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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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

C Name of organization

ST FRANCIS MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

PO Box 1901

Room/suite

City or town, state or country, and ZIP + 4

Monroe, LA 71210

D Employer identification number

72-0408970

E Telephone number

(318) 327-4112

G Gross receipts \$ 283,780,736

F Name and address of principal officer

LOUIS BREMER

PO BOX 1901

MONROE, LA 71210

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0928

I Tax-exempt status

☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.stfran.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1913

M State of legal domicile LA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE PURPOSE OF THE HOSPITAL IS TO PROVIDE FOR THE CARE OF THE ILL, INJURED, OR DISABLED PERSONS AND TO PROVIDE FOR RESEARCH, EDUCATION, AND FOR THE ENHANCEMENT OF HEALTH OF THOSE IN NORTHEAST LOUISIANA

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

3 Number of voting members of the governing body (Part VI, line 1a) 17

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

5 Total number of employees (Part V, line 2a) 2,644

6 Total number of volunteers (estimate if necessary) 211

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 1,992,856

7b Net unrelated business taxable income from Form 990-T, line 34 -21,810

Revenue			Prior Year	Current Year
			8 Contributions and grants (Part VIII, line 1h)	560,346403,860
			9 Program service revenue (Part VIII, line 2g)	255,980,939240,480,474
			10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,652,6853,614,078
			11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,502,0753,573,192
			12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	262,696,045248,071,604

Expenses			71,68961,440	00
			13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	117,255,422114,104,633
			14 Benefits paid to or for members (Part IX, column (A), line 4)	00
			15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	182,059,451140,818,338
			16a Professional fundraising fees (Part IX, column (A), line 11e)	299,386,562254,984,411
			b Total fundraising expenses (Part IX, column (D), line 25)	-36,690,517-6,912,807
			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	
			18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
			20 Total assets (Part X, line 16)	332,218,532334,149,175
			21 Total liabilities (Part X, line 26)	219,920,633219,025,839
			22 Net assets or fund balances Subtract line 21 from line 20	112,297,899115,123,336

Part II Signature Block

Sign Here

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

Signature of officer

2011-04-29

Date

RONALD HOGAN SR VICE PRESIDENT FINANCE/CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

KPMG LLP

450 Laurel Street Suite 1700

Baton Rouge, LA 70801

(225) 344-4000

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

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

Cat No 11282Y

Form 990 (2009)

1 Briefly describe the organization's mission

INSPIRED BY THE VISION OF ST FRANCIS OF ASSISI AND IN THE TRADITION OF THE ROMAN CATHOLIC CHURCH, WE EXTEND THE HEALING MINISTRY OF JESUS CHRIST TO GOD'S PEOPLE, ESPECIALLY THOSE MOST IN NEED. WE CALL FORTH ALL WHO SERVE IN THIS HEALTHCARE MINISTRY, TO SHARE THEIR GIFTS AND TALENTS TO CREATE A SPIRIT OF HEALING - WITH REVERENCE AND LOVE FOR ALL OF LIFE, WITH JOYFULNESS OF SPIRIT, AND WITH HUMILITY AND JUSTICE FOR ALL THOSE ENTRUSTED TO OUR CARE. WE ARE, WITH GOD'S HELP, A HEALING AND SPIRITUAL PRESENCE FOR EACH OTHER AND FOR THE COMMUNITIES WE ARE PRIVILEGED TO SERVE.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 193,035,414 including grants of \$ 61,440) (Revenue \$ 238,460,006)

St Francis Medical Center provides quality hospital and medical services primarily to residents of Northeast Louisiana. The Medical Center is an active, caring member of the communities it serves. In carrying out its mission of meeting the healthcare needs of the people of God, the Medical Center has established a policy under which it provides care to needy members of its communities. Following that policy, health care services costing approximately, \$4,160,086 were provided without charge. The Medical Center provided 551 licensed beds and 93,973 inpatient days in the year ended June 30, 2010. See Schedule O for further explanation.

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

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e	Total program service expenses	\$ 193,035,414
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes
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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
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	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	267	
	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	2,644	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
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	17	
b	Enter the number of voting members that are independent . . .	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <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 ▶ MR RONALD E HOGAN 309 JACKSON ST MONROE, LA 71201 (318) 327-4112

1b	Total	4,932,480	361,625	379,911
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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▶56

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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>		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
FMOL Health System 4200 Essen Lane BATON ROUGE, LA 70809	Management Services	15,387,171
Parish Anesthesia of Monroe 3510 North Causey Blvd METAIRIE, LA 70002	Anesthesia Services	3,510,058
MONROE MRI CENTER 501 CATALPA STREET MONROE, LA 71207	MRI SERVICES	748,071
MONROE CARDIAC ANESTHESIA 130 NORTH 2ND STREET MONROE, LA 71201	PHYSICIAN/ANESTHESIA	940,383
DELTA PATHOLOGY GROUP LLC 3000 KNIGHT ST BLDG 5 STE 220 SHREVEPORT, LA 71105	PATHOLOGY SERVICES	715,718

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 ▶25

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					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	403,860				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			403,860			
Program Service Revenue			Business Code					
	2a	PATIENT SVC REVENUE	621,500	223,941,728	221,930,300	2,011,428		
	b	INCOME FROM EQUITY INVESTEES	900,099	2,294,989	2,294,989			
	c	CAFETERIA SALES	900,099	1,913,616	1,913,616			
	d	INTER-CO MGMNT	900,099	793,796	793,796			
	e	HEALTH CLINIC	900,099	395,635	395,635			
	f	All other program service revenue		11,140,710	11,131,670	9,040		
	g	Total. Add lines 2a-2f			240,480,474			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			2,465,172	-31,298	2,496,470	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
		Gross Rents	1,687,036					
		b Less rental expenses	1,674,993					
		c Rental income or (loss)	12,043					
	d	Net rental income or (loss)			12,043	4,124	7,919	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	35,183,045					
		b Less cost or other basis and sales expenses	34,034,139					
		c Gain or (loss)	1,148,906					
	d	Net gain or (loss)			1,148,906	3,686	1,145,220	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses	b					
		c Net income or (loss) from fundraising events . . .			0			
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b Less direct expenses	b					
		c Net income or (loss) from gaming activities . . .			0			
	10a	Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b						
c Net income or (loss) from sales of inventory . . .				0				
Miscellaneous Revenue		Business Code						
11a	CANCER INSTITUTE	900,099	665,870			665,870		
b	SPECIALTY HOSPITAL	900,099	2,570,369				2,570,369	
c	JP HOSPITAL FEE	900,099	322,910				322,910	
d	All other revenue		2,000				2,000	
e	Total. Add lines 11a-11d			3,561,149				
12	Total revenue. See Instructions			248,071,604	238,464,130	1,992,856	7,210,758	

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	61,440	61,440		
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	2,158,559	1,572,554	586,005	0
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	85,316,079	69,471,549	15,844,530	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,771,101	4,704,024	1,067,077	
9	Other employee benefits	20,858,894	17,002,266	3,856,628	
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	5,055,402	2,388,369	2,667,033	
b	Legal	110,427	75,773	34,654	
c	Accounting	279,972	192,112	87,860	
d	Lobbying	16,485		16,485	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	502,864		502,864	
g	Other	18,856,026	15,169,160	3,686,866	
12	Advertising and promotion	521,845	352,319	169,526	
13	Office expenses	69,175,208	46,768,869	22,406,339	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	6,216,761	1,423,712	4,793,049	
17	Travel	590,041	400,349	189,692	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	6,708,131	6,438,930	269,201	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,224,015	13,562,083	1,661,932	
23	Insurance	3,539,331	680,834	2,858,497	
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	PENSION RELATED CHANGES	6,005,468	4,895,057	1,110,411	
b	MISCELLANEOUS EXPENSE	335,945	195,597	140,348	
c	PROVISION FOR UNCOLLECTIBLE	7,680,417	7,680,417		
d	ACCOUNTS				
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	254,984,411	193,035,414	61,948,997	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			105,000	1	16,722,073
	2	Savings and temporary cash investments			18,916,085	2	24,791,494
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			34,441,985	4	30,591,457
	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			4,880,453	7	3,253,213
	8	Inventories for sale or use			7,806,963	8	6,107,267
	9	Prepaid expenses and deferred charges			3,349,381	9	3,949,205
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	315,441,774	115,261,692	10c	108,469,696
	b	Less accumulated depreciation	10b	206,972,078			
	11	Investments—publicly traded securities			33,581,873	11	29,629,322
	12	Investments—other securities. See Part IV, line 11			72,165,761	12	84,797,753
	13	Investments—program-related. See Part IV, line 11			19,800,134	13	4,574,021
	14	Intangible assets			4,120,422	14	3,743,789
	15	Other assets. See Part IV, line 11			17,788,783	15	17,519,885
	16	Total assets. Add lines 1 through 15 (must equal line 34)			332,218,532	16	334,149,175
Liabilities	17	Accounts payable and accrued expenses			28,090,019	17	24,436,680
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			152,642,736	20	148,699,654
	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			14,958	23	0
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			39,172,920	25	45,889,505
	26	Total liabilities. Add lines 17 through 25			219,920,633	26	219,025,839
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			111,243,000	27	114,080,000
	28	Temporarily restricted net assets			1,054,899	28	1,043,336
	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			112,297,899	33	115,123,336
	34	Total liabilities and net assets/fund balances			332,218,532	34	334,149,175

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

Additional Data

Software ID:

Software Version:

EIN: 72-0408970

Name: ST FRANCIS MEDICAL CENTER

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			
WILSON BARHAM MD DIRECTOR	1 0	X						0	0	0
JAMES COFER SR EDD DIRECTOR	1 0	X						0	0	0
EDWARD SEYMOUR JR DIRECTOR	1 0	X						0	0	0
KITTY DEGREE DIRECTOR	1 0	X						0	0	0
MALCOLM MADDOX DIRECTOR	1 0	X						0	0	0
KAREN PUCKETT DIRECTOR	1 0	X						0	0	0
JUDY BELL SECRETARY	1 0	X		X				0	0	0
SR MARY ANN SEPULVADO OSF DIRECTOR	1 0	X						0	0	0
JOHN L LUFFY JR ESQ CHAIRMAN	1 0	X		X				0	0	0
LOUIS H BREMER CEO/DIRECTOR	1 0	X		X				0	361,625	35,631
J STEWART GENTRY DIRECTOR	1 0	X						0	0	0
SR ANN CATHERINE NGUGEN OSF DIRECTOR	1 0	X						0	0	0
ROBERT L SEEGER MD VICE CHAIRMAN	1 0	X		X				0	0	0
FRANK B SARTOR MD DIRECTOR	1 0	X						72,257	0	0
SR RITA LANIE DIRECTOR	1 0	X						0	0	0
TERRY KING MD DIRECTOR	1 0	X						0	0	0
CHARLES MORGAN MD DIRECTOR	1 0	X						22,575	0	0
REV LARRY STAFFORD DIRECTOR	1 0	X						0	0	0
RICHARD O'DONOVAN CHIEF OF STAFF/EX-OFFICIO	1 0	X						0	0	0
RONALD E HOGAN SR VP OF FINANCE/CFO	40 0			X				245,725	0	41,799
THOMAS GULLATT HOSPITALIST MEDICAL DIRECTOR	40 0				X			537,302	0	42,525
LOUIS GAVIOLI VP MEDICAL AFFAIRS	36 0				X			287,819	0	42,892
PATRICIA SMITH VP PCS	40 0				X			193,892	0	22,934
SABRINA RAMSEY VP BUS DE & CL SUPT SVCS	40 0				X			171,290	0	14,160
LISA BRADLEY VP FINANCE/CONTROLLER	40 0				X			152,462	0	10,198

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			
ANTTI MARAN PHYSICIAN	40 0				X			249,946	0	17,257
BLAINE BORDERS PHYSICIAN	40 0					X		896,826	0	35,755
ROBERT WHITE PHYSICIAN	40 0					X		895,024	0	36,789
JOHN BRUCHHAUS HOSPITALIST	40 0					X		446,728	0	21,900
JAMES SMITH HOSPITALIST	40 0					X		365,095	0	28,555
WILLIAM MATTHEWS PHYSICIAN	40 0					X		395,539	0	29,516

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT SVC REVENUE	621,500	223,941,728	221,930,300	2,011,428	
INCOME FROM EQUITY INVESTEEs	900,099	2,294,989	2,294,989		
CAFETERIA SALES	900,099	1,913,616	1,913,616		
INTER-CO MGMNT	900,099	793,796	793,796		
HEALTH CLINIC	900,099	395,635	395,635		

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

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Inspection

Name of the organization ST FRANCIS MEDICAL CENTER	Employer identification number 72-0408970
---	--

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(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

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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
ST FRANCIS MEDICAL CENTER

Employer identification number

72-0408970

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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		16,485
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i				16,485
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
ST FRANCIS MEDICAL CENTER

Employer identification number
72-0408970

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

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

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

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

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,218,787		11,218,787
b Buildings		162,889,539	99,651,200	63,238,339
c Leasehold improvements		2,357,040		2,357,040
d Equipment		133,462,404	104,398,213	29,064,191
e Other		5,514,004	2,922,665	2,591,339
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				108,469,696

Schedule D (Form 990) 2009

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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
FIN 48 FOOTNOTE	SCHEDULE D, PART XIV	"The Medical Center recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgement occurs." There was no impact on the financial statements as a result of FIN 48.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
ST FRANCIS MEDICAL CENTER

Employer identification number
72-0408970

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		
Europe (Including Iceland and Greenland)			Investments		
Totals ►					

[illegible]**Schedule F (Form 990) 2009**

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

[illegible]

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

[illegible]

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
ST FRANCIS MEDICAL CENTER

Employer identification number
72-0408970

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 <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
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 <div><input type="checkbox"/> 100%<input checked="" type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____</div> 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 <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____</div> 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)			4,395,562	235,215	4,160,347	1 680 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			40,043,259	23,615,309	16,427,950	6 640 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			841,408	787,364	54,044	0 020 %
d Total Charity Care and Means-Tested Government Programs			45,280,229	24,637,888	20,642,341	8 340 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			457,811	101,948	355,863	0 140 %
f Health professions education (from Worksheet 5)			1,022,196		1,022,196	0 410 %
g Subsidized health services (from Worksheet 6)			746,684	247,819	498,865	0 200 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			92,430		92,430	0 040 %
j Total Other Benefits			2,319,121	349,767	1,969,354	0 790 %
k Total. Add lines 7d and 7j			47,599,350	24,987,655	22,611,695	9 130 %

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
1Physical improvements and housing			94,320		94,320	0.040 %
2Economic development						
3Community support			208,177		208,177	0.080 %
4Environmental improvements						
5Leadership development and training for community members			1,126		1,126	
6Coalition building						
7Community health improvement advocacy			261,390	103,790	157,600	0.060 %
8Workforce development			25,091		25,091	0.010 %
9Other						
10Total			590,104	103,790	486,314	0.190 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	2,534,538	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0	
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	5	75,463,580	
6Enter Medicare allowable costs of care relating to payments on line 5	6	103,846,685	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-28,383,105	
8Describe 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

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

Part 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 %
1P&S SURGICAL HOSPITA	MEDICAL SERVICES	50.000 %	2.310 %	45.190 %
2ST FRANCIS PED	MEDICAL SERVICES	50.000 %	5.210 %	44.790 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST FRANCIS MEDICAL CENTER PO BOX 1901 MONROE, LA 71210	X	X					X		
P&S SURGERY CENTER LLC 312 GRAMMONT STREET MONROE, LA 71201		X							
ST FRANCIS NORTH HOSPITAL PO BOX 1901 MONROE, LA 71210	X	X					X		
NORTHEAST LA CANCER INSTITUTE 411 CALYPSO STREET MONROE, LA 71201									CANCER TREATMENT AND IMAGING CENTER
ST FRANCIS PEDIATRIC AFTER HOURS LLC PO BOX 207 MONROE, LA 71210									PRIMARY CARE CLINIC FOR CHILDREN
MONROE MRI CENTER LLC 501 CATALPA STREET MONROE, LA 71201		X							
COMMUNITY HEALTH CENTER 920 OLIVER ROAD MONROE, LA 71201									VARIOUS OUTPATIENT SERVICES
OPEN MRI CENTER OF MONROE LLC 309 JACKSON STREET MONROE, LA 71210									MRI SERVICES
ST FRANCIS PET IMAGING OF MONROE LLC PO BOX 1851 MONROE, LA 71210									MRI SERVICES

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

See additional data

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

Part VI, line 2 St Francis Medical Center, Inc works to conduct health care needs assessments They work closely with United Way, Public Health, The Wellsprings, The Children's Coalition, and many other organizations to define community needs and to consolidate efforts to meet those community needs For example, a school-based health center and a diabetes and nutrition center was initiated after a health care assessment identified the need SFMC plans to conduct a formal community based needs assessment again in 2011 and will continue to use community based data to support decisions for outreach in the community

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

Part VI, line 3 Patients are informed through a patient handbook that contains information on the financial policies of SFMC Additionally, signs are posted in the Admissions areas that Financial Counseling is available upon request Systems and tools are utilized to conduct high level financial screening to assist in identifying patients eligible for charity care, financial assistance, or self-pay discounts Financial counselors work closely with patients to assist with enrollment for those who are eligible for Medicaid as well as assist those who are eligible for charity in determining eligibility

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

St Francis Medical Center's community served is a broad 20-parish area in northeastern Louisiana and southern Arkansas, with a population of approximately 510,381 The 2010 estimated average household income for this community is \$47,163 Based on estimates for the next five years, the only age group estimated to grow in size in our community is the 65+ group, with an estimated 5.5% increase

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

See additional data

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.)

A majority of the governing body of SFMC is comprised of individuals from a broad cross-section of the community who reside in the primary service area and who are neither employees nor contractors of the organization SFMC extends medical staff privileges to all qualified physicians in the community for some or all of the departments, as needed SFMC applies surplus funds to improvements in patient care through the continued investment in clinical technology, medical information technology, and continued training of clinical staff

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: 72-0408970
Name: ST FRANCIS MEDICAL CENTER

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

St Francis Medical Center uses information obtained related to income levels, etc to determine eligibility for discounted care. A range of charity care is provided to those who do not meet the 150% of FPG. All uninsured patients are provided a 15% self-pay discount.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization prepares its own community benefit report

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The cost to charge ratio is utilized as the costing methodology to calculate the amounts reported in Part I line 7g, subsidized health services. The cost to charge ratio was derived from the June 30, 2010 Medicare Cost Report data. The cost-to-charge ratio from the cost reports was used to calculate the amounts in the table. The cost accounting system does address all patient segments.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

No costs attributable to a physician clinic were included as subsidized health services

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

\$7,680,417 of bad debt expense is included on Form 990, Part IX, Line 25, Column A. It is subtracted from total expenses for purposes of calculating the percentage in Column F.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The cost to charge ratio was utilized in determining the cost of bad debt expense as reported in Part III line 2. Discounts provided are not included in bad debt expense. Payments received on accounts subsequent to being considered bad debt are recorded as a recovery (reduction) of bad debt expense. To the extent appropriate and permitted by law, financial counseling and screenings are conducted at the time of encounter to assist in identifying patients who would likely qualify for financial assistance under the hospital's charity care policy. No estimate has been made for any amounts included in bad debt expense that might qualify for financial assistance. The audited financial statements do not include a footnote discussing bad debts. However, the organization accounts for bad debts based on the aging of the accounts and based on historical collection history associated with the various aging categories. On periodic basis, the organization conducts a retrospective review to determine the appropriateness of the collection percentages utilized in estimated bad debt expense.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The costing methodology used to determine the Medicare allowable costs reported in the Medicare Cost Report is based on regulatory requirements and guidelines

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

If the patient does not have means to pay, they may apply for financial assistance through St Francis Medical Center's Charity Care Plan known as The Franciscan Care Plan. Approval will be based on income and medical expenses. Accounts may also be written off to charity based on the information provided by the credit bureaus through the systems and tools utilized as well as the patient's medical expenses. The organization currently does not believe that any shortfall should be treated as a community benefit.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

SFMC provides occupancy and utilities free of charge to St Vincent DePaul charitable pharmacy so that the poorest individuals in the community have access to prescription drugs SFMC also provides occupancy free of charge to a primary health care clinic located in one of the poorest areas of Monroe These activities allow the recipient organizations to spend their available funds on activities that have more direct impact on those in need SFMC provides management oversight of community programs and activities, including taxi and medication provided to the needy, and community benefit salary dollars SMFC proudly serves as the designated regional hospital for Region 8 and provides leadership and coordination for emergency preparedness activities SFMC provides leadership development and training for Roman Catholic Priests to serve in the SFMC Community SFMC improves access to public health through its financial support of an adult day health care facility and a school based health center SFMC has many programs designed to promote leadership development and provide exposure to various careers in health care Such programs include health information management, sports medicine program, AHEC (area health education center) program, Carroll High School Housekeeping Program and the Jr Volunteer Program

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

72-0408970

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

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

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

2	Enter total number of section 501(c)(3) and government organizations	▶ <u>2</u>
3	Enter total number of other organizations	▶

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PART I, LINE 2		ST FRANCIS MEDICAL CENTER REQUESTS AN ACKNOWLEDGEMENT LETTER FROM EACH ORGANIZATION TO WHICH WE GIVE \$5,000 OR MORE IN A CALENDAR YEAR. ORGANIZATIONS ARE REQUESTED TO IDENTIFY WHEN THE FUNDS WERE RECEIVED, HOW MUCH WAS RECEIVED, HOW THE FUNDS WERE USED AND WHAT THE OUTCOMES WERE OF THE PROJECT OR PROGRAM FOR WHICH THE FUNDS WERE REQUESTED

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 ST FRANCIS MEDICAL CENTER	Employer identification number 72-0408970
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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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RONALD E HOGAN	(i)	222,716	9,271	13,738	11,741	30,058	287,524	0
	(ii)	0	0	0	0	0	0	0
LOUIS H BREMER	(i)	0	0	0	0	0	0	0
	(ii)	225,195	73,206	63,224	9,800	25,831	397,256	0
BLAINE BORDERS	(i)	525,201	369,707	1,918	6,125	29,630	932,581	0
	(ii)	0	0	0	0	0	0	0
ROBERT WHITE	(i)	594,300	298,565	2,159	6,125	30,664	931,813	0
	(ii)	0	0	0	0	0	0	0
THOMAS GULLATT	(i)	310,952	205,259	21,091	17,147	25,378	579,827	0
	(ii)	0	0	0	0	0	0	0
JOHN BRUCHHAUS	(i)	226,563	198,526	21,639	10,263	11,637	468,628	0
	(ii)	0	0	0	0	0	0	0
JAMES SMITH	(i)	228,286	116,430	20,379	16,871	11,684	393,650	0
	(ii)	0	0	0	0	0	0	0
LOUIS GAVIOLI	(i)	272,897	11,232	3,690	25,119	17,773	330,711	0
	(ii)	0	0	0	0	0	0	0
PATRICIA SMITH	(i)	177,359	7,523	9,010	4,918	18,016	216,826	0
	(ii)	0	0	0	0	0	0	0
SABRINA RAMSEY	(i)	164,253	6,587	450	10,284	3,876	185,450	0
	(ii)	0	0	0	0	0	0	0
LISA BRADLEY	(i)	145,208	5,840	1,414	7,440	2,758	162,660	0
	(ii)	0	0	0	0	0	0	0
WILLIAM MATTHEWS	(i)	225,547	163,740	6,252	6,125	23,391	425,055	0
	(ii)	0	0	0	0	0	0	0
ANTTI MARAN	(i)	198,337	34,338	17,271	6,125	11,132	267,203	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
Part I, Question 7		Executives received merit bonuses based on employee performance.

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
ST FRANCIS MEDICAL CENTER

Employer identification number
72-0408970

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
PS Surgical Center LLC	CEO/CFO OF SFMC ON BOARD	549,000	Lease of space from SFMC		No
PS Surgical Center LLC	CEO/CFO OF SFMC ON BOARD	385,488	P&S purchased SFMC services		No
NE LA Cancer Institute	CEO/CFO OF SFMC ON BOARD	65,132	Purchase of support services		No
NE LA Cancer Institute	CEO/CFO OF SFMC ON BOARD	600,738	Lease of space from SFMC		No
Century Link	BOARD MEMBER IS OFFICER	315,600	Voice and data services		No
TERRY KING APMC	BOARD MEMBER IS OWNER	298,794	SFMC PAYS FOR MEDICAL SERVICES		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 ST FRANCIS MEDICAL CENTER	Employer identification number 72-0408970
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Identifier	Return Reference	Explanation																						
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III	<p>St Francis Medical Center service to the community for fiscal year ended June 30, 2010 The Medical Center is an active, caring member of the communities it serves In carrying out its mission of meeting the health needs of the people of God, the Board of Directors has established a policy under which the Medical Center provides care to needy members of its communities Following that policy, health care services costing approximately \$4,174,786 were provided without charge during the year ended June 30, 2010 Charges foregone, based on established rates, totaled approximately \$11,197,369 for the year ended June 30, 2010 The Medical Center also participates in government programs including Medicare, Medicaid and TriCare programs Under these programs, the Medical Center provides care to patients at payment rates that are determined by the federal and state governments, regardless of actual cost In some cases, these programs pay the Medical Center at amounts which are less than its cost of providing services The following table summarizes the amounts of charges foregone (i.e., contractual allowances) and the estimated losses incurred by the Medical Center due to inadequate payments by these programs and for charity for the year ended June 30, 2010</p> <table><tr><td>June 30, 2010 Charges Foregone</td><td>Medicare</td><td>\$242,415,931</td><td>Medicaid</td><td>\$101,721,699</td><td>Tricare</td><td>\$2,546,431</td><td>Charity</td><td>\$11,197,369</td><td>Total</td><td>\$357,881,430</td></tr><tr><td>Estimated unreimbursed charges</td><td>Medicare</td><td>\$27,555,005</td><td>Medicaid</td><td>\$17,751,225</td><td>Tricare</td><td>\$54,044</td><td>Charity</td><td>\$4,174,786</td><td>Total</td><td>\$49,535,060</td></tr></table> <p>In addition to community services directly associated with providing hospital-based care, the Medical Center serves the community in numerous other ways For example The Medical Center provides Health Professionals Education in a clinical setting for undergraduate, vocational training, internships, clerkships, and residencies This program includes registered nurse recruitment activities and collaboration with local colleges for supervision and clinical training in pharmacy, radiology, respiratory therapy, health information management and medical technology The costs incurred for these programs totaled approximately \$1,023,000 during the year ended June 30, 2010 The Medical Center provides subsidized health services which provide a discount, at cost, to all patients that have no form of insurance coverage The costs incurred for these programs totaled approximately \$499,000 during the year ended June 30, 2010 The Medical Center provides cash and in-kind contributions to community groups which include donations to Families Helping Families, Children's Coalition, YMCA, Wellspring, Haiti Project, and Komen Foundation This program also includes employee costs associated with board and community involvement of rural hospitals The costs incurred for these programs totaled approximately \$54,000 during the year ended June 30, 2010 The Medical Center provides occupancy and utilities to St Vincent DePaul charitable pharmacy and occupancy to a primary health care clinic located in one of the poorest areas of Monroe The costs incurred for these programs totaled approximately \$94,000 during the year ended June 30, 2010 The Medical Center provides community health education classes on breast feeding, childbirth basics, sibling class and abc's of childcare This also includes sponsorship of Think First, a national injury prevention organization The Medical Center provides free depression and anxiety screenings to the community The costs incurred for these programs totaled approximately \$17,000 during the year ended June 30, 2010 The Medical Center provides community support which includes staff costs of management oversight of community benefit programs and activities, including Meals on Wheels, taxi and medication provided to the needy, and community benefit salary dollars The costs incurred for these programs totaled approximately \$217,000 during the year ended June 30, 2010 The Medical Center provides community based clinical services including community based health screenings including behavior health, discounted services provided to Louisiana Baptist Children's home, Veteran's Administration, rural hospitals, ULM athletic department, MDA, YMCA and handicap children The costs incurred for these programs totaled approximately \$349,000 during the year ended June 30, 2010 The Medical Center provides leadership development and training for community members St Francis serves as the designated regional hospital for Region 8 and provides leadership and coordination for emergency preparedness activities The costs incurred for these programs totaled approximately \$33,000 during the year ended June 30, 2010 The Medical Center provides community health improvement advocacy which includes the unreimbursed costs of the Adult Day Health Care Facility and the school based health center The costs incurred for these programs totaled approximately \$158,000 during the year ended June 30, 2010 The Me</p>	June 30, 2010 Charges Foregone	Medicare	\$242,415,931	Medicaid	\$101,721,699	Tricare	\$2,546,431	Charity	\$11,197,369	Total	\$357,881,430	Estimated unreimbursed charges	Medicare	\$27,555,005	Medicaid	\$17,751,225	Tricare	\$54,044	Charity	\$4,174,786	Total	\$49,535,060
June 30, 2010 Charges Foregone	Medicare	\$242,415,931	Medicaid	\$101,721,699	Tricare	\$2,546,431	Charity	\$11,197,369	Total	\$357,881,430														
Estimated unreimbursed charges	Medicare	\$27,555,005	Medicaid	\$17,751,225	Tricare	\$54,044	Charity	\$4,174,786	Total	\$49,535,060														

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III	dical Center provides workforce development designed to promote leadership development and provides exposure to various careers in health care including sports medicine program, A HEC (Area Health Education Center) Program, Carroll High School housekeeping program and junior volunteer program The costs incurred for these programs totaled approximately \$24,0 00 during the year ended June 30, 2010 The following table summarizes estimated costs to the community services noted above for the years ended June 30, 2010 Health Professions Education \$1,022,196 Subsidized Health Services 746,684 Cash and in-kind contribution 92,43 0 to community groups Physical Improvements and Housing 94,320 Community Support 208,177 Leadership Development and Training 1,126 Community Health Improvement 457,811 Workforce Development 25,091 Total \$2,909,225

Identifier	Return Reference	Explanation
PART VI, SECTION B, QUESTION 12C		<p>St Francis Medical Center has a comprehensive conflict of interest policy that requires each officer, trustee, board committee member and employee to complete a conflict of interest disclosure statement annually. Completed disclosure forms are reviewed and maintained by the Chief Compliance Officer. If any trustee, Board committee member or senior manager has a potential conflict, the Executive Committee of the Board determines whether action needs to be taken and communicates any such action to the individual. A potential conflict of any other employee is reviewed by the CEO or his designee. The Executive Committee, CEO or designee, as applicable, determines if a conflict of interest exists or creates the appearance of impropriety. If such a determination is made, the individual will be excused from participating in the business decision. During the year, any change to the information in the disclosure statement must be disclosed promptly to the Chief Compliance Officer, who takes appropriate action. The process also requires affirmation from each individual that she/he (a) has received a copy of the conflict of interest policy, (b) has read and understands the policy, (c) has agreed to comply with the policy, and (d) understands that St Francis Medical Center is a charitable organization and that, in order to maintain its Federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. In addition to the above, St Francis Medical Center provides mechanisms for confidential reporting of compliance issues. These mechanisms include an anonymous hotline and Web site where individuals may raise issues, seek clarification, and report possible conflicts of interest or other concerns. These reports, including reports of possible conflicts of interest, are reviewed and investigated by the Corporate Compliance Department and appropriate action is taken.</p>

Identifier	Return Reference	Explanation
PART VI, SECTION B, QUESTION 15A & 15B		Our Board of Directors designates an executive committee made up of independent board members to review and set the compensation annually of our officers and key employees. The executive committee obtains and relies upon comparable data including industry-wide compensation information provided by an outside consulting firm. The executive committee reviews compensation packages and appropriate compensation is determined and approved. The basis for determination is then documented by the executive committee. The compensation for the CEO of St. Francis Medical Center is set by the compensation committee of FMOL Health System (a related tax-exempt organization) according to their pay practices which are similar to those described above.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS	PART VI, SECTION C, QUESTION 19	The organization makes its governing documents, conflict of interest policy and financial statements available upon request

Identifier	Return Reference	Explanation
Part VI, Section A, Question 7a		FMOL Health System, Inc , as the sole member of the Medical Center, retains the pow er to a ppoint and remove the Members of the Board of Trustees and Officers of St Francis Medical Center

Identifier	Return Reference	Explanation
Part VI, Section A, Question 7b		The reserved powers to FMOL Health System, Inc are as follows 1 To change philosophy, o bjectives and purposes of corporation, 2 To appoint or remove the Members of the Board of Trustees and Officers of the corporation, 3 To amend, alter, modify or repeal the Articl es of Incorporation and Bylaw s of the corporation, 4 To authorize merger, consolidation, or affiliation, or participate in joint ventures, 5 To dissolve and to distribute assets of the corporation, 6 To appoint and/or terminate with or without cause the Chief Executi ve Officer of the corporation, 7 To acquire, purchase, sell, lease, transfer, or encumber any immovable property on behalf of the corporation, 8 To add to or incur long-term debt in excess of \$5 million by the corporation, 9 To appoint the fiscal auditor for the corp oration, 10 To approve any increment or addition to the capital debt or efforts to renego tiate, modify or charge the existing capital debt obligations of the corporation, 11 To a pprove the annual operating and capital budgets of the corporation, and 12 To approve a s trategic business plan of the corporation

Identifier	Return Reference	Explanation
Part VI, Section A, Question 6		FMOL Health System, Inc (an IRC Section 501(C)(3) organization) is the sole member of the medical center

Identifier	Return Reference	Explanation
Part VI, Section A, Question 2		Sabrina Ramsey & Ronald E Hogan - Family Relationship Ron Hogan, Lisa Bradley, Louis Bremer and Louis Gavioli have a business relationship with each other solely because they all serve as directors of other organizations which are related to St Francis Medical Center

Identifier	Return Reference	Explanation
Part VI, Section A, Question 11A		After preparation and review of Form 990 by KPMG LLP, the board of directors designates a committee to review the Form 990 of the Medical Center. The Form 990 is also reviewed by management. A copy of the Form 990 is provided to the Medical Center's governing body before it is filed with the IRS.

Identifier	Return Reference	Explanation
PART XI, QUESTION 2C		St Francis Medical Center has representation on the FMOL Health System audit committee fo r oversight of the audit and selection of independent accountant

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST FRANCIS MEDICAL CENTER

Employer identification number
72-0408970

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
OPEN MRI CENTER OF MONROE LLC 309 JACKSON STREET MONROE, LA 71210 72-1508349	HEALTHCARE	LA	1,188,548	0	NA
ST FRANCIS PET IMAGING OF MONROE LLC PO BOX 1851 MONROE, LA 71210 72-1484754	HEALTHCARE	LA	755,598	0	NA

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
St Bernard Health Fund 4200 ESSEN LANE BATON ROUGE, LA 70809 20-4685614	HEALTHCARE	LA	501(C)(3)	11 TYPE 1	FMOLHS
HEALTH PARTNERS NETWORK OF SOUTH LA 611 ST LANDRY STREET LAFAYETTE, LA 70506	HEALTHCARE	LA	501(C)(3)	3	LOURDES RMC

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

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
St Francis Insurance Agency 309 Jackson Street Monroe, LA71201 72-1435136	Insurance	LA	NA	C CORP	160,475	107,046	100 000 %
Hospital Assistance Services PO Box 4027-C Lafayette, LA70502 72-1073486	Healthcare	LA	LOURDES	C Corp			
Louise Insurance Company PO BOX 1051 KY1-1102 CJ	INSURANCE	CJ	FMOL	C Corp			
Monroe Health Services PO Box 3187 Monroe, LA71210 72-1057820	Healthcare	LA	AMBULATORY	C Corp			
Northeast LA Health Network 309 Jackson Street Monroe, LA71201 72-1294587	Healthcare	LA	AMBULATORY	C Corp			
Bernard Brian Allain Memorial CRT 5000 Hennessy Boulevard Baton Rouge, LA70808 20-7114528	Investment	LA	OLOL Foundation	Trust			

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

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

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: 72-0408970
Name: ST FRANCIS MEDICAL CENTER

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Lourdes Imaging Center LLC 611 St Landry Street Lafayette, LA 70506 20-8326214	Healthcare	LA	LOURDES	N/A				No		Yes	
Heart Hospital of Acadiana 1105 Kaliste Saloom Road Lafayette, LA 70508 30-0442368	Healthcare	LA	LOURDES	N/A				No		Yes	
Perkins Plaza Medical Arts Development 5000 Hennessy Boulevard Baton Rouge, LA 70808 45-0516574	REAL ESTATE	LA	OLOL	N/A				No		Yes	
Perkins Plaza Imaging Center 5000 Hennessy Boulevard Baton Rouge, LA 70808 20-3697665	HEALTHCARE	LA	OLOL	N/A				No		Yes	
Perkins Plaza Imaging Development 5000 Hennessy Boulevard Baton Rouge, LA 70808 20-3894521	REAL ESTATE	LA	OLOL	N/A				No		Yes	
P&S SURGERY CENTER LLC 312 GRAMMONT STREET MONROE, LA 71201 72-1387870	HEALTHCARE	LA	NA	RELATED	1,446,717	10,468,547		No	0	Yes	
NUCLEAR IMAGING LLC 5000 HENNESSY BOULEVARD BATON ROUGE, LA 70808 72-1470061	HEALTHCARE	LA	OLOL	N/A				No		Yes	
St Francis Pediatric After Hours LLC Post Office 207 Monroe, LA 71210 06-1782572	Healthcare	LA	NA	RELATED	44,347	171,149		No	0	Yes	
Lourdes Imaging Development LLC 611 St Landry Street Lafayette, LA 70506 20-8326287	REAL ESTATE	LA	LOURDES	N/A				No		Yes	
Park Place Surgical Hospital 901 Wilson Street Lafayette, LA 70503 72-1404092	Healthcare	LA	LOURDES	N/A				No		Yes	
BRPT Lake Rehabilitation Centers LLC 530 Shadows Lane Baton Rouge, LA 70806 72-1506100	Healthcare	LA	OLOL	N/A				No		Yes	
Convenient Care LLC 7777 Hennessy Boulevard Suite 1004 Baton Rouge, LA 70808 72-1439481	Healthcare	LA	OLOL	N/A				No		Yes	
Perkins Plaza Ambulatory Surgery Center 54 The Legends Parkway Suite 159 Eureka, MO 63025 48-1264699	Healthcare	LA	OLOL	N/A				No		Yes	
Surgical Specialty Center of Baton Rouge 8080 Bluebonnet Boulevard Baton Rouge, LA 70810 26-3160962	Healthcare	LA	OLOL	N/A				No		Yes	
St Elizabeth - Mary Bird Perkins 4950 Essen Lane BATON ROUGE, LA 70809 26-0628752	HEALTHCARE	LA	STEH	N/A				No		Yes	
Regional Eye Surgery Center LLC 7777 Hennessy Blvd Suite 4000 BATON ROUGE, LA 70808 72-1484653	HEALTHCARE	LA	OLOL	N/A				No		Yes	
St Mary's Imaging Center II LLC 611 ST LANDRY STREET LAFAYETTE, LA 70506	HEALTHCARE	LA	LOURDES IMAGING	N/A				No		Yes	
NORTHEAST LA CANCER INSTITUTE 141 DESTARD STREET SUITE 704 MONROE, LA 71201 72-1329499	HEALTHCARE	LA	NA	RELATED	784,250	3,711,877		No	0	Yes	
LOURDES AFTER HOURS LLC 7777 HENNESSY BLVD SUITE 1004-202 BATON ROUGE, LA 70808 20-1367299	HEALTHCARE	LA	LOURDES	N/A				No		Yes	
LHCG-XIII LLC 420 WEST PINHOOK ROAD SUITE A LAFAYETTE, LA 70503 20-8068308	HEALTHCARE	LA	LOURDES	N/A				No		Yes	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	St Francis Ambulatory Services	J	321,875
(2)	ST FRANCIS AMBULATORY SERVICES	L	441,860
(3)	ST FRANCIS AMBULATORY SERVICES	A	66,248
(4)	ST PATRICK'S PSYCHIATRIC HOSPITAL	K	493,140
(5)	ST PATRICK'S PSYCHIATRIC HOSPITAL	A	685,056
(6)	P&S SURGICAL CENTER	A	469,266
(7)	P&S SURGICAL CENTER	K	385,488
(8)	P&S SURGICAL CENTER	R	1,383,972
(9)	ST FRANCIS INSURANCE AGENCY	A	27,087
(10)	ST PATRICK'S PSYCHIATRIC HOSPITAL	L	408,000
(11)	ST FRANCIS AMBULATORY SERVICES	R	15,766,033