAL PROCESS, AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE

COMPLETE A CONSOLIDATED AUDIT EACH YEAR WHICH DOES NOT PROVIDE ANY

SPECIFIC INFORMATION AS TO THE CALCULATION AND RECORDING OF BAD DEBT

EXPENSE. HOWEVER, IT IS THE PRACTICE OF WHEATON FRANCISCAN HEALTHCARE TO

RECORD ACTUAL BAD DEBT EXPENSE FOR EACH ORGANIZATION AT THE TIME THE

Part VI Supplemental Information

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AMOUNT DUE IS DETERMINED TO BE UNCOLLECTIBLE, AND THUS WRITTEN OFF. SINCE

THE ORGANIZATION FOLLOWS GUIDELINES ESTABLISHED BY THE CATHOLIC HEALTH

ASSOCIATION AND THE RELATED STATE COUNTERPART IN WISCONSIN, IOWA, OR

ILLINOIS AS APPROPRIATE, WHEATON FRANCISCAN HEALTHCARE DOES NOT INCLUDE

ANY FORM OF BAD DEBT EXPENSE IN ITS ANNUAL REPORTING OF COMMUNITY BENEFIT

AMOUNTS. IT IS ALSO THE POSITION OF WHEATON FRANCISCAN HEALTHCARE THAT

NONE OF THE PATIENTS RESULTING IN UNCOLLECTIBLE ACCOUNTS WOULD HAVE

QUALIFIED AS CHARITY CARE PATIENTS AS THIS DETERMINATION IS MADE AT THE

TIME OF ADMISSION. BAD DEBT EXPENSE IS DETERMINED AFTER MANY MONTHS OF

COLLECTION EFFORTS, AND FOR THIS REASON PART III SECTION A LINE 3 IS

REPORTED AS NONE (IE AT ZERO).

SCHEDULE H PART III SECTION B LINE 8

SCHEDULE H PART III SECTION B LINE 6 REPORTS "ALLOWABLE COSTS OF CARE" AS

TAKEN FROM THE MOST RECENTLY COMPLETED AS-FILED MEDICARE COST REPORT. THE

MEDICARE COST REPORT CALCULATES ITS ALLOWABLE COSTS BASED ON APPLICABLE

MEDICARE REGULATIONS, USING INDIVIDUAL COST CENTER COST-TO-CHARGE RATIOS.

NOTE THIS COST CAN BE SUBSTANTIALLY DIFFERENT THAN THE MEDICARE

Part VI Supplemental Information

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SHORTFALL AMOUNTS THAT ARE FOOTNOTED IN OUR ANNUAL COMMUNITY BENEFIT

REPORT, BECAUSE COSTS FOR THIS PURPOSE ARE COMPUTED BY USING TOTAL ACTUAL

COSTS PER THE MANAGERIAL ACCOUNTING SYSTEM IN USE, WHICH INCLUDES

MEDICARE HMO (IN ADDITION TO STRAIGHT MEDICARE) AMONG OTHER DIFFERENCES.

THIS ORGANIZATION HAS ADOPTED THE COST AND CHARGE PRACTICES AS

RECOMMENDED BY THE CATHOLIC HEALTH ASSOCIATION AND THE WISCONSIN, IOWA,

OR ILLINOIS HOSPITAL ASSOCIATION AS APPLICABLE, AND THEREFORE, DOES NOT

COUNT ANY MEDICARE SHORTFALL NUMBERS, REGARDLESS OF THE METHOD UPON WHICH

THE SHORTFALL NUMBERS WERE DETERMINED, IN ITS ANNUAL REPORTING OF

COMMUNITY BENEFIT AMOUNTS.

SCHEDULE H PART III SECTION C LINE 9B

WHEATON FRANCISCAN HEALTHCARE'S PAYMENT FOR SERVICES POLICY OUTLINES ALL

COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR GOVERNMENT

PROGRAMS AND FOR OUR CHARITY CARE PROGRAM. WE MAKE EVERY ATTEMPT TO

ASSIST THE PATIENT IN ENROLLING IN GOVERNMENT INSURANCE PLANS OR OUR OWN

Part VI Supplemental Information

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CHARITY CARE PROGRAM ALLOWING FOR FREE OR DISCOUNTED CARE. IF THE PATIENT

DOES NOT QUALIFY FOR ANY TYPE OF AID OR CHARITY CARE, DECLINES TO

ESTABLISH A REASONABLE PAYMENT PLAN OR PAY THE LIABILITY, THE PATIENT

WILL BE MOVED INTO A BAD DEBT STATUS, AND THE ACCOUNT IS SENT TO A

COLLECTION AGENCY. THIS DOES NOT OCCUR BEFORE THE PATIENT HAS RECEIVED

SEVERAL NOTICES AND A FINAL WRITTEN WARNING.

SCHEDULE H PART VI LINE 2

WHEATON FRANCISCAN HEALTHCARE ASSESSES THE NEEDS OF THE COMMUNITIES IT

SERVES BY REVIEWING ADMISSION AND DISCHARGE DATA, ANALYZING INFORMATION

FROM THE COMMUNITY HEALTH DEPARTMENTS AND OTHER COMMUNITY LEADERS, AND BY

ALIGNING OUR SERVICES WITH THE HEALTH PEOPLE 2010 AND OTHER CURRENT YEAR

INITIATIVES.

SCHEDULE H PART VI LINE 3

WHEATON FRANCISCAN HEALTHCARE PROVIDES ITS PATIENTS WITH SEVERAL

OPPORTUNITIES TO GAIN KNOWLEDGE AND AWARENESS OF ITS COMMUNITY CARE

Part VI Supplemental Information

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(CHARITY CARE/FINANCIAL ASSISTANCE) PROGRAM. NOTICES REGARDING THE

AVAILABILITY OF FINANCIAL ASSISTANCE ARE DISPLAYED IN HIGHLY VISIBLE

LOCATIONS WHERE THERE IS A SIGNIFICANT VOLUME OF INPATIENT OR OUTPATIENT

TRAFFIC SUCH AS: PATIENT ADMITTING AND REGISTRATION AREAS IN BOTH

INPATIENT AND OUTPATIENT SETTINGS, PHYSICIAN OFFICES, AND EMERGENCY

DEPARTMENTS. ADDITIONALLY, BROCHURES DESCRIBING THE POLICY ARE AVAILABLE

UPON REQUEST IN THE SAME LOCATIONS AND ON WHEATON FRANCISCAN HEALTHCARE'S

WEBSITE. THE POLICY IS ALSO DISCUSSED AT THE TIME OF REGISTRATION OR

PRE-REGISTRATION FOR ALL INPATIENT PROCEDURES.

SCHEDULE H PART VI LINE 4

PLEASE SEE DETAILED INFORMATION PROVIDED AT SCHEDULE H PART VI LINE 6

SCHEDULE H PART VI LINE 5

COMMUNITY BUILDING ACTIVITIES ARE AN IMPORTANT PART OF THE COMMUNITY

BENEFITS PROVIDED BY THE HOSPITAL. THE PRIMARY PURPOSE OF COMMUNITY

BUILDING IS TO IMPROVE THE HEALTH IN THE COMMUNITY. DONATIONS OF TIME

Part VI Supplemental Information

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AND RESOURCES TO COMMUNITY-BASED ACTIVITIES LIKE TRIATHLONS SUPPORT

COMMUNITY-BASED EFFORTS TO IMPROVE THE HEALTH OF COMMUNITY RESIDENTS.

ADDITIONALLY, BY SUPPORTING COMMUNITY ACTIVITIES, THE HOSPITAL BECOMES A

PARTNER WITH THE CITIZENS IT SERVES - IN THEIR HEALTH AND IN THEIR LIVES.

THE COMMUNITY BUILDING ACTIVITIES SUPPORTED BY THE HOSPITAL BENEFIT THE

COMMUNITY SERVED MORE THAN THEY BENEFIT THE HOSPITAL, AND ARE NOT

CONDUCTED FOR MARKETING PURPOSES. SUPPORTING ECONOMIC GROWTH AND

DEVELOPMENT IN THE AREA, THE HOSPITAL ASSISTS THE COMMUNITY IN HAVING

VIALE EMPLOYERS FOR THE CITIZENS.

SCHEDULE H PART VI LINE 6

WHEATON FRANCISCAN HEALTHCARE IN SOUTHEAST WISCONSIN

WHEATON FRANCISCAN HEALTHCARE'S SERVICE TO SOUTHEAST WISCONSIN DATES BACK

TO 1879 WHEN THE FRANCISCAN SISTERS BEGAN OPERATING A HEALTH CARE

MINISTRY OUT OF A SMALL HOUSE. FIVE YEARS LATER THEY OPENED THEIR FIRST

HOSPITAL IN MILWAUKEE - ST. JOSEPH. OVER THE NEXT 100 YEARS, THE SISTERS

- KNOWN AS THE WHEATON FRANCISCANS AFTER 1947 - EXPANDED THEIR MILWAUKEE

HEALTH CARE MINISTRY AND, IN 1993, PARTNERED WITH THE FELICIAN SISTERS.

Part VI Supplemental Information

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THROUGH THE UNION OF NUMEROUS SEPARATE BUT COMMON FUNCTIONS INCLUDING

BOARDS OF DIRECTORS, MEDICAL GROUPS, AND CORPORATE SERVICES, WHEATON

FRANCISCAN HEALTHCARE HAS CREATED A FULLY INTEGRATED REGION THAT ALLOWS

IT TO SHARE BEST PRACTICES AND CREATE COST EFFICIENCIES.

WHEATON FRANCISCAN HEALTHCARE IN SOUTHEAST WISCONSIN LIST OF ENTITIES

HOSPITALS

WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS

WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL

WHEATON FRANCISCAN HEALTHCARE - ST. FRANCIS

WHEATON FRANCISCAN - ST. JOSEPH AND THE WISCONSIN HEART HOSPITAL

CAMPUSES

WHEATON FRANCISCAN HEALTHCARE - FRANKLIN

MIDWEST ORTHOPEDIC SPECIALTY HOSPITAL (JOINT VENTURE)

WHEATON FRANCISCAN MEDICAL GROUP

348 SPECIALTY AND PRIMARY CARE PHYSICIANS IN MORE THAN 50 LOCATIONS

Part VI Supplemental Information

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ACROSS SOUTHEAST WISCONSIN.

TRANSITIONAL & EXTENDED CARE

WHEATON FRANCISCAN HEALTHCARE - FRANCISCAN WOODS

WHEATON FRANCISCAN HEALTHCARE - THE TERRACE AT ST. FRANCIS

WHEATON FRANCISCAN HEALTHCARE - LAKESHORE MANOR

OUTPATIENT CENTERS

WHEATON FRANCISCAN CANCER CARE - ALL SAINTS

WHEATON FRANCISCAN CANCER CARE - DAVID M. SHERMAN CENTER

WHEATON FRANCISCAN CANCER CARE - ELMBROOK MEMORIAL

WHEATON FRANCISCAN CANCER CARE - REIMAN CENTER

WHEATON FRANCISCAN HEALTHCARE - GLENDALE FAMILY CARE CENTER

WHEATON FRANCISCAN HEALTHCARE - PERFORMANCE CENTERS (MULTIPLE LOCATIONS)

WHEATON FRANCISCAN HEALTHCARE - RAWSON MEDICAL CENTER

WHEATON FRANCISCAN HEALTHCARE - ST. FRANCIS MEDICAL ARTS PAVILION

WHEATON FRANCISCAN HEALTHCARE - WAUWATOSA

YMCA HEALTHY LIFESTYLE VILLAGE - BROWN DEER

Part VI Supplemental Information

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HOME HEALTH & HOSPICE

WHEATON FRANCISCAN HOME HEALTH

WHEATON FRANCISCAN HOSPICE

WHEATON FRANCISCAN HEALTHCARE MEDICAL EQUIPMENT TEAM

PHARMACY

WHEATON FRANCISCAN PHARMACY (MULTIPLE LOCATIONS)

LABORATORY

WHEATON FRANCISCAN LABORATORY

PHILANTHROPIC FOUNDATIONS

WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS FOUNDATION

WHEATON FRANCISCAN HEALTHCARE - CIRCLE OF LIFE FOUNDATION

WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL FOUNDATION

WHEATON FRANCISCAN HEALTHCARE - FOUNDATION FOR ST. FRANCIS AND FRANKLIN

WHEATON FRANCISCAN - ST. JOSEPH FOUNDATION

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WHEATON FRANCISCAN HEALTHCARE COMMUNITY IMPACT IN SOUTHEAST WISCONSIN /

2010

CHARITY CARE: \$16,797,451. 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. CHARITY CARE IS BASED ON ACTUAL

COSTS, NOT CHARGES, AND DOES NOT INCLUDE BAD DEBT.

UNREIMBURSED COST OF PUBLIC PROGRAMS: \$72,222,552. 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.

COMMUNITY HEALTH IMPROVEMENT SERVICES: \$423,098. 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.

FINANCIAL CONTRIBUTIONS: \$796,484. FINANCIAL CONTRIBUTIONS ARE DEFINED AS

Part VI Supplemental Information

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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.

HEALTH PROFESSIONS EDUCATION: \$1,487,677. 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).

COMMUNITY BUILDING ACTIVITIES: \$140,855. 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. COSTS FOR THESE

ACTIVITIES INCLUDE CASH AND IN-KIND DONATIONS.

COMMUNITY BENEFIT OPERATIONS: \$19,310. COMMUNITY BENEFIT OPERATIONS ARE

DEFINED AS COSTS ASSOCIATED WITH DEDICATED STAFF AND COMMUNITY HEALTH

NEEDS AND/OR ASSETS ASSESSMENT, AS WELL AS OTHER COSTS ASSOCIATED WITH

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COMMUNITY BENEFIT STRATEGY AND OPERATIONS.

RESEARCH: \$2,665. RESEARCH IS DEFINED AS COSTS INCURRED FOR

HEALTH-RELATED RESEARCH, SUCH AS MEDICAL EQUIPMENT TESTING, CONTROLLED

STUDIES OF THERAPEUTIC PROTOCOLS, AND STUDIES OF HEALTH CARE DELIVERY

METHODS.

SUBSIDIZED HEALTH SERVICES: \$13,429,352. SUBSIDIZED HEALTH SERVICES ARE

DEFINED AS THE NEGATIVE MARGIN FOR CLINICAL SERVICES THAT ARE PROVIDED

DESPITE A FINANCIAL LOSS BECAUSE OF AN IDENTIFIED COMMUNITY NEED THAT

WOULD NEED TO BE MET BY THE GOVERNMENT OR ANOTHER NOT-FOR-PROFIT IF IT

WAS NOT OFFERED. THE FINANCIAL LOSSES ARE SO SIGNIFICANT THAT NEGATIVE

MARGINS REMAIN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT, AND

MEDICAID SHORTFALLS.

TOTAL BENEFIT TO THE COMMUNITY IN SOUTHEAST WISCONSIN FOR 2010:

\$105,319,444.

WHEATON FRANCISCAN HEALTHCARE IN SOUTHEAST WISCONSIN ALSO PROVIDED

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\$76,202,954 IN CARE TO SENIORS THAT WAS NOT REIMBURSED BY MEDICARE. THE

GAP IN MEDICARE REIMBURSEMENT IS NOT INCLUDED IN ACCORDANCE WITH NEW

CATHOLIC HEALTH ASSOCIATION COMMUNITY BENEFIT REPORTING GUIDELINES.

INCLUDING THE MEDICARE SHORTFALL, THE TOTAL IN SOUTHEAST WISCONSIN WOULD

BE \$181,522,398.

WHEATON FRANCISCAN - ST. JOSEPH AND THE WISCONSIN HEART HOSPITAL CAMPUSES

(MILWAUKEE, WISCONSIN)

WHEATON FRANCISCAN HAS TWO CAMPUSES: WHEATON FRANCISCAN - ST. JOSEPH AND

WHEATON FRANCISCAN - THE WISCONSIN HEART HOSPITAL.

WHEATON FRANCISCAN - ST. JOSEPH CAMPUS (SOUTHEAST WISCONSIN)

WHEATON FRANCISCAN - ST. JOSEPH TRACES ITS ROOTS TO 1879, WHEN THREE

FRANCISCAN SISTERS ARRIVED ON A MISSION TO PROVIDE NURSING CARE TO THE

MILWAUKEE COMMUNITY. BY 1882, IT BECAME APPARENT THAT A HOSPITAL WAS

DESPERATELY NEEDED IN THE AREA. WITH THE HELP OF CITY LEADERS, THE

SISTERS RAISED \$30,000 TO BUILD A 40-BED FACILITY - CHRISTENED ST. JOSEPH

HOSPITAL. SINCE THAT TIME, THE SISTERS HAVE OVERSEEN THE GROWTH OF ST.

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JOSEPH AS BOTH BUSINESS AND MINISTRY, ENSURING IT HAS CONTINUALLY MET THE

NEEDS OF THE COMMUNITY ACCORDING TO THE PRINCIPLES OF THEIR ORIGINAL

MISSION. FROM 1993 UNTIL 2006, ST. JOSEPH WAS PART OF WHEATON FRANCISCAN

SERVICES, INC.'S (WFSI) MILWAUKEE CORPORATION, COVENANT HEALTHCARE

SYSTEM, INC. WITH WFSI'S REORGANIZATION IN 2006, THE HOSPITAL IS NOW PART

OF THE SYSTEM'S SOUTHEAST WISCONSIN REGION AND IS KNOWN AS WHEATON

FRANCISCAN- ST. JOSEPH CAMPUS.

LICENSED FOR 538 BEDS, WHEATON FRANCISCAN - ST. JOSEPH IS THE SECOND

LARGEST PRIVATE HOSPITAL IN MILWAUKEE PROVIDING ACUTE AND SUB-ACUTE

SERVICES AND SERVING AS A REFERRAL AND TERTIARY-LEVEL CARE FACILITY

THROUGHOUT WISCONSIN.

ST. JOSEPH CAMPUS OFFERS 24-HOUR EMERGENCY SERVICES AND A BROAD RANGE OF

MEDICAL AND SURGICAL SERVICES. SPECIALTIES INCLUDE COMPREHENSIVE SERVICES

FOR HIGH RISK OBSTETRICS, A PRENATAL ASSESSMENT CENTER, A LEVEL III

NEONATAL INTENSIVE CARE UNIT, PERINATAL OUTREACH, WOMEN AND INFANTS

SERVICES, AND THE WORLD'S ONLY TWIN-TO-TWIN TRANSFUSION SYNDROME

INSTITUTE.

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ST. JOSEPH'S 54-BED NEONATAL INTENSIVE CARE UNIT IS NATIONALLY ACCLAIMED,

SERVING MORE THAN 700 INFANTS EACH YEAR. DELIVERING MORE BABIES THAN ANY

OTHER HOSPITAL IN WISCONSIN, ST. JOSEPH IS KNOWN THROUGHOUT THE REGION AS

THE "BABY HOSPITAL." APPROXIMATELY 4,200 DELIVERIES OCCUR EACH YEAR. IN

FACT, WE HAVE DELIVERED OVER 300,000 BABIES DURING OUR HISTORY! ST.

JOSEPH PROVIDES COMPREHENSIVE CARE THAT AFFORDS PATIENTS THE COMFORT OF

KNOWING THEY ARE RECEIVING THE MOST SOPHISTICATED LEVEL OF CARE

AVAILABLE.

ST. JOSEPH CONTINUES TO RANK AMONG THE BEST HOSPITALS NATIONALLY AND

INTERNATIONALLY IN NEONATAL OUTCOMES, ACCORDING TO DATA COMPILED BY THE

VERMONT OXFORD DATABASE. SURVIVAL RATES FOR LOW BIRTH WEIGHT BABIES

ADMITTED TO OUR NICU ARE HIGHER THAN THE NATIONAL AVERAGE. ST JOSEPH

CONSISTENTLY RANKS BETTER THAN THE NATIONAL AVERAGE IN:

" INFECTION RATES

" INTRAVENTRICULAR HEMORRHAGE (BRAIN BLEED)

" CHRONIC LUNG DISEASE (OXYGEN AT 36 WEEKS)

" LENGTH OF STAY FOR LOW BIRTH WEIGHT BABIES

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IN ADDITION, THE ST. JOSEPH NICU PARTICIPATES IN NATIONALLY RECOGNIZED
RESEARCH AND HAS WIDELY PUBLISHED STUDIES RELATED TO THE REDUCTION OF
CHRONIC LUNG DISEASE AND CENTRAL LINE INFECTIONS.

ADDITIONAL SERVICES INCLUDE THE DAVID M. SHERMAN CANCER CARE CENTER WHICH
OFFERS INTENSE MODULATED RADIATION THERAPY, PROSTATE SEED IMPLANT, AND A
PALLIATIVE CARE UNIT. THE CENTER ALSO OFFERS SOME OF THE LATEST IN CANCER
TECHNOLOGY - NOVALIS SHAPED BEAM RADIOSURGERY. WITH SHAPED BEAM
RADIOSURGERY, MORE CANCER PATIENTS ARE SPARED THE PAIN, DISCOMFORT AND
LENGTHY RECOVERY OF CONVENTIONAL INVASIVE SURGERY AND/OR RADIATION
THERAPY. THE HEART CARE CENTER INCLUDES A CARDIAC CATHETERIZATION
LABORATORY, CHEST PAIN ED PROTOCOLS, AND CARDIAC AND THORACIC SURGERY.
REHABILITATION SERVICES PROVIDE INPATIENT, OUTPATIENT, AND IN-HOME
SERVICES; A LIVING SKILLS CENTER; SPORTS INJURY REHABILITATION INCLUDING
A HAND, PEDIATRIC, FOOT AND ANKLE CLINIC; AND A STATE-OF-THE-ART
ARTHRITIS CLINIC.

THROUGH ITS AFFILIATION WITH THE MEDICAL COLLEGE OF WISCONSIN, ST. JOSEPH

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IS ACTIVELY INVOLVED IN THE INSTRUCTION OF MEDICAL STUDENTS,

POSTGRADUATES, AND CONTINUING EDUCATION OF ITS MEDICAL STAFF. THE

HOSPITAL OFFERS THREE RESIDENCY PROGRAMS FOR GRADUATE MEDICAL STUDENTS:

DIAGNOSTIC RADIOLOGY, TRANSITIONAL YEAR, AND PODIATRY, EACH PROVIDING

RESIDENTS A BROAD-BASED EDUCATION THAT ENABLES THEM TO REMAIN CURRENT

WITH MEDICAL TECHNOLOGY AND LITERATURE.

WHEATON FRANCISCAN - ST. JOSEPH CAMPUS HAS MAGNET STATUS, ONE OF THE

HIGHEST ACHIEVEMENTS A HOSPITAL CAN ATTAIN IN THE NURSING WORLD. IT

RECOGNIZES THAT ST. JOSEPH NURSES ARE AMONG THE MOST QUALIFIED, COMPETENT

AND CARING INDIVIDUALS IN THE NURSING WORLD. MAGNET STATUS FOR ST. JOSEPH

AND OUR PATIENTS IS A CONFIRMATION OF EXCELLENCE AND QUALITY CARE AND

DEMONSTRATES A COMMITMENT TO THE PROFESSION OF NURSING.

IN 2009, WHEATON FRANCISCAN - ST. JOSEPH WAS SELECTED FOR TWO NATIONAL

AWARDS FROM THOMSON REUTERS' 100 TOP HOSPITALS. WINNERS WERE SELECTED

BASED ON PERFORMANCE IN FIVE CRITICAL AREAS: CLINICAL PROCESS AND

OUTCOMES, PATIENT SAFETY, PATIENT PERCEPTIONS OF CARE, OPERATIONAL

EFFICIENCY, AND FINANCIAL PERFORMANCE.

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 ALSO IN 2009, ST. JOSEPH RECEIVED THE HEALTHGRADES CRITICAL CARE

 EXCELLENCE AWARD, RANKING AMONG THE TOP 5% IN THE NATION FOR CRITICAL

 CARE IN 2009. ST. JOSEPH ALSO RANKED AMONG THE TOP 5% IN WISCONSIN FOR

 CRITICAL CARE FOR TWO YEARS IN A ROW, 2009 - 2010; AND RECEIVED A FIVE

 STAR RATING FOR TREATMENT OF SEPSIS (4 YEARS IN A ROW), AND RESPIRATORY

 FAILURE (THREE YEARS IN A ROW.)

 BEYOND PROVIDING EXCEPTIONAL AND COMPASSIONATE HEALTH CARE IN AN

 INCREASINGLY CHALLENGING ENVIRONMENT, ST. JOSEPH ALSO SPONSORS A WIDE

 VARIETY OF EDUCATIONAL PROGRAMS TO OFFER SUPPORT AND INFORMATION TO THE

 COMMUNITY. THESE PROGRAMS AND SERVICES ARE PLANNED TO FILL THE PHYSICAL,

 EMOTIONAL, SPIRITUAL, AND CULTURAL NEEDS OF ALL OF ALL PATIENTS, FROM

 PREMATURE INFANTS TO SENIORS.

 THE HOSPITAL'S ANCILLARY FACILITIES INCLUDE WHEATON FRANCISCAN HEALTHCARE

 - WAUWATOSA AND THE YMCA HEALTHY LIFESTYLE VILLAGE IN BROWN DEER, WI.

 WHEATON FRANCISCAN HEALTHCARE - WAUWATOSA OFFERS A FULL RANGE OF

 OUTPATIENT SERVICES, THE LATEST TECHNOLOGY, MORE THAN 30 PRIMARY CARE AND

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SPECIALTY MEDICAL OFFICES AND CLINICS, A 24/7 URGENT CARE CENTER, ON-SITE

LABORATORY, IMAGING, DIAGNOSTIC TESTING AND A VARIETY OF OUTPATIENT

DEPARTMENTS ALL UNDER ONE ROOF. THE BROWN DEER SITE IS A UNIQUE

COLLABORATION THAT COMBINES HEALTH CARE AND FITNESS ON ONE CONVENIENT

CAMPUS. THE CENTER FEATURES COMPREHENSIVE SERVICES, THE LATEST MEDICAL

TECHNOLOGIES AND TREATMENTS, AND HEALTH CARE SERVICES FEATURING PRIMARY

AND SPECIALTY PHYSICIANS AND AN URGENT CARE CENTER.

WHEATON FRANCISCAN - THE WISCONSIN HEART HOSPITAL CAMPUS (SOUTHEAST
WISCONSIN)

WHEATON FRANCISCAN - THE WISCONSIN HEART HOSPITAL CAMPUS IS A 60-BED,

SPECIALTY CARE CARDIOVASCULAR HOSPITAL. THE HOSPITAL'S UNIQUE DESIGN

OFFERS A CRITICAL DIFFERENCE IN PATIENT CARE DELIVERY. CARDIOVASCULAR

PATIENTS IN THE EMERGENCY DEPARTMENT HAVE IMMEDIATE ACCESS TO

CATHETERIZATION ROOMS JUST A FEW STEPS AWAY. THERE ARE NO DELAYS FROM THE

TIME THE AMBULANCE ARRIVES UNTIL ARTERY-OPENING TREATMENTS ARE PERFORMED,

WHICH RESULTS IN A DRAMATICALLY SHORTENED TREATMENT TIME.

AT THE WISCONSIN HEART HOSPITAL CAMPUS, THE AVERAGE TIME FROM WHEN A

HEART ATTACK PATIENT ARRIVES AT A HOSPITAL BY AMBULANCE UNTIL A

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LIFE-SAVING, ARTERY-OPENING PROCEDURE CAN BE PERFORMED IS ABOUT HALF THE

NATIONAL AVERAGE OF 90-120 MINUTES. THIS SAVINGS OF TIME IS CRITICAL

BECAUSE THE SOONER THE TREATMENT, THE LESS DAMAGE TO THE HEART MUSCLE.

UNLIKE OTHER HOSPITAL ENVIRONMENTS THAT REQUIRE PATIENTS TO BE MOVED TO

DIFFERENT BEDS AND UNITS AS THEIR PROGRESS CHANGES, OUR PATIENTS AND

THEIR FAMILIES ARE LOCATED IN ONE ROOM FOR THEIR ENTIRE STAY. OUR

ACUITY-ADAPTABLE MODEL TRANSLATES INTO PATIENT ROOMS THAT ARE ADAPTABLE

TO THE LEVEL OF CARE THAT IS REQUIRED. IN ESSENCE, THE HOSPITAL MOVES

AROUND THE PATIENT AND THE FAMILY.

EXPERTISE INCLUDES:

" DIAGNOSTIC AND INTERVENTIONAL CARDIAC CATHETERIZATION PROCEDURES

" INTEGRATED DIAGNOSTIC AND INTERVENTIONAL PERIPHERAL VASCULAR

PROCEDURES

" ELECTROPHYSIOLOGY SERVICES, INCLUDING WISCONSIN'S ONLY STEREOTAXIS

TECHNOLOGY

" SURGICAL SERVICES, INCLUDING OFF PUMP, ROBOTIC, AND OTHER MINIMALLY

INVASIVE PROCEDURES

" DIAGNOSTIC IMAGING, INCLUDING CORONARY AND VASCULAR CT ANGIOGRAPHY

" CENTER FOR ROBOTIC AND MINIMALLY INVASIVE CARDIAC SURGERY

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" 24/7, FULL-SERVICE EMERGENCY DEPARTMENT

" CARDIAC, VASCULAR, AND OTHER RESEARCH STUDIES

WHEATON FRANCISCAN - ST. JOSEPH FOUNDATION

WHEATON FRANCISCAN - ST. JOSEPH FOUNDATION SUPPORTS A NUMBER OF PROJECTS

AFFILIATED WITH THE HOSPITAL. THE FOUNDATION SOLICITS PHILANTHROPIC

CONTRIBUTIONS ON BEHALF OF THE HOSPITAL DEPARTMENTS AND FACILITIES LISTED

ABOVE AND ENGAGES IN ACTIVITIES TO BENEFIT THE GENERAL COMMUNITY AS WELL.

FUNDRAISING EFFORTS HELP TO MAKE MANY VALUABLE SERVICES POSSIBLE,

INCLUDING FREE OR DISCOUNTED HEALTH CARE SERVICES FOR LOW-INCOME

INDIVIDUALS, TARGETED SERVICES TO SENIOR PATIENTS, AND SCHOLARSHIPS TO

ENHANCE THE PROFESSIONAL DEVELOPMENT OF WHEATON FRANCISCAN HEALTHCARE

STAFF.

SPECIFIC EXAMPLES OF HOW WHEATON FRANCISCAN - ST. JOSEPH FOUNDATION MEETS

THE NEEDS OF THE COMMUNITY INCLUDE:

" WOMEN'S OUTPATIENT CENTER: THE WOMEN'S OUTPATIENT CENTER OFFERS

CARE FOR LOW-INCOME WOMEN AND THEIR BABIES THROUGHOUT PREGNANCY,

DELIVERY, AND EARLY PARENTING MONTHS. MOTHERS-TO-BE WITH NO OTHER

RESOURCES RECEIVE TOP-NOTCH PRE- AND POST- PREGNANCY CARE THROUGH THE

Part VI Supplemental Information

Complete this part to provide the following information:

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CENTER, RESULTING IN IMPROVED BIRTH WEIGHTS AND REDUCTIONS IN INFANT

MORTALITY. ADDITIONALLY, OTHER WOMEN RECEIVE LIFE-SAVING GYNECOLOGICAL

SCREENINGS FOR BREAST, CERVICAL, AND OTHER REPRODUCTIVE SYSTEM CANCERS.

" STORK'S NEST: IN COOPERATION WITH THE MARCH OF DIMES, THE STORK'S

NEST PROGRAM PROVIDES INCENTIVES, EDUCATION, AND ENCOURAGEMENT FOR

LOW-INCOME, HIGH-RISK WOMEN TO KEEP PRENATAL CARE APPOINTMENTS, A

CRITICAL FACTOR FOR HELPING BABIES TO GET A HEALTHY START IN LIFE.

" BABY SAFE SLEEP PROGRAM: EACH YEAR THIS PROGRAM PROVIDES MORE THAN

300 LOW-INCOME FAMILIES WHOSE BABIES ARE BORN AT ST. JOSEPH WITH A

COMPACT CRIB TO ENSURE SAFE SLEEPING CONDITIONS AT HOME. PARENTS ALSO

RECEIVE AN INFANT T-SHIRT WITH THE LOGO "THIS SIDE UP" TO EDUCATE THEM

ABOUT THE DANGERS OF SUDDEN INFANT DEATH SYNDROME (SIDS) AND TO REINFORCE

SAFE-SLEEP PRACTICES.

" HOSPITAL ELDER LIFE PROGRAM (HELP): THIS YALE UNIVERSITY

FIELD-TESTED PROGRAM WORKS WITH NORMALLY FUNCTIONING HOSPITALIZED

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c; Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

PATIENTS OVER 70-YEARS-OLD WHO ARE AT RISK OF DEVELOPING DELIRIUM, OR

CONFUSION. VOLUNTEERS OFFER ACTIVITIES THAT PROVIDE RELAXATION, SENSORY

STIMULATION AND ORIENTATION TO TIME AND PLACE. SINCE ITS INTRODUCTION

INTO THE WHEATON FRANCISCAN HEALTHCARE SYSTEM IN 2004, HELP HAS DECREASED

THE ONSET OF DELIRIUM IN PARTICIPATING SENIORS BY 50%, RESULTING IN

REDUCED HOSPITAL STAYS (THREE DAYS, ON AVERAGE) AND FEWER NURSING-HOME

ADMISSIONS.

" SAVE A LIFE FOUNDATION: ST. JOSEPH IS THE FIRST AND ONLY

ORGANIZATION IN WISCONSIN TO PARTNER WITH THE SAVE A LIFE FOUNDATION AND

IMPLEMENT ITS PROGRAM TO BRING ON-SITE FIRST AID TRAINING TO THE

COMMUNITY AT LARGE. BASED ON EVIDENCE THAT BASIC LIFE SUPPORTING FIRST

AID SKILLS HAVE A SIGNIFICANT IMPACT ON SAVING LIVES AND REDUCING

DISABLING INJURIES, THE PROGRAM PROVIDES TRAINING IN BASIC FIRST AID AND

LIFESAVING TECHNIQUES FOR KIDS AS YOUNG AS FOUR TO SENIOR ADULTS.

" GLENDALE FAMILY CARE CENTER: PART OF WHEATON FRANCISCAN MEDICAL

GROUP, THE FAMILY CARE CENTER PROVIDES A WARM, PROFESSIONAL,

MULTICULTURAL ATMOSPHERE IN AN ECONOMICALLY CHALLENGED AREA OF MILWAUKEE.

Part VI Supplemental Information

Complete this part to provide the following information:

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE RAPPORT ESTABLISHED BETWEEN THE COMMUNITY AND THE CARE PROVIDERS

RESULTS IN BETTER COMPLIANCE WITH APPOINTMENTS AND MEDICATION, IMPROVED

DIAGNOSIS AND MANAGEMENT OF CHRONIC CONDITIONS, AND REDUCED RELIANCE ON

THE ST. JOSEPH EMERGENCY DEPARTMENT FOR ROUTINE MATTERS.

" FAMILY EMPOWERMENT PROGRAM: THROUGH EDUCATION AND REFERRALS TO

NECESSARY RESOURCES, THE PROGRAM EMPOWERS LOW-INCOME INDIVIDUALS TO

MANAGE THEIR HEALTH CHALLENGES MORE EFFECTIVELY, RATHER THAN USE THE ST.

JOSEPH EMERGENCY DEPARTMENT AS THEIR PRIMARY SOURCE OF CARE.

" SAFE PLACE FOR NEWBORNS PROGRAM: THE HEADQUARTERS OF THIS STATEWIDE

PROGRAM WAS RELOCATED TO WHEATON FRANCISCAN - ST. JOSEPH CAMPUS IN

JANUARY 2010. THE PROGRAM, ESTABLISHED IN 2001 FOLLOWING THE ENACTMENT

OF THE SAFE HAVEN LAW, ALLOWS ANY PARENT TO RELINQUISH A NEWBORN INFANT

UP TO 72 HOURS OLD TO ANY FIREFIGHTER, POLICE OFFICER, EMT, OR HOSPITAL

STAFF MEMBER. SINCE 2001, 26 BABIES HAVE BEEN RELINQUISHED AT ST.

JOSEPH. THERE HAVE BEEN 8 BABIES RELINQUISHED IN 2010.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g; Part I, line 7, column (f), Part I, line 7, Part III, line 4; Part III, line 8, Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

SCHEDULE H PART VI LINE 7

WHEATON FRANCISCAN INC IS A MEMBER OF THE WHEATON FRANCISCAN HEALTHCARE SYSTEM, WHICH OPERATES AN INTEGRATED HEALTH CARE DELIVERY SYSTEM IN SOUTHEAST WISCONSIN. THE SOLE MEMBER OF THE HOSPITAL, WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN, INC. IS A SUPPORTING ORGANIZATION AND AS SUCH, PROVIDES CORPORATE SERVICES AT A CONSOLIDATED LEVEL FOR ITS HOSPITALS AND OTHER SUPPORTED ORGANIZATIONS, INCLUDING WHEATON FRANCISCAN INC. IN COMPLETING ITS ROLE, MANY COMMUNITY BENEFIT ACTIVITIES THAT WOULD OTHERWISE BE UNDERTAKEN DIRECTLY BY THE HOSPITAL ARE UNDERTAKEN BY WHEATON FRANCISCAN HEALTHCARE ON BEHALF OF ITS MEMBER HOSPITALS AND OTHER ORGANIZATIONS. WHEATON FRANCISCAN INC., HOWEVER, IS FIRST SEEN AS A COMMUNITY HOSPITAL, WHICH SERVES ITS OWN DIRECT COMMUNITY. ORIGINALLY ESTABLISHED BY THE FRANCISCAN SISTERS, DAUGHTERS OF THE SACRED HEARTS OF JESUS AND MARY, ST. CLARA PROVINCE (THE "WHEATON FRANCISCAN SISTERS"), WHEATON FRANCISCAN HEALTHCARE IS DEDICATED TO IMPROVING THE LIVES OF THE PATIENTS IT SERVES NOT ONLY BY PROVIDING EXCEPTIONAL AND COMPASSIONATE CARE, BUT BY DEDICATING RESOURCES TO THE COMMUNITIES WE SERVE.

Part VI Supplemental Information

Complete this part to provide the following information:

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7; Part III, line 4, Part III, line 8, Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H PART VI LINE 8

WHEATON FRANCISCAN HEALTHCARE OPERATES SEVERAL HEALTH CARE ORGANIZATIONS

AND FILES COMMUNITY BENEFIT REPORTS IN ILLINOIS AS REQUIRED BY ILLINOIS

STATE LAW. IN TWO OTHER STATES WHERE WHEATON FRANCISCAN HEALTHCARE

CONDUCTS BUSINESS (IOWA AND WISCONSIN), COMMUNITY BENEFIT REPORTING IS

NOT REQUIRED, BUT WHEATON VOLUNTARILY MAKES THIS INFORMATION READILY

AVAILABLE ON SEVERAL WEBSITES.

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g, Part I, line 7, column (f), Part I, line 7; Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

WHEATON FRANCISCAN INC

Employer identification number

39-0816857

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 type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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 section 501(c)(3) and 501(c)(4) organizations 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KRISTINE KRUEGER	(i) 106,463.		(iii) 1,435.	9,398.	8,235.	125,531.	
ALLAN PASCH MD	(i) 362,898.		(iii) 5,237.	13,098.	22,577.	403,810.	
CARMEN TERLIZZI MD	(i) 430,474.		(iii) 2,851.	13,098.	22,356.	468,779.	
RONALD GROEPPER	(i) 243,461.		(iii) 32,094.	12,656.	8,282.	296,493.	275,762.
JEAN SAGAN	(i) 133,779.	24,700.	(iii) 1,377.	11,617.	2,877.	174,350.	
WILLIAM ARTNER	(i) 183,764.		(iii) 5,873.	31,077.	15,056.	235,770.	
JULIA IHLENFELDT	(i) 129,000.		(iii) 268.	14,588.	7,287.	151,143.	
DEBORAH ZEMAN	(i) 132,450.		(iii) 268.	19,006.	24,040.	175,764.	
PATRICIA ALLEN	(i) 137,768.		(iii) 486.	9,754.	9,650.	157,658.	
LYNN GRUDZIELANEK	(i) 146,861.	22,600.	(iii) 516.	12,359.	11,176.	193,512.	
STEPHEN CARDAMONE DO	(i) 388,544.	129,200.	(iii) 12,242.	52,482.	22,335.	604,803.	
JOHN OLIVERIO	(i) 897,790.	477,700.	(iii) 361,995.	158,482.	64,317.	1,960,284.	
JON WACHS	(i) 462,093.	150,000.	(iii) 20,992.	320,249.	55,149.	1,008,483.	
WILLIAM BLUM	(i) 546,079.	130,400.	(iii) 18,854.	319,560.	38,876.	1,053,769.	
SHARON BAUGHMAN	(i) 179,873.	28,500.	(iii) 339.	23,757.	22,325.	254,794.	
RITA HANSON-MELZER MD	(i) 304,512.	57,900.	(iii) 4,783.	13,792.	16,516.	397,503.	

Schedule J (Form 990) 2009

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.

OTHER INFORMATION SCHEDULE J

VARIOUS - SEE REFERENCES BELOW

FORM 990, SCHEDULE J, PART I LINE 3

THE COMPENSATION OF THE FILING ORGANIZATION'S CEO AND/OR THE EXECUTIVE

DIRECTOR IS DETERMINED AT THE PARENT ORGANIZATION LEVEL, USING THE

PROCESS DESCRIBED IN SCHEDULE O RELATED TO PART VI SECTION B LINE 15. THE

PARENT ORGANIZATION, WHEATON FRANCISCAN SERVICES, INC. (FEIN: 36-3262111)

USES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANTS, AND

COMPENSATION SURVEYS AND STUDIES TO DETERMINE APPROPRIATE LEVELS OF

COMPENSATION THAT ARE REFLECTIVE OF FAIR MARKET VALUE. ALL COMPENSATION

IS APPROVED BY THE BOARD AND/OR COMPENSATION COMMITTEE.

FORM 990 SCHEDULE J PART I LINE 4A:

REPORTABLE COMPENSATION OF RONALD GROEPPER \$244,739 IN SEVERANCE PAYMENTS

MADE DURING CALENDAR YEAR 2009.

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.

FORM 990 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).

SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

WHEATON FRANCISCAN INC

Employer identification number

39-0816857

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT STERN MD	(i) 151,740.		(iii) 1,014.	8,465.	14,136.	175,355.	
	(ii)						
NICHOLAS OMDAHL MD	(i) 423,396.	29,294.		19,192.	22,287.	494,169.	
	(ii)						
DAVID ASHPOLE MD	(i) 541,820.		3,613.	13,450.	33,054.	591,937.	
	(ii)						
PETER CHAPMAN MD	(i) 675,272.		5,032.	13,450.	25,390.	719,144.	
	(ii)						
DANIEL DONOVAN DO	(i) 368,463.		3,261.	22,382.	21,264.	415,370.	
	(ii)						
TOD POREMSKI MD	(i) 266,841.		1,685.	13,098.	11,249.	292,873.	
	(ii)						
KENNETH BUSER	(i) 472,682.	134,300.	23,306.	62,661.	44,211.	737,160.	
	(ii)						
DANIEL MATTES	(i) 270,082.	77,000.	12,297.	38,043.	26,117.	423,539.	
	(ii)						
DEBRA STANDRIDGE	(i) 346,706.	97,200.	13,264.	36,396.	23,399.	516,965.	
	(ii)						
NORMA MCCUTCHEON	(i) 271,906.	76,300.	11,368.	28,702.	21,615.	409,891.	
	(ii)						
KRISHNA KUMAR MD	(i) 582,834.		3,219.	13,450.	25,441.	624,944.	
	(ii)						
JOHN "JACK" MANLEY, MD	(i) 551,700.		22,130.	13,450.	33,332.	620,612.	
	(ii)						
JONATHAN SOHN	(i) 243,527.	63,000.	10,503.	24,604.	27,721.	369,355.	
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2009

JSA

9E1293 1 000

051200 783A

V 09-9.3

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

WHEATON FRANCISCAN INC

Employer identification number

39-0816857

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

WHEATON FRANCISCAN INC

Employer identification number

39-0816857

ATTACHMENT 1

FORM 990 SCHEDULE O

OTHER INFORMATION

FORM 990 PART VI LINE 2

AS A RESULT OF THE HEART HOSPITAL MERGING IN WITH WHEATON FRANCISCAN,
INC., THE HOSPITAL IS NOW PROVIDING ADVANCED CARDIAC CARE AND VARIOUS
CARDIAC PROCEDURES.

FORM 990 PART VI LINE 2

BOARD MEMBER NEAL HAMELINK HAS A BUSINESS RELATIONSHIP WITH ANOTHER BOARD
MEMBER, GARY SWART

BOARD MEMBER GARY SWART HAS A BUSINESS RELATIONSHIP WITH ANOTHER BOARD
MEMBER, NEAL HAMELINK

FORM 990 PART VI LINE 4

THE ORGANIZATIONAL DOCUMENTS WERE UPDATED TO REFLECT A CHANGE IN THE
ORGANIZATION'S NAME.

FORM 990 PART VI SECTION A LINE 6-7B

WHEATON FRANCISCAN INC. HAS ONE MEMBER WHICH HOLDS SEVERAL RESERVED
POWERS OVER WHEATON FRANCISCAN INC. 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

Name of the organization

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ATTACHMENT 1 (CONT'D)

ACCORDANCE WITH POLICY, AND APPROVAL OF BUDGETS AND STRATEGIC PLANS;

THESE APPROVALS ARE BASED ON RECOMMENDATIONS FROM THE GOVERNING BODY.

FORM 990 PART VI LINE 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, SECTION A, 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

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ATTACHMENT 1 (CONT'D)

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.

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<u>ATTACHMENT 1 (CONT'D)</u>	

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 EFILING, THE FULL BOARD IS PROVIDED ACCESS TO ALL 990'S AND 990-T'S THROUGHOUT 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 EFILING VIA AN ONLINE PORTAL.

FORM 990 PART VI, SECTION B 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.

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ATTACHMENT 1 (CONT'D)	

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 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.

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ATTACHMENT 1 (CONT'D)

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.

FORM 990 SCHEDULE O

FORM 990 PART VI SECTION B LINE 15B

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.

WITH RESPECT TO THE ORGANIZATION'S OFFICERS AND/OR KEY EMPLOYEES THAT ARE PRACTICING PHYSICIANS, THE WHEATON FRANCISCAN MEDICAL GROUP (WFMG) PHYSICIAN COMPENSATION PLAN IS ALSO REVIEWED AND APPROVED ON AN ANNUAL BASIS BY THE EXECUTIVE COMMITTEE OF THE WFSI BOARD, AN INDEPENDENT BOARD, ACTING IN A MANNER CONSISTENT WITH ITS CONFLICTS OF INTEREST POLICY. THE

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ATTACHMENT 1 (CONT'D)	

EXECUTIVE COMMITTEE OF THE WFSI BOARD'S DECISION ON THE ORGANIZATION'S

PHYSICIAN COMPENSATION PLAN IS INFORMED BY AN OPINION ON MARKET

COMPARABLE PHYSICIAN COMPENSATION DATA PROVIDED TO THE BOARD COMMITTEE BY

AN INDEPENDENT PHYSICIAN COMPENSATION EXPERT. THE EXECUTIVE COMMITTEE OF

THE WFSI BOARD MAINTAINS CONTEMPORANEOUS DOCUMENTATION OF THE

SUBSTANTIATION OF THE DELIBERATION AND DECISIONS IT MAKES.

FOR THOSE OFFICER AND/OR KEY EMPLOYEE PHYSICIANS THAT ARE PAID FOR THEIR

SERVICES OTHER THAN PURSUANT TO THE WFSI EXECUTIVE COMPENSATION PLAN OR

THE WFMG PHYSICIAN COMPENSATION PLAN, THE COMPENSATION TERMS OF THE

WRITTEN CONTRACT WITH THE PHYSICIAN ARE APPROVED BY EITHER THE WFSI BOARD

OF DIRECTORS, THE WFSI CEO OR BY THE WFMG PRESIDENT, IN ACCORDANCE WITH

THE LEVEL OF AUTHORITY DELEGATED TO THE SAME BY THE WFSI BOARD OF

DIRECTORS IN ACCORDANCE WITH ITS FINANCIAL TRANSACTIONS POLICY. IN EACH

CASE, DECISIONS ARE MADE IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT

OF INTEREST REQUIREMENTS. ALSO, IN EACH CASE, THE COMPENSATION PAID

PURSUANT TO A CONTRACT IS DETERMINED WITH REFERENCE TO MARKET COMPARABLE

INFORMATION. ORGANIZATIONAL POLICY REQUIRES THAT CONTEMPORANEOUS

DOCUMENTATION OF THE SAME BE MAINTAINED.

FORM 990, PART VI, SECTION C, LINE 19

AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE 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.

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<u>ATTACHMENT 1 (CONT'D)</u>	

REQUESTS FOR INFORMATION ARE CONSIDERED ON A CASE-BY-CASE BASIS, AND THIS
PROCESS IS OUTLINED IN OUR PUBLIC DISCLOSURE POLICY.

ALSO, 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
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 ([HTTP://WWW/EMMA.MSRB.ORG](http://www/emma.msr.org)) 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 BONDS INCEPTION, ARE AVAILABLE FOR VIEWING BY
THE GENERAL PUBLIC.

FORM 990, SCHEDULE R

(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.

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<u>ATTACHMENT 1 (CONT'D)</u>	

(4) EFFECTIVE 06/30/2009, THE WISCONSIN HEART HOSPITAL INC WAS MERGED WITH WHEATON FRANCISCAN HEALTHCARE - ST JOSEPH, INC. AND THE SURVIVING CORPORATION CHANGED IT'S 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.

NOTES: THE FOLLOWING ENTITIES ARE LISTED WITH NO DCE AND THE REASON THEY ARE CLASSIFIED AS MUCH:

-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".

ATTACHMENT 2

FORM 990, PART III, LINE 1 - 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

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ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO BE RECOGNIZED FOR SUPERIOR HEALTHCARE SERVICE, CLINICAL
EXCELLENCE, AS THE HEALTHCARE EMPLOYER OF CHOICE, AND THE PREFERRED
PARTNER OF PHYSICIANS.

ATTACHMENT 34A PROGRAM SERVICE

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

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

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

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

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:

[HTTP://WWW.WFHEALTHCARE.ORG/WHEATON/DOCUMENTS/2010ANNUALREPORT_001.](http://www.wfhealthcare.org/wheaton/documents/2010annualreport_001.pdf)

PDF

CORPORATE STRUCTURE:

PARENT COMPANY: WHEATON FRANCISCAN SERVICES, INC. DBA WHEATON
FRANCISCAN HEALTHCARE

HEALTH CARE MINISTRY: WHEATON FRANCISCAN HEALTHCARE

HOUSING MINISTRY: FRANCISCAN MINISTRIES, INC.

HEALTH CARE MISSION: WHEATON FRANCISCAN HEALTHCARE IS COMMITTED
TO LIVING OUT THE HEALING MINISTRY OF JESUS BY PROVIDING

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

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.

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.

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.

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.

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.

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

INTEGRITY: WE VALUE HONESTY AND WORDS AND ACTIONS THAT BUILD TRUST.

DEVELOPMENT: WE VALUE PERSONAL AND PROFESSIONAL GROWTH THAT COMBINES THE PHYSICAL, EMOTIONAL, SPIRITUAL AND RELATIONAL ASPECTS OF LIFE AND WORK.

EXCELLENCE: WE VALUE SUPERIOR PERFORMANCE IN OUR WORK AND SERVICE.

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.

WHEATON FRANCISCAN HEALTHCARE

WHEATON FRANCISCAN SERVICES, INC.'S HEALTH CARE DIVISION, DOING BUSINESS AS WHEATON FRANCISCAN HEALTHCARE (WFH), CONSISTS OF FACILITIES IN ILLINOIS, IOWA, AND WISCONSIN.

SYSTEM STATISTICS

HOSPITAL CAMPUSES: 18

STAFFED HOSPITAL BEDS: 2,143

LONG-TERM CARE FACILITIES: 3

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

HOME HEALTH AGENCIES: 2

UNITS OF HOUSING: 2,681

ASSOCIATES: 21,626

AFFILIATED PHYSICIANS: 2,782

EMPLOYED PHYSICIANS: 761

EMERGENCY ROOM VISITS: 365,552

NEWBORNS: 10,819

HOSPITAL ADMISSIONS: 82,625

HOSPITAL PATIENT DAYS: 397,397

SKILLED NURSING UNIT PATIENT DAYS: 26,754

LONG-TERM CARE FACILITY PATIENT DAYS: 116,498

HOSPITAL OUTPATIENT VISITS: 1,978,689

HOSPICE DAYS: 18,189

HOME HEALTH VISITS: 114,708

MEDICAL GROUP PHYSICIAN VISITS: 2,125,334

WFH ORGANIZATIONS

IOWA

COVENANT MEDICAL CENTER, INC.

MERCY HOSPITAL OF FRANCISCAN SISTERS, INC.

SARTORI MEMORIAL HOSPITAL, INC.

COVENANT CLINIC

COVENANT FOUNDATION, INC.

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

SARTORI HEALTH CARE FOUNDATION, INC.

COVENANT REGIONAL SERVICES, INC.

ILLINOIS

MARIANJOY REHABILITATION HOSPITAL AND CLINICS

MARIANJOY MEDICAL GROUP

MARIANJOY FOUNDATION

RUSH OAK PARK HOSPITAL, INC.

OSF SERVICES

CANTICLE MINISTRIES

CLARA PFAENDER FUND

WISCONSIN

WHEATON FRANCISCAN - ST. JOSEPH AND THE WISCONSIN HEART HOSPITAL

CAMPUSES

ALL SAINTS

ELMBROOK MEMORIAL

ST. FRANCIS

FRANKLIN

FRANCISCAN WOODS

THE TERRACE AT ST. FRANCIS

WHEATON FRANCISCAN HOME HEALTH

WHEATON FRANCISCAN HOSPICE

WHEATON FRANCISCAN LABORATORIES

WHEATON FRANCISCAN MEDICAL GROUP

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

ALL SAINTS FOUNDATION

VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE-ALL
SAINTS

ST. JOSEPH FOUNDATION

ELMBROOK MEMORIAL FOUNDATION

CIRCLE OF LIFE FOUNDATION

THE FOUNDATION FOR ST. FRANCIS AND FRANKLIN

AFFILIATIONS INCLUDE:

MIDWEST ORTHOPEDIC SPECIALTY HOSPITAL - FRANKLIN, WI

AFFINITY HEALTH SYSTEM - MENASHA, WISCONSIN

ST. ELIZABETH HOSPITAL

MERCY MEDICAL CENTER OF OSHKOSH

CALUMET MEDICAL CENTER

FRANCISCAN CARE AND REHABILITATION CENTER

NETWORK HEALTH PLAN OF WISCONSIN

AFFINITY MEDICAL GROUP

ST. ELIZABETH HOSPITAL COMMUNITY FOUNDATION

UNITED HOSPITAL SYSTEM - KENOSHA, WISCONSIN

ST. CATHERINE'S MEDICAL CENTER AND KENOSHA MEDICAL CENTER

CAMPUSES

WHEATON FRANCISCAN HEALTHCARE COMMUNITY IMPACT FOR SYSTEM / 2010

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

CHARITY CARE: \$24,045,199. 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. CHARITY CARE IS BASED ON ACTUAL COSTS, NOT CHARGES, AND DOES NOT INCLUDE BAD DEBT.

UNREIMBURSED COST OF PUBLIC PROGRAMS: \$92,446,697. 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.

COMMUNITY HEALTH IMPROVEMENT SERVICES: \$3,048,321. 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.

FINANCIAL CONTRIBUTIONS: \$2,495,206. 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.

HEALTH PROFESSIONS EDUCATION: \$4,735,894. HEALTH PROFESSIONS

Name of the organization

WHEATON FRANCISCAN INC

Employer identification number

39-0816857

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

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).

COMMUNITY BUILDING ACTIVITIES: \$213,368. 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. COSTS FOR THESE ACTIVITIES INCLUDE CASH AND IN-KIND DONATIONS.

COMMUNITY BENEFIT OPERATIONS: \$59,309. COMMUNITY BENEFIT OPERATIONS ARE DEFINED AS COSTS ASSOCIATED WITH DEDICATED STAFF AND COMMUNITY HEALTH NEEDS AND/OR ASSETS ASSESSMENT, AS WELL AS OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT STRATEGY AND OPERATIONS.

RESEARCH: \$258,925. RESEARCH IS DEFINED AS COSTS INCURRED FOR HEALTH-RELATED RESEARCH, SUCH AS MEDICAL EQUIPMENT TESTING, CONTROLLED STUDIES OF THERAPEUTIC PROTOCOLS, AND STUDIES OF HEALTH CARE DELIVERY METHODS.

SUBSIDIZED HEALTH SERVICES: \$16,639,748. SUBSIDIZED HEALTH SERVICES ARE DEFINED AS THE NEGATIVE MARGIN FOR CLINICAL SERVICES

Name of the organization

WHEATON FRANCISCAN INC

Employer identification number

39-0816857

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

THAT ARE PROVIDED DESPITE A FINANCIAL LOSS BECAUSE OF AN IDENTIFIED COMMUNITY NEED THAT WOULD NEED TO BE MET BY THE GOVERNMENT OR ANOTHER NOT-FOR-PROFIT IF IT WAS NOT OFFERED. THE FINANCIAL LOSSES ARE SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT, AND MEDICAID SHORTFALLS.

TOTAL BENEFIT TO THE COMMUNITY FOR SYSTEM IN 2010: \$143,942,667.

IN ADDITION TO PROVIDING CHARITY CARE AND COVERING THE SHORTFALL FROM GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICAID, WHEATON FRANCISCAN HEALTHCARE IN SOUTHEAST WISCONSIN ALSO PROVIDED \$110,011,484 IN CARE TO THE ELDERLY THAT WAS NOT REIMBURSED BY MEDICARE. THE GAP IN MEDICARE REIMBURSEMENT IS NOT INCLUDED IN ACCORDANCE WITH CATHOLIC HEALTH ASSOCIATION COMMUNITY BENEFIT REPORTING GUIDELINES. INCLUDING THE MEDICARE SHORTFALL, THE TOTAL IN SOUTHEAST WISCONSIN WOULD BE \$253,954,151.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JP CULLEN AND SONS P.O. BOX 1957 JANESVILLE, WI 53547	CONSTRUCTION SERV	8,647,339.
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK	PHYSICIANS/RESIDENTS	6,869,112.

Name of the organization

WHEATON FRANCISCAN INC

Employer identification number

39-0816857

ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MILWAUKEE, WI 53226		
HEART EMERGENCY PHYSICIANS P.O. BOX 793 TRAVERSE CITY, MI 49685	PHYSICIANS	3,921,730.
ST JOSEPH EMERGENCY PHYSICIANS LLP P.O. BOX 793 TRAVERSE CITY, MI 49685	ER MANAGEMENT SERV	3,029,334.
SODEXHO 4880 PAYSHERE CIRCLE CHICAGO, IL 60674	HOUSEKEEPING/FOOD	2,982,788.
TOTAL COMPENSATION		25,450,303.

ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
NOTE INTEREST	138,778.			138,778.
BANK INTEREST	860.			860.
TOTALS	139,638.			139,638.

ATTACHMENT 6FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
DEFERRED MEDICAL STAFF	85,185.
TOTALS	85,185.

**Department of the Treasury
Internal Revenue Service**

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

Name of the organization

WHEATON FRANCISCAN INC

Employer Identification number
39-0816857

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

[illegible]

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
WHEATON FRANCISCAN SERVICES INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187	PARENT CORP	IL	501(C)(3)	11 - III-FI	N/A
AFFINITY HEALTH SYSTEM 1570 MIDWAY PLACE MENASHA, WI 54942	HOLDING CO	IL	501(C)(3)	11 - I	WFSI/MHC
AUXILIARY OF ST ELIZABETH HOSPITAL INC 1506 SOUTH ONEIDA STREET APPLETON, WI 54915	AUXILIARY	WI	501(C)(3)	11 - III-O	ST ELIZ HOSP
CALUMET MEDICAL CENTER INC 614 MEMORIAL DRIVE CHILTON, WI 53014	HOSPITAL	WI	501(C)(3)	3	AFF HLTH SYS
MERCY MEDICAL CENTER OF OSHKOSH INC 500 SOUTH OAKWOOD ROAD OSHKOSH, WI 54904	HOSPITAL	WI	501(C)(3)	3	AFF HLTH SYS
NETWORK HEALTH SYSTEM INC 1570 MIDWAY PLACE MENASHA, WI 54942	PHYSN CLINIC	WI	501(C)(3)	3	AFF HLTH SYS
ST ELIZABETH HOSPITAL COMMUNITY FNDN INC 1506 SOUTH ONEIDA STREET APPLETON, WI 54915	FOUNDATION	WI	501(C)(3)	11 I	AFF HLTH SYS

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

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 of this schedule.

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 or (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)

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 (e-r)	(c) Amount involved
(1)	WFH-FOUNDATION FOR ST JOSEPH INC	C	421,572.
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ST ELIZABETH HOSPITAL INC 1506 SOUTH ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(C)(3)	3	AFF HLTH SY
WFH - ALL SAINTS INC 3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(C)(3)	3	WFH-SE WI
WFH - ALL SAINTS FOUNDATION INC 1320 WISCONSIN AVENUE RACINE, WI 53403 39-1570877	FOUNDATION	WI	501(C)(3)	11 - I	WFH-AS INC
VOLUNTEERS IN PTNRSHIP WITH WFH-AS INC 3801 SPRING STREET RACINE, WI 53405	FOUNDATION	WI	501(C)(3)	11 - III-O	WFH-AS INC
WFH - SOUTHEAST WISCONSIN INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	HOLDING CO	IL	501(C)(3)	11 - III-FI	WFSI
WFH - CIRCLE OF LIFE FOUNDATION INC 9632 WEST APPLETON AVENUE MILWAUKEE, WI 53225 56-2426294	FOUNDATION	WI	501(C)(3)	11 - I	WFH-PE
WHEATON FRAN HOME HEALTH & HOSPICE INC 3070 NORTH 51ST STREET STE 406 MILWAUKEE, WI 53210 39-1559428	HOME HLTH	WI	501(C)(3)	3	WFH-SE WI
WHEATON FRANCISCAN MEDICAL GROUP INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586	MEDICAL GRP	WI	501(C)(3)	3	WFSI
WFH - ELMBROOK MEMORIAL FOUNDATION INC 19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-2028808	FOUNDATION	WI	501(C)(3)	11 - I	WFH-EMH
WFH - ELMBROOK MEMORIAL INC 19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-0853528	HOSPITAL	WI	501(C)(3)	3	WFH-SE WI
WHEATON FRANCISCAN LABORATORIES INC (1) 11020 WEST PLANK COURT WAUWATOSA, WI 53226 39-1701402	LABORATORY	WI	501(C)(3)	9	WFH-SE WI
WFH PHARMACY ENT AND FRAN WOODS INC (3) 13950 WEST CAPITOL DRIVE BROOKFIELD, WI 53005 39-1613624	NURSING HOME	WI	501(C)(3)	9	WFH-SE WI
WFH - ST FRANCIS INC 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-0907740	HOSPITAL	WI	501(C)(3)	3	WFH-SE WI
WF - ST JOSEPH FOUNDATION INC 5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(C)(3)	11 - I	WF INC
WFH - THE WISCONSIN HEART HOSPITAL (4) 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 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, WI 53215 32-0135258	FOUNDATION	WI	501(C)(3)	11 - I	WFH-SFH
WFH - TERRACE AT ST FRANCIS INC 3200 SOUTH 20TH STREET MILWAUKEE, WI 53225 39-1486775	NURSING HOME	WI	501(C)(3)	9	WFH-SE WI
WFH - FRANKLIN INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53132 56-2592868	HOSPITAL	WI	501(C)(3)	3	WFH-SE WI

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
WHEATON WAY CONDO OWNERS ASSCN INC 30-0659830 10101 S 27TH STREET FRANKLIN, WI 53132	CONDO ASSCN	WI	N/A	N/A	WFH-FRKLN
METRO PHYSICIANS INC (2) 94-3436893 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212	MEDICAL GRP	WI	501(C)(3)	3	WFMG
MARIANJOY INC 36-3483589 26 W 171 ROOSEVELT RD WHEATON, IL 60187	HOLDING CO	IL	501(C)(3)	11 - III-FI	WFSI
MARIANJOY FOUNDATION INC 35-2165613 26 W 171 ROOSEVELT RD WHEATON, IL 60187	FOUNDATION	IL	501(C)(3)	7	MJ REHAB CL
MARIANJOY REHAB CENTER AUXILIARY INC 36-3896976 26 W 171 ROOSEVELT RD WHEATON, IL 60187	AUXILIARY	IL	501(C)(3)	11 - I	MJ REHAB CL
MARIANJOY REHAB HOSPITAL & CLINICS INC 36-2680776 26 W 171 ROOSEVELT RD WHEATON, IL 60187	REHAB HOSPIT	IL	501(C)(3)	3	MARIANJOY
REHABILITATION MEDICINE CLINIC INC 36-3236791 26 W 171 ROOSEVELT RD WHEATON, IL 60187	MEDICAL GRP	IL	501(C)(3)	3	MARIANJOY
OSF SERVICES INC 39-1471463 PO BOX 667 WHEATON, IL 60187-0667	HOLDING CO	WI	501(C)(3)	11 - III-FI	WFSI
CANTICLE MINISTRIES INC 36-4091836 PO BOX 667 WHEATON, IL 60187-0667	HOUSING/ADVC	IL	501(C)(3)	7	OSF SVCS IN
CLARA PFAENDER FUND INC 36-3353311 PO BOX 667 WHEATON, IL 60187-0667	SPONSORSHIP	IL	501(C)(3)	11 - III-O	OSF SVCS IN
FRANCISCAN SISTERS CHARITABLE FUND OF CO 84-0733072 2626 OSCEOLA STREET DENVER, CO 80212	AUXILIARY	CO	501(C)(3)	7	OSF SVCS IN
RUSH OAK PARK HOSPITAL INC 36-2183812 520 SOUTH MAPLE AVENUE OAK PARK, IL 60304	HOSPITAL	IL	501(C)(3)	3	OSF SVCS IN
SET MINISTRY INC 39-1618277 2977 NORTH 50TH STREET MILWAUKEE, WI 53210	SOCIAL WORK	WI	501(C)(3)	9	OSF SVCS IN
ST CATHERINE'S HOSPITAL INC 39-0855075 9555 76TH STREET PLEASANT PRAIRIE, WI 53158	HOSPITAL	WI	501(C)(3)	3	OSF SVCS IN
SYNERGON HEALTH SYSTEM INC 36-3739067 520 SOUTH MAPLE AVENUE OAK PARK, IL 60304	HOSPITAL	IL	501(C)(3)	3	NONE
UHS INC 39-1956749 6308 EIGHTH AVENUE KENOSHA, WI 53143	HOSPITAL	WI	501(C)(3)	3	NONE
WFH - IOWA INC 42-1177001 3421 WEST NINTH STREET WATERLOO, IA 50702	HOLDING CO	IA	501(C)(3)	11 - III-FI	WFSI
COVENANT FOUNDATION INC 42-1295784 3421 WEST NINTH STREET WATERLOO, IA 50702	FOUNDATION	IA	501(C)(3)	9	COV MED CTR

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
COVENANT MEDICAL CENTER INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1264647	HOSPITAL	IA	501(C)(3)	3	WFH-IOWA
MERCY HOSPITAL OF FRANCISCAN SISTERS INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1178403	HOSPITAL	IA	501(C)(3)	3	WFH-IOWA
N.E. IOWA REAL ESTATE INVESTMENTS LTD 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1207432	HOLDING CO	IA	501(C)(2)	N/A	WFH-IOWA
SARTORI HEALTH CARE FOUNDATION INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1240996	FOUNDATION	IA	501(C)(3)	11 - I	SARTORI HOS
SARTORI MEMORIAL HOSPITAL INC 515 COLLEGE STREET CEDAR FALLS, IA 50613 42-0758901	HOSPITAL	IA	501(C)(3)	3	WFH-IOWA
FRANCISCAN MINISTRIES INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187-0667 36-3259684	HOLDING CO	IL	501(C)(3)	11 - III-FI	WFSI
ASSISI HOMES - BATAVIA APARTMENTS INC 1259 EAST WILSON STREET BATAVIA, IL 60510 36-3914084	HOUSING	IL	501(C)(3)	9	FMI
ASSISI HOMES - COLONY PARK INC 550 EAST THORNHILL DRIVE CAROL STREAM, IL 60188 36-4039278	HOUSING	IL	501(C)(3)	9	FMI
ASSISI HOMES - CONSTITUTION HOUSE INC 401 NORTH CONSTITUTION DRIVE AURORA, IL 60506 36-4049150	HOUSING	IL	501(C)(3)	9	FMI
ASSISI HOMES - JEFFERSON COURT INC 415 EAST KNAPP STREET MILWAUKEE, WI 53202 39-1771526	HOUSING	WI	501(C)(3)	9	FMI
ASSISI HOMES - KENOSHA INC 1860 27TH AVENUE KENOSHA, WI 53140 39-1814815	HOUSING	WI	501(C)(3)	9	FMI
ASSISI HOMES - SAXONY INC 1876 22ND AVENUE KENOSHA, WI 53140 39-1790498	HOUSING	WI	501(C)(3)	9	FMI
ASSISI HOMES OF GURNEE INC 3495 WEST GRAND AVENUE GURNEE, IL 60031 36-3942336	HOUSING	IL	501(C)(3)	9	FMI
ASSISI HOMES OF ILLINOIS INC 2126 WEST ROOSEVELT ROAD WHEATON, IL 60187 36-3803443	HOUSING	IL	501(C)(3)	9	FMI
ASSISI HOMES OF NEENAH INC 210 BYRD AVENUE NEENAH, WI 54946 36-3767250	HOUSING	WI	501(C)(3)	9	FMI
CANTICLE PLACE INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187-0667 36-3957850	HOUSING	IL	501(C)(3)	9	FMI
CATHERINE MARIAN HOUSING INC 806 SOUTH WISCONSIN AVENUE RACINE, WI 53403 39-1657098	HOUSING	WI	501(C)(3)	9	FMI
CLARE GARDENS INC 2626 OSCEOLA STREET DENVER, CO 80212 23-7200039	HOUSING	CO	501(C)(3)	9	FMI

Schedule R-1 (Form 990) 2009

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2009

