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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	












<b>A</b> For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010		<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization WHEATON FRANCISCAN HEALTHCARE ALL SAINTS INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 3801 SPRING STREET City or town, state or country, and ZIP + 4 RACINE, WI 53405		<b>D</b> Employer identification number 39-1264986 <b>E</b> Telephone number (262) 687-2011 <b>G</b> Gross receipts \$ 372,812,793	
		<b>F</b> Name and address of principal officer John Oliverio 400 W River Woods Pkwy Milwaukee, WI 53212		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ 0928			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ WWW.MYWHEATON.ORG					
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1974		<b>M</b> State of legal domicile WI			

Part I		Summary		
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities To provide inpatient and outpatient patient healthcare services to individuals located in Southeast Wisconsin		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 2	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b> 3,52	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 57	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 2,744,62	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 150,72	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 938,309	<b>Current Year</b> 590,719
	<b>9</b>	Program service revenue (Part VIII, line 2g)	387,970,855	369,099,481
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,486	41,826
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,426,443	3,043,868
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	391,375,093	372,775,894
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	39,463
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	154,947,681	149,450,002
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 0		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	208,212,535	205,186,467
<b>18</b>		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	363,199,679	354,639,801
<b>19</b>		Revenue less expenses Subtract line 18 from line 12	28,175,414	18,136,093
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	281,715,774	295,269,539
	<b>21</b>	Total liabilities (Part X, line 26)	27,554,148	18,170,522
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	254,161,626	277,099,017

<b>Part II Signature Block</b>	
<b>Sign Here</b>	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
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-05-15</div> <div>Date</div> </div>
	<div> <div>JONATHAN W SOHN SENIOR VP AND CFO</div> <div>Type or print name and title</div> </div>
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div>Date</div> <div>Check if self-employed <input type="checkbox"/></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>EIN</div> </div>
	<div> <div></div> <div>Phone no</div> </div>



Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, 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 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
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> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	148	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	3,526	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	22	
b	Enter the number of voting members that are independent . . . . .	1b	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ELIZABETH A SCHINKO 400 WEST RIVER WOODS PARKWAY MILWAUKEE, WI 53212 (414) 465-3542

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

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

Form **990** (2009)



1b	Total	1,406,036	11,835,909	2,292,977
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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▶53

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
SODEXHO INC AFFILIATES 4880 PAYSPIRE CIRCLE CHICAGO, IL 60674	HOSPITALITY SERVICE	2,231,808
RILEY CONSTRUCTION COMPANY 5301 99TH AVE KENOSHA, WI 53144	CONSTRUCTION SERVICE	1,354,609
HOSPITAL SHARED SERVICES LOCKBOX 17033 DENVER, CO 80217	SECURITY SERVICE	1,234,023
MEDICAL COLLEGE OF WI AFFILIATED 8701 WATERTOWN PLANK RD MILWAUKEE, WI 532260509	PHYSICIAN SERVICE	935,355
JH FINDORFF INC PO BOX 1647 MADISON, WI 53701	CONSTRUCTION SERVICE	911,597

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 ▶41

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d	539,156				
	e	Government grants (contributions)	1e	45,425				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,138				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .			590,719			
Program Service Revenue			Business Code					
	2a	PATIENT REVENUES	900,099	357,322,286	357,322,286			
	b	PHARMACY OPERATIONS	446,110	10,670,931	8,695,742	1,975,189		
	c	OUTREACH LAB	621,500	928,219	158,787	769,432		
	d	HEALTH & WELLNESS	900,099	178,045	178,045			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			369,099,481			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			48,725		48,725	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties . . . . .			0			
	6a	(i) Real		(ii) Personal				
		476,852						
		476,852						
	d	Net rental income or (loss) . . . . .			476,852		476,852	
	7a	(i) Securities		(ii) Other				
				30,000				
				36,899				
				-6,899				
	d	Net gain or (loss) . . . . .			-6,899		-6,899	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a						
		b						
	b	Less direct expenses . . . . .						
	c	Net income or (loss) from fundraising events . . .			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
		a						
b								
b	Less direct expenses . . . . .							
c	Net income or (loss) from gaming activities . . .			0				
10a	Gross sales of inventory, less returns and allowances . . . . .							
	a							
	b							
b	Less cost of goods sold . . . . .							
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue		Business Code						
11a	FOOD REVENUE		721,000	1,272,474			1,272,474	
b	LITTLE SAINTS DAYCARE		624,410	841,456	841,456			
c	LIFELINE		900,099	259,061	259,061			
d	All other revenue . . . . .			194,025	194,025			
e	Total. Add lines 11a-11d . . . . .			2,567,016				
12	Total revenue. See Instructions . . . . .			372,775,894	367,649,402	2,744,621	1,791,152	

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	3,332	3,332		
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 . . . . .	735,252	496,169	239,083	
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	112,644,499	109,654,794	2,989,705	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	13,533,907	13,146,523	387,384	
9	Other employee benefits . . . . .	14,925,124	14,503,257	421,867	
10	Payroll taxes . . . . .	7,611,220	7,458,996	152,224	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	500	500		
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	6,247,628	5,856,964	390,664	
12	Advertising and promotion . . . . .	5,023	1,760	3,263	
13	Office expenses . . . . .	63,311,980	62,799,053	512,927	
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	6,320,600	6,320,600		
17	Travel . . . . .	158,269	97,289	60,980	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	513,739	489,537	24,202	
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	16,921,403	5,616,405	11,304,998	
23	Insurance . . . . .	26,190	26,190		
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	MANAGEMENT FEES	64,781,928		64,781,928	
b	BAD DEBT	26,225,333	26,225,333		
c	HOSPITAL ASSESSMENT TAX	9,304,637	9,304,637		
d	OTHER PURCHASED SERVICES	4,947,052	4,596,637	350,415	
e	MAINTENANCE CONTRACTS	4,662,347	4,647,169	15,178	
f	All other expenses	1,759,838	1,230,604	529,234	
25	Total functional expenses. Add lines 1 through 24f	354,639,801	272,475,749	82,164,052	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			16,650,687	1	19,007
	2	Savings and temporary cash investments . . . . .				2	1,150,724
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			38,898,151	4	37,371,810
	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 . . . . .			5,934,980	8	6,801,991
	9	Prepaid expenses and deferred charges . . . . .			18,273,214	9	885,210
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	399,770,726	201,251,458	10c	183,964,769
	b	Less accumulated depreciation . . . . .	10b	215,805,957			
	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 . . . . .			707,284	15	65,076,028
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			281,715,774	16	295,269,539
Liabilities	17	Accounts payable and accrued expenses . . . . .			23,329,456	17	14,522,254
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	157,440
	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 . . . . .			4,224,692	25	3,490,828
	26	Total liabilities. Add lines 17 through 25 . . . . .			27,554,148	26	18,170,522
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 . . . . .			254,082,383	27	277,050,050
	28	Temporarily restricted net assets . . . . .			79,243	28	48,967
	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 . . . . .			254,161,626	33	277,099,017
	34	Total liabilities and net assets/fund balances . . . . .			281,715,774	34	295,269,539

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> 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 separated basis		
<b>3a</b> 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? . . . . .		No
<b>b</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 . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization WHEATON FRANCISCAN HEALTHCARE ALL SAINTS INC	Employer identification number  39-1264986
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

Part II

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

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

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

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

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

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

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

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

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

Name of the organization WHEATON FRANCISCAN HEALTHCARE ALL SAINTS INC	Employer identification number  39-1264986
---	--

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

- 1

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

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

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

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

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

☐ Yes ☐ No
- 4a

Was a correction made? 

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

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

☐ Yes ☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

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

Part II-B

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	<b>a</b> Volunteers?		No	
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	<b>c</b> Media advertisements?		No	
	<b>d</b> Mailings to members, legislators, or the public?		No	
	<b>e</b> Publications, or published or broadcast statements?		No	
	<b>f</b> Grants to other organizations for lobbying purposes?	Yes		14,012
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		0
<b>j</b>	Total lines 1c through 1i			14,012
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization WHEATON FRANCISCAN HEALTHCARE ALL SAINTS INC	Employer identification number  39-1264986
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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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<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"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Preservation of a certified historic structure
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
4	Number of states where property subject to conservation easement is located ▶ _____
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
(ii)	Assets included in Form 990, Part X ▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
b	Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		3,074,414		3,074,414
b Buildings . . . . .		302,669,481	142,618,080	160,051,401
c Leasehold improvements . . . . .		1,366,110	1,366,110	0
d Equipment . . . . .		76,008,108	63,100,210	12,907,898
e Other . . . . .		16,652,613	8,721,556	7,931,056
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				183,964,769



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	372,775,894
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	354,639,801
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	18,136,093
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	30,288
8	Other (Describe in Part XIV)	8	27,147,481
9	Total adjustments (net) Add lines 4 - 8	9	27,177,769
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	45,313,682

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	362,711,023
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	362,711,023
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	10,064,871
c	Add lines 4a and 4b . . . . .	4c	1,064,871
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	372,775,894

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	317,427,449
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	317,427,449
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	37,212,352
c	Add lines 4a and 4b . . . . .	4c	37,212,352
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	354,639,801

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Schedule D Net Assets, Revenue, and Expense Reconciliations		Affiliates of Wheaton Franciscan Healthcare have a consolidated audit prepared for the entire controlled group of healthcare providers. Because of this, certain parts of this IRS Form 990 regarding individually prepared audits have been answered accordingly and per IRS instructions. Normally, Affiliates of Wheaton Franciscan Healthcare will use an internally prepared document, that breaks the consolidated audit down to the entity level, and tie each 990 accordingly. However, for external reporting purposes, certain reclassifications were made to correct for hospital based billing issues. As such, Part XI Line 8 was utilized so that ending net assets would tie out after the following reclassifications were made: 1) We increased revenues in the amount of 10,064,871 which represented hospital based billing revenues which was originally recorded at Wheaton Franciscan Medical Group (39-1791586). 2) We increased expenses in the amount of 37,212,352 which represented hospital based billing expenses which was originally recorded at Wheaton Franciscan Medical Group (39-1791586). 3) We reduced revenues in the amount of 30,288 which relates to a prior period adjustment regarding a restricted liability account. Reconciliation of Ending Net Assets: Beginning Assets \$254,161,626 + Net Gain Per AFS \$45,313,863 + Hospital Based Billing Reduction \$-27,147,481 + Prior Period Adjustment (Conversion) \$4,801,297 + Prior Period Adjustment (Restricted Liability) \$-30,288 Ending Net Assets \$277,099,017.



SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

**Employer identification number**  
  
39-1264986

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals  <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals <input type="checkbox"/> Applied uniformly to most 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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care  <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 <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .  <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"? . . . . .	3a	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		
6a	Does the organization prepare an annual community benefit report? . . . . .	6a	Yes	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . .			5,755,180		5,755,180	1 750 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			54,709,725	51,875,065	2,834,660	0 860 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .			1,479,482	1,403,252	76,230	0 020 %
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			61,944,387	53,278,317	8,666,070	2 630 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			138,128	73,626	64,502	0 020 %
f Health professions education (from Worksheet 5) . . . .			1,170,778	124,525	1,046,253	0 320 %
g Subsidized health services (from Worksheet 6) . . . .			15,930,740	11,304,743	4,625,997	1 410 %
h Research (from Worksheet 7)			1,915		1,915	
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			222,519		222,519	0 070 %
j <b>Total</b> Other Benefits . . . .			17,464,080	11,502,894	5,961,186	1 820 %
k <b>Total.</b> Add lines 7d and 7j . . . .			79,408,467	64,781,211	14,627,256	4 450 %

Part IICommunity 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		29,145		29,145	0.010 %
4	Environmental improvements					
5	Leadership development and training for community members		487		487	
6	Coalition building					
7	Community health improvement advocacy		7,633		7,633	
8	Workforce development		2,436		2,436	
9	Other					
10	Total		39,701		39,701	0.010 %

Part IIIBad 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?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	226,225,333	
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	30	
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)	583,213,793	
6	Enter Medicare allowable costs of care relating to payments on line 5	692,561,121	
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	7-9,347,328	
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?	9aYes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures

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

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
WFH-All Saints 3801 Spring St Racine, WI 53405	X	X		X					
WHF-All Saints 1320 Wisconsin Ave Racine, WI 53403	X								
WFH All Saints Cardiovascular Institute 3803 Spring St Racine, WI 53405	X	X					X		
WFH All Saints WPOB A & B 3805 Spring St Racine, WI 53405	X								
WFH All Saints Spring St Clinic 3807 Spring St Racine, WI 53405	X								
WFH All Saints St Lukes Hlth Pavilion 3821 Spring St Racine, WI 53405	X								
WFH All Saints MOB 1244 Wisconsin Ave Racine, WI 53403	X								
WFH All Saints Atrium MOB 3811 Spring St Racine, WI 53405	X								
WFH All Saints Dialysis Center 818 6th St Racine, WI 53405	X								

## 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.

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

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**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

**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.)

See additional data

See additional data

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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

**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

Additional Data

Software ID:  
Software Version:  
EIN: 39-1264986  
Name: WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Form 990 Schedule H, Part VI - Supplemental Information, Line 6  
Form 990 Schedule H, Part VI - Supplemental Information, Line 6

<p>Sch H, Pt I, 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. Sch H, Part I, Line 6a The Annual Report that outlines the Hospital's community benefit information is contained in a report prepared by the system, Wheaton 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 <a href="http://www.mywheaton.org">www.mywheaton.org</a>, 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, its accuracy is verified by employees who are trained in community benefit reporting. Additionally, the Director of Healthcare Reform and the Vice President of 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 \$ 26,225,333 has not been included in the calculation of the percentages reported on Schedule H Line 7 Column f. Schedule H Part 1 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 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.</p>
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**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

an be substantially different than the Medicare 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 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 (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 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 viable employers for the citizens. Schedule H, Part VI, Line 6 Wheaton Franciscan Healthcare 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. Through the union of numer

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number

39-1264986

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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:		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5a	The organization?		No
5b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6a	The organization?		No
6b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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.

[illegible]



Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990 SCHEDULE J	Sch J, Part I, Lines 3-4	IRS FORM 990 SCHEDULE J, PART I, LINE 3 THE COMPENSATION OF THE FILING ORGANIZATION'S CEO AND/OR 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. IRS 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.

Software ID:

Software Version:

EIN: 39-1264986

Name: WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Richard Clark MD	(i) (ii)	226,927		3,369	22,150	20,187	272,633	
Stephen Flox MD	(i) (ii)	520,384		6,519	24,889	23,683	575,475	
Jerry Hardacre MD	(i) (ii)	395,752		3,319	24,889	34,053	458,013	
Steven Johnson MD	(i) (ii)	512,029		5,969	24,886	36,049	578,933	
Richard Odders MD	(i) (ii)	359,963		3,710	24,882	17,509	406,064	
Richard Pierce-Ruhland MD	(i) (ii)	291,221		2,615	24,755	19,236	337,827	
Steven Ryder MD	(i) (ii)	614,175		2,804	23,631	17,871	658,481	
Joseph Wilczynski MD	(i) (ii)	410,314		18,587	27,236	22,921	479,058	
Kaye-Eileen Willard MD	(i) (ii)	245,388		4,896	19,024	18,931	288,239	
Loren Meyer MD	(i) (ii)	395,067	75,400	8,164	49,294	28,817	556,742	
Leonid Leybovich	(i) (ii)	192,022		1,156	14,330	16,146	223,654	
Robert Umhoefer	(i) (ii)	140,759		256	31,592	3,057	175,664	
Rose Fowler	(i) (ii)	145,703	23,800	176	19,085	17,978	206,742	
Paul Mason	(i) (ii)	127,934	24,400	150	15,440	21,746	189,670	
Stephen Cardamone DO	(i) (ii)	388,544	129,200	12,242	52,482	22,335	604,803	
Jon Wachs	(i) (ii)	462,093	150,000	20,992	320,249	55,149	1,008,483	
William Blum	(i) (ii)	546,079	130,400	18,854	319,560	38,876	1,053,769	
Mary Ouimet	(i) (ii)	162,942	28,900	143	19,803	27,295	239,083	
David Ashpole MD	(i) (ii)	541,820		3,613	13,450	33,054	591,937	
Daniel Donovan DO	(i) (ii)	368,463		3,261	22,382	21,264	415,370	
John Jack Manley MD	(i) (ii)	551,700		22,130	13,450	33,332	620,612	
Tod Poremski MD	(i) (ii)	266,841		1,685	13,098	11,249	292,873	
Daniel Mattes	(i) (ii)	270,082	77,000	12,297	38,043	26,117	423,539	
Debra Standridge	(i) (ii)	346,706	97,200	13,264	36,396	23,399	516,965	
Robert Stern MD	(i) (ii)	151,740		1,014	8,465	14,136	175,355	
John Oliverio	(i) (ii)	897,790	477,700	361,995	158,482	64,317	1,960,284	
Kenneth Buser	(i) (ii)	472,682	134,300	23,306	62,661	44,211	737,160	
Nicholas Omdahl MD	(i) (ii)	423,396	29,294		19,192	22,287	494,169	
Susan Boland	(i) (ii)	280,443	86,500	10,916	36,404	15,367	429,630	
Jonathan Sohn	(i) (ii)	243,527	63,000	10,503	24,604	27,721	369,355	

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

**Employer identification number**  
  
39-1264986

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Matthew Flox	Son of Stephen Flox	26,684	Employment		No

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 HEALTHCARE ALL SAINTS INC	Employer identification number  39-1264986
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Identifier	Return Reference	Explanation
FORM 990 SCHEDULE O	OTHER INFORMATION	<p>Form 990, Pt VI, Line 2 Board member Neal Harmelink has a business relationship with another board member, Gary Sw art Board member Gary Sw art has a business relationship with another board member, Neal Harmelink</p> <p>Form 990, Pt VI, Line 6-7b WFH-All Saints has one member which holds several reserved powers over WFH-All Saints These reserved powers include, but are not limited to, the election of members of the governing body and election of officers, approval of certain financial expenditures in accordance with policy, and approval of budgets and strategic plans, these approvals are based on recommendations from the governing body</p> <p>Form 990, Pt 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</p> <p>Form 990, Pt VI, Line 11 Affiliates of Wheaton Franciscan Healthcare use a multiple-level review process on all Federal and State information and tax returns to ensure accurate and timely filing for all organizations Under the direction of the Tax Manager, the Accounting Department prepares Forms 990, 990-T, and associated state filings When complete, the return is first reviewed by the Accounting Director, who focuses on the income statement and balance sheet items, and all schedules where transactions of this type might be reported If discrepancies are found, the item will be corrected prior to the next step in the review process Once cleared through Accounting, the return is provided to the Tax Department, where the Tax Manager and Vice President of Treasury and Risk Management focus their review on consistency of reporting between all returns, accuracy of tax related information, and explanation and understanding of any outliers Again, any problems or questions are investigated and corrected Depending on the level of complexity of the year in question, as well as the individual issues specific to that filing, certain returns may be selected for outside review by a public accounting firm This decision will vary from year to year based on many factors, and sometimes outside review is not utilized at all Also, certain schedules, such as Schedule K, Schedule H, and Schedule J, may be selected for review by outside bond counsel, a community benefit associate, and/or the compensation committee respectfully and as needed This decision will vary from year to year, again based on many factors</p> <p>The Tax Department, upon completion of all levels of review, will schedule an appointment with the Senior Vice President and CFO, who will perform a review prior to signing the return Once signed, the return is cleared to provide to members of the Board of Directors The parent organization, Wheaton Franciscan Services, Inc has designated that the Audit Committee review the parent return in certain years This is a cursory review, where the 990 is explained at a high level by management representatives, and any questions or concerns that the board have can be addressed At a later date and prior to e filing, the full board is provided access to all 990's and 990-T's 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 a accompanying 990-T if any) is explained at a high level, and board questions or concerns are addressed</p> <p>Members of the full board are provided access to all 990's and 990-T's within that region prior to e filing via an online portal</p> <p>Form 990, Pt VI Lines 12a-12c As part of the annual process, conflict of interest questionnaires are sent out to all Officers, Directors, and other individuals in key positions in order to capture information on potential conflicts, as well as information on business and family relationships for purposes of answering certain questions on IRS Form 990 Responses to these questionnaires are reviewed weekly by the Vice President of Compliance, the Manager of Tax Compliance, and the Manager of Legal Services Responses to questions are documented in a spreadsheet for follow up at a later time After an approximate 6 week time frame, names of all non responders are compiled, and these individuals receive either an email or letter with a duplicate questionnaire, asking them once again to complete the</p>

Identifier	Return Reference	Explanation
FORM 990 SCHEDULE O	OTHER INFORMATION	<p>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. 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, Pt VI, Lines 15a-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.</p>

Identifier	Return Reference	Explanation
FORM 990 SCHEDULE O	COMPENSATION LINE 15 CONTINUED	<p>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 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, Pt VI, Line 19. Affiliates of Wheaton Franciscan Healthcare and Franciscan Ministries provide upon request certain documents including our financial statements, conflict of interest policy, and governing documents that support our tax exempt status, including, but not limited to, articles of incorporation and bylaws. Requests for information are considered on a case-by-case basis, and this process is outlined in our Public Disclosure Policy. As part of the requirements for tax exempt bond financing, the consolidated financial statements of Wheaton Franciscan Services, Inc. (#36-3262111), the parent corporation of Wheaton Franciscan Healthcare and Franciscan Ministries affiliates are required to be provided each quarter to the Municipal Securities Rule Making Board (MSRB). The vehicle used to accomplish this is through an external website (<a href="http://emma.msrb.org/">http://emma.msrb.org/</a>) referred to as "EMMA" (Electronic Municipal Market Access System). The financial statements are uploaded each quarter to the website, and along with other information provided at the bond's inception, are available for viewing by the general public. Schedule R Footnotes: (1) Wheaton Franciscan Laboratories, Inc. was granted exempt status on 10/14/09 retroactive to 6/30/08. (2) Metro Physicians, Inc. was granted exempt status on 02/01/10 retroactive to 08/15/08. (3) Wheaton Franciscan Healthcare-Pharmacy Enterprises and Franciscan Woods, Inc. (formerly known as Wheaton Franciscan Healthcare-Marian Franciscan Center, Inc.) sold the assets of one of its skilled nursing care divisions to an unrelated third party on 09/30/09. (5) Effective 06/30/2009, The Wisconsin Heart Hospital Inc. was merged with Wheaton Franciscan Healthcare - St Joseph, Inc. and the surviving corporation changed its legal name to Wheaton Franciscan, Inc. The following entities are listed with NO DCE and the reason they are classified as such - Synergon Health System Inc. Two entities are involved (Rush Presbyterian and OSF Services Inc.) but since neither has the ability to appoint a majority of the board, neither organization "controls" - UHS Inc. KHMC Community Board and OSF Services Inc. are involved, but neither appoints a majority of board and KHMC is not an entity, it is a community board, so neither body "controls".</p>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
  
39-1264986

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
KENOSHA SNR  PO BOX 667 WHEATON, IL60187 39-1801541	HOUSING	WI	FR SNRS						0		
STARVED ROCK  PO BOX 667 WHEATON, IL60187 36-3811835	HOUSING	IL	SRLM INC						0		

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							



Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) WFH-ALL SAINTS FOUNDATION	R	539,156
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 39-1264986

Name: WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
WHEATON FRANCISCAN SERVICES INC  26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3262111	PARENT CORP	IL	501(c)(3)	11 - III-FI	NA
AFFINITY HEALTH SYSTEM  1570 MIDWAY PLACE MENASHA, WI54942 39-1638765	HOLDING CO	IL	501(c)(3)	11 - I	WFSIMHC
AUXILIARY OF ST ELIZABETH HOSPITAL INC  1506 SOUTH ONEIDA STREET APPLETON, WI54915 39-6077331	AUXILIARY	WI	501(c)(3)	11 - III-O	ST ELIZ HOSP
CALUMET MEDICAL CENTER INC  614 MEMORIAL DRIVE CHILTON, WI53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	AFF HLTH SYS
MERCY MEDICAL CENTER OF OSHKOSH INC  500 SOUTH OAKWOOD ROAD OSHKOSH, WI54904 39-0806268	HOSPITAL	WI	501(c)(3)	3	AFF HLTH SYS
NETWORK HEALTH SYSTEM INC  1570 MIDWAY PLACE MENASHA, WI54942 39-1127163	PHYSCN CLINIC	WI	501(c)(3)	3	AFF HLTH SYS
ST ELIZABETH HOSPITAL COMMUNITY FNDN INC  1506 SOUTH ONEIDA STREET APPLETON, WI54915 39-1256677	FOUNDATION	WI	501(c)(3)	11 - I	AFF HLTH SYS
ST ELIZABETH HOSPITAL INC  1506 SOUTH ONEIDA STREET APPLETON, WI54915 39-0816818	HOSPITAL	WI	501(c)(3)	3	AFF HLTH SYS
WFH - ALL SAINTS FOUNDATION INC  1320 WISCONSIN AVENUE RACINE, WI53403 39-1570877	FOUNDATION	WI	501(c)(3)	11 - I	WFH-AS INC
VOLUNTEERS IN PTNRSHIP WITH WFH-AS INC  3801 SPRING STREET RACINE, WI53405 93-0838390	FOUNDATION	WI	501(c)(3)	11 - III-O	WFH-AS INC
WFH - SOUTHEAST WISCONSIN INC  400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1568865	HOLDING CO	IL	501(c)(3)	11 - III-FI	WFSI
WFH - CIRCLE OF LIFE FOUNDATION INC  9632 WEST APPLETON AVENUE MILWAUKEE, WI53225 56-2426294	FOUNDATION	WI	501(c)(3)	11 - I	WFH-PE
WHEATON FRAN HOME HEALTH & HOSPICE INC  3070 NORTH 51ST STREET STE 406 MILWAUKEE, WI53210 39-1559428	HOME HLTH	WI	501(c)(3)	3	WFH-SE WI
WHEATON FRANCISCAN MEDICAL GROUP INC  400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1791586	MEDICAL GRP	WI	501(c)(3)	3	WFSI
WFH - ELMBROOK MEMORIAL FOUNDATION INC  19333 WEST NORTH AVENUE BROOKFIELD, WI53045 39-2028808	FOUNDATION	WI	501(c)(3)	11 - I	WFH-EMH
WFH - ELMBROOK MEMORIAL INC  19333 WEST NORTH AVENUE BROOKFIELD, WI53045 39-0853528	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI
WHEATON FRANCISCAN LABORATORIES INC (1)  11020 WEST PLANK COURT WAUWATOSA, WI53226 39-1701402	LABORATORY	WI	501(c)(3)	9	WFH-SE WI
WFH PHARMACY ENT AND FRAN WOODS INC (3)  13950 WEST CAPITOL DRIVE BROOKFIELD, WI53005 39-1613624	NURSING HOME	WI	501(c)(3)	9	WFH-SE WI
WFH - ST FRANCIS INC  3237 SOUTH 16TH STREET MILWAUKEE, WI53215 39-0907740	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI
WF - ST JOSEPH FOUNDATION INC  5000 WEST CHAMBERS STREET MILWAUKEE, WI53210 39-1636804	FOUNDATION	WI	501(c)(3)	11 - I	WF INC
WHEATON FRANCISCAN INC (5)  5000 WEST CHAMBERS STREET MILWAUKEE, WI53210 39-0816857	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI
WFH - THE WISCONSIN HEART HOSPITAL INC  400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 39-1220690	FOUNDATION	WI	501(c)(3)	11 - I	WFH-SE WI
WFH-FNDN FOR ST FRANCIS AND FRANKLIN INC  3237 SOUTH 16TH STREET MILWAUKEE, WI53215 32-0135258	FOUNDATION	WI	501(c)(3)	11 - I	WFH-SFH
WFH - TERRACE AT ST FRANCIS INC  3200 SOUTH 20TH STREET MILWAUKEE, WI53225 39-1486775	NURSING HOME	WI	501(c)(3)	9	WFH-SE WI
WFH - FRANKLIN INC  10101 SOUTH 27TH STREET FRANKLIN, WI53132 56-2592868	HOSPITAL	WI	501(c)(3)	3	WFH-SE WI
WHEATON WAY CONDO OWNERS ASSCN INC  10101 S 27TH STREET FRANKLIN, WI53132 30-0659830	CONDO ASSCN	WI	N/A	N/A	WFH-FRKLN
METRO PHYSICIANS INC (2)  400 WEST RIVER WOODS PARKWAY GLENDALE, WI53212 94-3436893	MEDICAL GRP	WI	501(c)(3)	3	WFMG
MARIANJOY INC  26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3483589	HOLDING CO	IL	501(c)(3)	11 - III-FI	WFSI
MARIANJOY FOUNDATION INC  26 W 171 ROOSEVELT RD WHEATON, IL60187 35-2165613	FOUNDATION	IL	501(c)(3)	7	MJ REHAB CLC
MARIANJOY REHAB CENTER AUXILIARY INC  26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3896976	AUXILIARY	IL	501(c)(3)	11 - I	MJ REHAB CLC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
MARIANJOY REHAB HOSPITAL & CLINICS INC  26 W 171 ROOSEVELT RD WHEATON, IL60187 36-2680776	REHAB HOSPITA	IL	501(c)(3)	3	MARIANJOY
REHABILITATION MEDICINE CLINIC INC  26 W 171 ROOSEVELT RD WHEATON, IL60187 36-3236791	MEDICAL GRP	IL	501(c)(3)	3	MARIANJOY
OSF SERVICES INC  PO Box 667 WHEATON, IL601870667 39-1471463	HOLDING CO	WI	501(c)(3)	11 - III-FI	WFSI
CANTICLE MINISTRIES INC  PO Box 667 WHEATON, IL601870667 36-4091836	HOUSING/ADVCY	IL	501(c)(3)	7	OSF SVCS INC
CLARA PFAENDER FUND INC  PO Box 667 WHEATON, IL601870667 36-3353311	SPONSORSHIP	IL	501(c)(3)	11 - III-O	OSF SVCS INC
FRANCISCAN SISTERS CHARITABLE FUND OF CO  2626 OSCEOLA STREET DENVER, CO80212 84-0733072	AUXILIARY	CO	501(c)(3)	7	OSF SVCS INC
RUSH OAK PARK HOSPITAL INC  520 SOUTH MAPLE AVENUE OAK PARK, IL60304 36-2183812	HOSPITAL	IL	501(c)(3)	3	OSF SVCS INC
SET MINISTRY INC  2977 NORTH 50TH STREET MILWAUKEE, WI53210 39-1618277	SOCIAL WORK	WI	501(c)(3)	9	OSF SVCS INC
ST CATHERINE'S HOSPITAL INC  9555 76TH STREET PLEASANT PRAIRIE, WI53158 39-0855075	HOSPITAL	WI	501(c)(3)	3	OSF SVCS INC
SYNERGON HEALTH SYSTEM INC  520 SOUTH MAPLE AVENUE OAK PARK, IL60304 36-3739067	HOSPITAL	IL	501(c)(3)	3	NONE
UHS INC  6308 EIGHTH AVENUE KENOSHA, WI53143 39-1956749	HOSPITAL	WI	501(c)(3)	3	NONE
WFH - IOWA INC  3421 WEST NINTH STREET WATERLOO, IA50702 42-1177001	HOLDING CO	IA	501(c)(3)	11 - III-FI	WFSI
COVENANT FOUNDATION INC  3421 WEST NINTH STREET WATERLOO, IA50702 42-1295784	FOUNDATION	IA	501(c)(3)	9	COV MED CTR
COVENANT MEDICAL CENTER INC  3421 WEST NINTH STREET WATERLOO, IA50702 42-1264647	HOSPITAL	IA	501(c)(3)	3	WFH-IO WA
MERCY HOSPITAL OF FRANCISCAN SISTERS INC  3421 WEST NINTH STREET WATERLOO, IA50702 42-1178403	HOSPITAL	IA	501(c)(3)	3	WFH-IO WA
NE IOWA REAL ESTATE INVESTMENTS LTD  3421 WEST NINTH STREET WATERLOO, IA50702 42-1207432	HOLDING CO	IA	501(c)(2)	N/A	WFH-IO WA
SARTORI HEALTH CARE FOUNDATION INC  3421 WEST NINTH STREET WATERLOO, IA50702 42-1240996	FOUNDATION	IA	501(c)(3)	11 - I	SARTORI HOSP
SARTORI MEMORIAL HOSPITAL INC  515 COLLEGE STREET CEDAR FALLS, IA50613 42-0758901	HOSPITAL	IA	501(c)(3)	3	WFH-IO WA
FRANCISCAN MINISTRIES INC  26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-3259684	HOLDING CO	IL	501(c)(3)	11 - III-FI	WFSI
ASSISI HOMES - BATAVIA APARTMENTS INC  1259 EAST WILSON STREET BATAVIA, IL60510 36-3914084	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - COLONY PARK INC  550 EAST THORNHILL DRIVE CAROL STREAM, IL60188 36-4039278	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - CONSTITUTION HOUSE INC  401 NORTH CONSTITUTION DRIVE AURORA, IL60506 36-4049150	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES - JEFFERSON COURT INC  415 EAST KNAPP STREET MILWAUKEE, WI53202 39-1771526	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES - KENOSHA INC  1860 27TH AVENUE KENOSHA, WI53140 39-1814815	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES - SAXONY INC  1876 22ND AVENUE KENOSHA, WI53140 39-1790498	HOUSING	WI	501(c)(3)	9	FMI
ASSISI HOMES OF GURNEE INC  3495 WEST GRAND AVENUE GURNEE, IL60031 36-3942336	HOUSING	IL	501(c)(3)	9	FMI
ASSISI HOMES OF ILLINOIS INC  2126 WEST ROOSEVELT ROAD WHEATON, IL60187 36-3803443	HOUSING	IL	501(c)(3)	9	FMI
Assisi HOMES OF NEENAH INC  210 BYRD AVENUE NEENAH, WI54946 36-3767250	HOUSING	WI	501(c)(3)	9	FMI
CANTICLE PLACE INC  26W171 ROOSEVELT ROAD WHEATON, IL601870667 36-3957850	HOUSING	IL	501(c)(3)	9	FMI
CATHERINE MARIAN HOUSING INC  806 SOUTH WISCONSIN AVENUE RACINE, WI53403 39-1657098	HOUSING	WI	501(c)(3)	9	FMI

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
CLARE GARDENS INC  2626 OSCEOLA STREET DENVER, CO 80212 23-7200039	HOUSING	CO	501(c)(3)	9	FMI
CLARE OF ASSISI HOMES-WESTMINSTER INC  2451 WEST 82ND PLACE WESTMINSTER, CO 80031 74-2740978	HOUSING	CO	501(c)(3)	9	FMI
DAYSPRING VILLA INC  3777 WEST 26TH AVENUE DENVER, CO 80211 36-3933908	HOUSING	CO	501(c)(3)	9	FMI
FRANCIS HEIGHTS INC  2626 OSCEOLA STREET DENVER, CO 80212 84-0626174	HOUSING	CO	501(c)(3)	9	FMI
FRANCISCAN MINISTRIES COMMUNITY FNDN INC  26W171 ROOSEVELT ROAD WHEATON, IL 601870667 36-4456204	FOUNDATION	IL	501(c)(3)	11 - II	FMI
FRANCISCAN SENIORS KENOSHA INC  1920 27TH AVENUE KENOSHA, WI 53140 39-1821568	HOUSING	WI	501(c)(3)	9	FMI
MARIAN HOUSING CENTER INC  4105 SPRING STREET RACINE, WI 53405 39-1515867	HOUSING	WI	501(c)(3)	9	FMI
MARIAN PARK INC  2126 WEST ROOSEVELT ROAD WHEATON, IL 60187 36-2750105	HOUSING	IL	501(c)(3)	9	FMI
RIDGEWAY PLACE INC  155 EAST RIDGEWAY AVENUE WATERLOO, IA 50702 42-1416064	HOUSING	IA	501(c)(3)	9	FMI
STARVED ROCK-LASALLE MANOR INC  1135 10TH STREET LASALLE, IL 61301 36-3796933	HOUSING	IL	501(c)(3)	9	FMI
VILLA MARIA INC  2461 WEST 82ND PLACE WESTMINSTER, CO 80031 84-1347868	HOUSING	CO	501(c)(3)	9	FMI
VILLA ST CLARE INC  130 BYRD AVENUE NEENAH, WI 54964 39-1769395	HOUSING	WI	501(C)(3)	9	FMI

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

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

Additional Data

Software ID:

Software Version:

EIN: 39-1264986

Name: WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Andreoli Director	10	X								
Sr M Ramona Dombrowski Director	10	X								
Robert Koebert MD Director	10	X							33,185	
Chris Leberfing Director	10	X								
Dean Schmelzer Director	10	X								
Brian Smigelski Director	10	X								
Glenn Wilder Director	10	X								
James Soyka MD Director	50	X						2,000	12,863	
Gary Swart MD Director	50	X							32,750	
Neal Harmelink MD Director	50	X							657	
Stephen Cardamone DO Chair - Director	400	X		X			X		529,986	74,817
Mary Ouimet Director	400	X						191,985		47,098
David Ashpole MD Director	400	X							545,433	46,504
Daniel Donovan DO Director	400	X							371,724	43,646
John Jack Manley MD Director	400	X							573,830	46,782
Tod Poremski MD Director	400	X							268,526	24,347
Daniel Mattes Director	400	X							359,379	64,160
Debra Standridge Director	400	X							457,170	59,795
Robert Stern MD Director	400	X							152,754	22,601
Kenneth Buser President/ViceChair - Director	400	X		X					630,288	106,872
Nicholas Omdahl MD Secretary/Treasurer - Director	400	X		X				452,690		41,479
Susan Boland Secretary/Treasurer - Director	400	X		X					377,859	51,771
Jon Wachs Chief Administrative Officer	400				X				633,085	375,398
William Blum CHIEF FINANCIAL OFFICER-WFH	400				X				695,333	358,436
John Oliverio PRESIDENT & CEO -WFH	400				X				1,737,485	222,799

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MANAGEMENT FEES	64,781,928		64,781,928	
BAD DEBT	26,225,333	26,225,333		
HOSPITAL ASSESSMENT TAX	9,304,637	9,304,637		
OTHER PURCHASED SERVICES	4,947,052	4,596,637	350,415	
MAINTENANCE CONTRACTS	4,662,347	4,647,169	15,178	



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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jonathan Sohn Sr VP and CFO -WFH	40 0				X				317,030	52,325
Leonid Leybovich CHIEF CLINIC MEDICAL PHYSICIST	40 0					X		193,178		30,476
Robert Umhoefer DIR-OUTPATIENT PHARMACIES	40 0					X		141,015		34,649
Pauline Maclean MGR-CLINICAL	40 0					X		103,005		9,880
Rose Fowler VP-CLINICAL & PAT SUPPORT SERV	40 0					X		169,679		37,063
Paul Mason VP-MEDICAL GROUP	40 0					X		152,484		37,186
Richard Clark MD Physician Employee	40 0						X		230,296	42,337
Stephen Flox MD Physician Employee	40 0						X		526,903	48,572
Jerry Hardacre MD Physician Employee	40 0						X		399,071	58,942
Steven Johnson MD Physician Employee	40 0						X		517,998	60,935
Richard Odders MD Physician Employee	40 0						X		363,673	42,391
Richard Pierce-Ruhland MD Physician Employee	40 0						X		293,836	43,991
Steven Ryder MD Physician Employee	40 0						X		616,979	41,502
Joseph Wilczynski MD Physician Employee	40 0						X		428,901	50,157
Kaye-Erleen Willard MD Physician Employee	40 0						X		250,284	37,955
Loren Meyer MD PRESIDENT/CEO -WFMG	40 0						X		478,631	78,111