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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

B Check if applicable
- ☐ 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
Saint Francis Hospital Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6600 S Yale Ave

City or town, state or country, and ZIP + 4
TULSA, OK 74136

D Employer identification number
73-0700090

E Telephone number
(918) 502-8120

G Gross receipts $ 1,634,277,674

F Name and address of principal officer
Barry L Steichen
6600 S Yale Ave Suite 400
Tulsa, OK 741363319

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: ▶ HTTP //WWW SFH-TULSA COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1960 | **M** State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
to extend the presence and healing ministry of christ in all we do

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	5,933
6	Total number of volunteers (estimate if necessary)	6	577
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,119,240
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-190,824

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	9,519,191	3,127,614
9	Program service revenue (Part VIII, line 2g)	669,442,274	694,561,340
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,451,225	27,543,493
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,439,509	23,493,985
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	696,852,199	748,726,432
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,539,828	4,434,103
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	258,974,147	262,111,642
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	333,326,599	320,538,076
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	593,840,574	587,083,821
19	Revenue less expenses Subtract line 18 from line 12	103,011,625	161,642,611

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	1,199,184,129	1,325,741,071
21	Total liabilities (Part X, line 26)	326,979,472	331,028,115
22	Net assets or fund balances Subtract line 21 from line 20	872,204,657	994,712,956

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-13

Barry Steichen CFO/Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204			EIN ▶ Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

To extend the presence and healing ministry of Christ in all we do

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 $ 472,568,684 including grants of $ 4,434,103) (Revenue $ 704,882,649)

Saint Francis Hospital has been a major tertiary care center for Oklahoma, southern Kansas, southwestern Missouri, and western Arkansas for several decades Saint Francis Hospital is licensed for 872 adult and pediatric beds and 52 bassinets In fiscal year 2010, Saint Francis Hospital received approximately $219 million in reimbursements equaling 33% of Saint Francis Hospital's net patient revenue for services provided to Medicare and Medicaid program beneficiaries Saint Francis Hospital is a division of Saint Francis Health System, Inc The Health System produces an annual community benefit report valuing the cost of charity services In fiscal year 2010, the cost to the Health System equaled approximately $49 million and $4 3 million in community contributions provided to support various programs and agencies whose mission and values are similar to those espoused by the Saint Francis Health System In the fall of 2004, Saint Francis Hospital set into place provisions that would increase the hospital's ability to offer charity care to those less fortunate and provide those lacking healthcare coverage with discounted care to lessen the burden and anxiety often caused by healthcare expenses Under the revised charity care policy, individuals whose gross annual income is equal to or less than 225 percent of the federal poverty level qualify for full charity care assistance All patients lacking healthcare insurance, regardless of their personal income level, are eligible to receive a 20 percent discount from billed charges Patients who qualify under the charity care policy may be eligible for a larger discount if not a full write-off of all charges Both initiatives exemplify the hospital's mission to extend the presence and healing ministry of Christ, with a particular emphasis on those most needy of health services in northeastern Oklahoma, and its desire to work with the community in a spirit of compassion and honesty Saint Francis Hospital is a comprehensive community resource for health care and a center of excellence for treating cancer, heart disease, and complex medical, surgical, maternal, and pediatric problems Since its inception the hospital has strived to provide the highest quality of care to all For the fourteenth consecutive year, it was recognized by the National Research Corporation as "Tulsa's Most Preferred Hospital for Overall Quality and Image " In an effort to monitor and continually improve the quality of care given to patients, Saint Francis has elected to participate in a variety of national and state quality initiatives Foremost among those include participation in the Centers for Medicare and Medicaid National Quality Initiative and the Oklahoma Foundation for Medical Quality "Quality In, Quality Out" program These efforts focus on improving both outcomes (i e , mortality and complications) and clinical processes (i e , medication administration and discharge instructions) Care for the community is provided through education, inpatient and outpatient services, and the use of affordable home health and hospice services for patients returning home All services are provided on the basis of need without consideration for a patient's ability to pay Saint Francis Hospital has always kept in its sight its responsibility as a provider of caring and personalized benefits to the community Extensive resources are devoted each year to organizing and delivering free and subsidized benefits to community residents These include Health Services, Information and Referral Services, Educational Services, Support Services, and Sponsorship of Community Events, which are detailed below HEALTH SERVICES Trauma Emergency Services The Trauma Emergency Center provided care to over 80,000 patients during the past fiscal year Many of these patients received needed emergency and in-patient services despite an inability to pay Physicians, the Trauma Emergency Center staff, and the inpatient staff provide the highest quality of trauma care for injured children and adults from Oklahoma and surrounding states Physician specialists provide immediate consultation or care to trauma victims and patients with complex medical problems Trauma Emergency Services provides educational programs, conferences, and continuing education courses for physicians, nurses, pre-hospital care providers, and for the community The annual Trauma Symposium provides an opportunity for area physicians, nurses, and EMTs to interact with and learn from nationally and internationally recognized experts in trauma care Instructional topics presented by Trauma Emergency Services staff members, and physicians include the care of adult and pediatric trauma victims, care of children in emergency departments, pre-hospital triage and scene safety, and trauma prevention topics Henry Zarrow Neonatal Intensive Care Unit Saint Francis Hospital established the first intensive care nursery for neonates in Oklahoma In fiscal year 2010 there were over 700 admissions, the center is a progressive regional newborn intensive care unit with services specifically designed for babies born prematurely or with serious medical problems The center is a 44-bed unit with in-house neonatologists on hand 24 hours a day, 7 days a week The Center has earned a Level IIIC designation, the highest rating possible for a neonatal intensive care unit, from the American Academy of Pediatrics The unit is also a clinical training center for residents and medical students from the University of Oklahoma College of Medicine/Tulsa Due to the large number of Medicaid and uninsured patients, reimbursement for services in the EOPC is low, however, the hospital chose to specialize in the care of high-risk infants because it was an unmet need in the community and accepted the cost burden such technology usually brings The Children's Hospital at Saint Francis Saint Francis Hospital established The Children's Hospital at Saint Francis in 1995 in response to physicians' requests to centralize pediatric specialty services and facilities for children in one hospital by creating a "hospital within a hospital " A new, state-of-the-art 104-bed facility opened in February 2008 It was created with younger patients in mind, providing a larger and more "kid friendly" atmosphere for children and their families as well as improving access and efficiency Since Saint Francis has the most comprehensive pediatric intensivists in eastern Oklahoma, the PICU receives most of the abused children or young trauma victims in this area The children's oncology clinic, the only such facility in the eastern half of the state, treats more than 2,000 children a year All patients are treated without regard for a family's ability to pay Over 55% of the children currently treated at the Children's Hospital at Saint Francis are reliant upon Medicaid, evidence and testament to Saint Francis' pledge to the community and to those most vulnerable in society, children The Children's Hospital at Saint Francis is part of the Children's Miracle Network, a nonprofit organization that raises funds for 170 children's hospitals and research institutes across North America That money helps Saint Francis improve its services and continue to take care of uninsured children, increasing the mission of handling all children that are in need in northeast Oklahoma Saint Francis Imaging Center Saint Francis Imaging Center is an all-digital, free-standing facility offering radiology, nuclear medicine, MRI, CT scan, and ultrasound with state-of-the-art equipment, shorter exam times, fewer callbacks, and faster results In addition to the outstanding technical capabilities of the center, patients and their families are treated to a variety of amenities to help make their experience more relaxing This includes a concierge desk where they are given a pager to notify them when their room is available, a staff host to assist them to their room and through the entire process, and slippers and robes instead of hospital gowns Patients and family members have access to an internet station, children's play area, plasma televisions, coffee bar, and much more as they wait in the comfortable reception area Natalie Ambulatory Surgery Center The Natalie Ambulatory Surgery Center offers eight operating rooms, each handling 1,000 to 1,500 procedures a year At its peak, 12,000 patients will have surgeries there annually Set up for efficiency, the facility boasts Tulsa's first I-Suites, operating rooms that respond to a surgeon's voice A computer system, nicknamed Sidne, recognizes its name and responds to doctors' commands, handling tasks that used to be performed by nurses Saint Francis Breast Center The Saint Francis Breast Center offers the latest in screening, diagnostic and interventional breast services, such as a breast magnetic resonance imaging, computer-aided detection, mammography, ultrasonography, and various biopsy interventions The Br

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** ▶ $ 472,568,684

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	477		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	5,933		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		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 ▶ _____ 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	3		
b	Enter the number of voting members that are independent	1b	0		
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 Yes	
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	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ERIC E SCHICK
6600 S YALE AVE SUITE 400
TULSA, OK 741363319
(918) 502-8118

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

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

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

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

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

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

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

1b Total . . . . . ▶	2,083,104	6,452,448	1,206,879

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 ▶ 80

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ASSOCIATED ANESTHESIOLOGISTS 6839 S CANTON TULSA, OK 741363482	ANESTHESIOLOGY SVCS	2,721,967
MANHATTAN CONSTRUCTION CO INC 5601 S 122ND E AVE TULSA, OK 74146	CONSTRUCTION SERVICE	25,382,772
STATE OF OKLAHOMA BOARD OF REG 4502 E 41ST ST ROOM 2B20 TULSA, OK 741352512	Medical Resident	4,344,148
WORKSPACE SOLUTIONS LLC PO Box 960120 TULSA, OK 731960120	Moving Services	1,669,496
ACROBATANT LLC 1336 E 15TH ST TULSA, OK 74120	marketing services	1,618,338
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 ▶ 54		

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	2,100,000			
	e	Government grants (contributions)	1e	73,646			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	953,968			
	g	Noncash contributions included in lines 1a-1f $ 33,688					
	h	**Total.** Add lines 1a-1f	▶	3,127,614			
			Business Code				
Program Service Revenue	2a	PATIENT CARE REV	621,990	474,503,924	474,503,924		
	b	P'SHIP INCOME RELATED TO PROGRAM SERVICES	541,900	1,810,084	1,731,082	79,002	
	c	OUTREACH LAB	621,500	16,105,772	16,105,772		
	d	OFFICE SPACE REIMBURSEMENT	531,120	687,643	687,643		
	e	MEDICARE/MEDICAID PAYMENTS	621,990	201,453,917	201,453,917		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	694,561,340			
	3	Investment income (including dividends, interest and other similar amounts)	▶	22,545,112			22,545,112
	4	Income from investment of tax-exempt bond proceeds	▶	0			
	5	Royalties	▶	0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	278,320				
	b	Less rental expenses					
	c	Rental income or (loss)	278,320				
	d	Net rental income or (loss)	▶	278,320		25,320	253,000
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	890,310,412	239,211			
	b	Less cost or other basis and sales expenses	879,444,479	6,106,763			
	c	Gain or (loss)	10,865,933	-5,867,552			
	d	Net gain or (loss)	▶	4,998,381			4,998,381
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events	▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities	▶	0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory	▶	0			
		Miscellaneous Revenue	Business Code				
	11a	FOOD SERVICES	900,004	4,415,480			4,415,480
	b	AFFIL TELECOM & COMPUTER SUPP REV	621,500	2,778,665			2,778,665
	c	EMPLOYEE DAY CARE	624,410	1,063,178			1,063,178
	d	All other revenue		14,958,342	10,400,311	1,014,918	3,543,113
	e	**Total.** Add lines 11a–11d	▶	23,215,665			
	12	**Total revenue.** See Instructions	▶	748,726,432	704,882,649	1,119,240	39,596,929

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,956,742	3,956,742		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	477,361	477,361		
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	2,420,809		2,420,809	
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	208,379,545	180,899,014	27,480,531	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,946,397	12,145,295	1,801,102	
9	Other employee benefits	22,414,336	17,057,333	5,357,003	
10	Payroll taxes	14,950,555	12,858,074	2,092,481	
11	Fees for services (non-employees)				
a	Management	12,429,458	9,494,972	2,934,486	
b	Legal	515,604	77,726	437,878	
c	Accounting	463,736		463,736	
d	Lobbying	352,428		352,428	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	1,100,619		1,100,619	
g	Other	18,028,340	17,552,866	475,474	
12	Advertising and promotion	2,979,084	89,373	2,889,711	
13	Office expenses	172,070,136	162,684,776	9,385,360	
14	Information technology	1,277,969	851,708	426,261	
15	Royalties . .	0			
16	Occupancy	14,964,505	4,155,336	10,809,169	
17	Travel	235,375	86,530	148,845	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	7,428,658		7,428,658	
21	Payments to affiliates	-5,292,993	546,342	-5,839,335	
22	Depreciation, depletion, and amortization	37,301,506	883,262	36,418,244	
23	Insurance	7,367,412	147,348	7,220,064	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT EXPENSE	48,306,499	48,306,499		
b	AUXILIARY GIFT SHOP	600,737		600,737	
c	FACILITY DUES/LICENSES	194,316	160,117	34,199	
d	MISC ADMIN EXPENSE	214,687	138,010	76,677	
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	587,083,821	472,568,684	114,515,137	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		243,991,508	2	231,702,391
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		54,329,590	4	49,417,545
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		17,936,598	8	18,734,325
	9	Prepaid expenses and deferred charges		4,290,061	9	5,988,268
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 608,481,093			
	b	Less accumulated depreciation	10b 330,103,010	276,529,702	10c	278,378,083
	11	Investments—publicly traded securities		229,539,791	11	386,030,511
	12	Investments—other securities See Part IV, line 11		343,474,299	12	330,223,109
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		12,832,575	14	0
	15	Other assets See Part IV, line 11		16,260,005	15	25,266,839
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,199,184,129	16	1,325,741,071
Liabilities	17	Accounts payable and accrued expenses		49,477,304	17	51,546,941
	18	Grants payable			18	
	19	Deferred revenue		134,019	19	225,349
	20	Tax-exempt bond liabilities		225,930,760	20	224,367,033
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		51,437,389	25	54,888,792
	26	**Total liabilities.** Add lines 17 through 25		326,979,472	26	331,028,115
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		872,204,657	27	994,712,956
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		872,204,657	33	994,712,956
	34	Total liabilities and net assets/fund balances		1,199,184,129	34	1,325,741,071

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Saint Francis Hospital Inc	73-0700090

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		352,428
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			352,428
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
supplemental information	SCHEDULE C, PART II-B, LINE 1G	SAINT FRANCIS Hospital, Inc THROUGH ITS MEMBERSHIP DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND CATHOLIC HEALTH ASSOCIATION, PARTICIPATES IN LOBBYING AND GRASS ROOTS POLITICAL ACTIVITY IT IS LESS THAN A SUBSTANTIAL PART OF THE TOTAL EXPENDITURES IN A TAXABLE YEAR THE LOBBYING AND GRASS ROOTS POLITICAL ACTIVITY IS RELATED TO LEGISLATION AFFECTING THE SYSTEM AND OPERATION OF THE SYSTEM FOR ITS CHARITABLE PURPOSES, IN PARTICULAR THE PROMOTION OF HEALTH "GRASS ROOTS POLITICAL ACTIVITY" MEANS ANY ATTEMPT BY THE AHA TO INFLUENCE ANY LEGISLATION THROUGH AN ATTEMPT TO AFFECT THE OPINIONS OF THE GENERAL PUBLIC OR ANY SEGMENT THEREOF "LOBBYING" MEANS ANY ATTEMPT BY THE AHA TO INFLUENCE ANY LEGISLATION THROUGH AN ATTEMPT TO AFFECT OPINIONS OF THE GENERAL PUBLIC OR ANY SEGMENT THEREOF, ANY ATTEMPT TO INFLUENCE LEGISLATION THROUGH COMMUNICATIONS WITH ANY MEMBER OR EMPLOYEE OF A LEGISLATIVE BODY WHO MY PARTICIPATE IN THE FORMULATION OF LEGISLATION

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	275,001	5,878,670		6,153,671
b Buildings		275,542,907	119,266,084	156,276,823
c Leasehold improvements		14,538,566	7,144,254	7,394,312
d Equipment		289,302,368	203,692,672	85,609,696
e Other		22,943,581		22,943,581
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				278,378,083

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests	127,466,507	F
Other		
PRIVATE INVESTMETS-MARKETABLE	163,288,586	F
PRIVATE INVEST-NONMARKETABLE	39,468,016	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	330,223,109	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
PROF LIABILITY INSURANCE RESER	15,790,224
MEDICARE COST REPORT	21,206,325
FAS 106 LIABILITY	7,181,781
ARO LIABILITY	1,576,667
SWAP DERIVATIVES	8,505,213
CAPITATED CLAIMS EXP INCURRED	-188,488
FIN 45 INCOME GUARANTEES	371,433
ACCRUED INTEREST	445,637
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	54,888,792

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
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
Supplemental Information	FIN 48 Disclosure	Saint Francis Hospital adopted ASC 740-10 (f/k/a FIN 48) in June 30, 2009 No disclosures were required under GAAP as Saint Francis Hospital does not have any material tax contingencies that required disclosures in the footnotes

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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
Saint Francis Hospital Inc

Employer identification number
73-0700090

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			Unrelated Trade or Business		
Europe (Including Iceland and Greenland)			Unrelated Trade or Business		
Totals . . . . . ▶					

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

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

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

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

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation
Supplemental Information	Schedule F, Part I	The activity listed in Part I relates to foreign investments the investments do not generate unrelated business income

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☑ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 225 %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 225 %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			15,476,554	0	15,576,554	2 890 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			72,182,415	66,980,785	5,201,630	0 970 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			87,658,969	66,980,785	20,778,184	3 860 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			313,380		313,380	0 060 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			313,380		313,380	0 060 %
k **Total.** Add lines 7d and 7j			87,972,349	66,980,785	21,091,564	3 920 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			1,368,039		1,368,039	0 250 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			3,000,000		3,000,000	0 560 %
8	Workforce development						
9	Other						
10	**Total**			4,368,039		4,368,039	0 810 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	16,332,575		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	13,066,060		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	148,809,125		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	129,625,626		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	19,183,499		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Saint Francis Hospital 6161 South Yale Ave Tulsa, OK 74136	X	X	X				X		

Part VI Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

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

See additional data

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

Through an annual needs assessment a strategic plan is developed for the organization annually that focuses on the needs of the communities we serve The primary counties served are Tulsa, Rogers, Wagoner, Creek, Okmulgee, Muskogee, and Mays

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)

The state of Oklahoma does not currently require its hospitals to file a community benefit report For the last six years, however, Saint Francis has spent many man hours preparing a written report that is distributed across the state of Oklahoma to help educate the community on the benefits that Saint Francis provides to the communities we serve in return for our not for profit status

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

Saint Francis Hospital is part of the Saint Francis Health System Saint Francis Hospital is the largest entity within the integrated health system Annually, Saint Francis Hospital has one of the busiest emergency rooms in the state of Oklahoma Over 90,000 patients are seen in the hospital's emergency room Additionally, Saint Francis Hospital admits 40,000 plus patients and provides ancillary and diagnostic services on an outpatient basis to an additional 300,000 plus patients

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

OK

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 22

3 Enter total number of other organizations . . . ▶ 1

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
EDUCATIONAL SCHOLARSHIPS TO NURSING STUDENTS	244	480,333			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
Supplemental Information	PART I, QUESTION 2	SAINT FRANCIS HEALTH SYSTEM OFFERS SCHOLARSHIP OPPORTUNITIES TO INDIVIDUALS IN THE NURSING AND ALLIED HEALTH ARENA THE APPLICATION PROCESS, APPROVAL PROCESS, MONITORING, AND IN THE EVENT OF DEFAULT, COLLECTION PROCESS TAKE PLACE IN THE HUMAN RESOURCE DEPARTMENT OF SAINT FRANCIS IN THE EVENT HE/SHE IS AN EMPLOYEE OF SAINT FRANCIS, SAID APPLICANT MUST NOT HAVE ANY DISCIPLINARY COUNSELING OR POOR PERFORMANCE REVIEWS IN THEIR EMPLOYEE FILE THE APPLICANT PRINTS AN ON-LINE SCHOLARSHIP APPLICATION, COMPLETES THE APPLICATION AND MAILS IT TO THE HR DEPARTMENT WITH ALL REQUESTED SUPPORTING DOCUMENTATION UPON RECEIPT, THE APPLICANT IS NOTIFIED BY MAIL OR E-MAIL THAT THEIR APPLICATION HAS BEEN RECEIVED- AT THIS TIME A REQUEST FOR ANY MISSING INFORMATION IS MADE IF THE APPLICANT IS SELECTED, THEY ARE NOTIFIED FOR AN INTERVIEW ONCE INTERVIEWED, THE APPLICANT IS RANKED ACCORDING TO GPA, WORK EXPERIENCE, INSTATE OR OUT OF STATE RESIDENCY, WILLINGNESS TO WORK IN VARIOUS AREAS, AND ANY OUTSIDE ACTIVITIES OR AWARDS APPLICANTS ARE THEN ARRANGED BY RANKING, BASED ON AVAILABILITY OF FUNDS, THE APPROPRIATE NUMBER OF APPLICANTS IS SELECTED ONCE AN APPLICANT IS SELECTED, THEY MUST MEET CERTAIN CRITERIA TO CONTINUE TO RECEIVE SCHOLARSHIP FUNDS FROM SAINT FRANCIS EACH APPLICANT MUST SIGN A WORK AGREEMENT (THIS AGREEMENT INCLUDES A DEFAULT CLAUSE, NOTING THE APPLICANTS RESPONSIBILITIES IN THE EVENT THEY DO NOT FULFILL THE AGREEMENT), THIS AGREEMENT STATES THAT THE APPLICANT WILL WORK FOR SAINT FRANCIS FOR SIX MONTHS FOR EACH SEMESTER THEY RECEIVE FUNDS THEY MUST ALSO SUBMIT AN OFFICIAL TRANSCRIPT INDICATING SUCCESSFUL COMPLETION FOR THE SEMESTER ENDED, PRIOR TO RECEIVING FUNDS FOR THE SEMESTER THE HR DEPARTMENT MONITORS EACH APPLICANTS GRADUATION DATE, THE SCHOLARSHIP FUNDS THEY HAVE BEEN AWARDED PER SEMESTER, THE TOTAL NUMBER OF SEMESTERS THEY WILL RECEIVE FUNDS, AND THE TOTAL AMOUNT OF TIME THEY WILL BE EMPLOYED WITH SAINT FRANCIS BASED ON FUNDS RECEIVED IN ADDITION, AT SEMESTER END, ALL RECIPIENTS ARE CONTACTED REQUESTING ANY NECESSARY UPDATES TO TRANSCRIPTS, GRADUATION STATUS, AND TELEPHONE NUMBER, AND E-MAIL OR ADDRESS CHANGES IN THE EVENT AN APPLICANT DOES NOT FULFILL THEIR SCHOLARSHIP AGREEMENT, THEY ARE CONTACTED VIA CERTIFIED MAIL THAT ALL FUNDS AWARDED ARE DUE IN FULL WITHIN 30 DAYS - AS NOTED IN THE DEFAULT CLAUSE OF THE WORK AGREEMENT IF THE BALANCE IS PAID, IT IS APPROPRIATELY RECORDED AND A COPY OF THE PAYMENT IS INCLUDED IN THE FILE IF THE BALANCE IS NOT PAID WITHIN 30 DAYS, COLLECTION EFFORTS ENSUE WITH WORKS AND LENTZ

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAKE HENRY JR	(i)	0	0	0	0	0	0	0
	(ii)	754,944	119,461	34,417	227,271	8,747	1,144,840	0
THOMAS G NEFF	(i)	253,828	47,040	6,371	84,985	9,849	402,073	0
	(ii)	0	0	0	0	0	0	0
JEFFREY C SACRA	(i)	182,106	0	1,447	51,746	7,258	242,557	0
	(ii)	0	0	0	0	0	0	0
BARRY L STEICHEN	(i)	0	0	0	0	0	0	0
	(ii)	418,596	182,419	8,852	120,070	10,558	740,495	0
ERIC E SCHICK	(i)	184,986	0	1,843	45,629	9,384	241,842	0
	(ii)	0	0	0	0	0	0	0
ROBERT E BUTLER	(i)	215,913	0	9,398	64,965	7,506	297,782	0
	(ii)	0	0	0	0	0	0	0
LYNN SUND	(i)	292,046	105,369	9,643	93,124	10,215	510,397	0
	(ii)	0	0	0	0	0	0	0
WILLIAM SCHLOSS	(i)	296,604	0	2,853	118,823	10,247	428,527	0
	(ii)	0	0	0	0	0	0	0
DAVID WAGNER	(i)	209,016	20,822	2,821	60,288	9,575	302,522	0
	(ii)	0	0	0	0	0	0	0
ROBERT OKADA MD	(i)	23,140	0	0	0	0	23,140	0
	(ii)	1,175,638	0	0	30,827	7,706	1,214,171	0
WILLIAM ROSS MD	(i)	17,190	0	0	0	0	17,190	0
	(ii)	842,616	0	0	27,477	6,644	876,737	0
RYAN GURSKY DO	(i)	43,500	0	0	0	0	43,500	0
	(ii)	805,259	0	0	29,825	13,005	848,089	0
PRESTON PHILLIPS MD	(i)	43,500	0	0	0	0	43,500	0
	(ii)	608,086	0	16,500	30,827	756	656,169	0
ROGER BARTON MD	(i)	62,093	0	0	0	0	62,093	0
	(ii)	689,792	0	0	30,827	12,249	732,868	0
MICHAEL SPAIN MD	(i)	51,575	0	0	0	0	51,575	0
	(ii)	654,453	0	16,500	30,827	13,083	714,863	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Nonqualified retirement plan	Schedule J, Part I, Line 4b	A SELECT GROUP OF HIGHLY COMPENSATED EMPLOYEES OF SAINT FRANCIS HEALTH SYSTEM, INC , AND ITS RELATED ENTITIES SAINT FRANCIS HOSPITAL, INC LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC , WARREN CLINIC, INC , PATIENT CARE SERVICES OF SAINT FRANCIS, INC , AND SAINT FRANCIS HOSPITAL SOUTH, LLC, ARE ELIGIBLE TO PARTICIPATE IN A NONQUALIFIED DEFERRED COMPENSATION PLAN UNDER SECTION 457(b) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED UNDER THE ECONOMIC GROWTH AND TAX RELIEF RECONCILIATION ACT OF 2001 NOTE NONE OF THE INDIVIDUALS LISTED ON SCHEDULE J ARE COMPENSATED AS BOARD MEMBERS OF THE REPORTING ENTITY THE REPORTED COMPENSATION IS FOR SERVICES AS EMPLOYEES OF THE REPORTING ENTITY OR THE RELATED ORGANIZATION

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	TULSA COUNTY INDUSTRIAL AUTHORITY	52-1526494	899520AZ3	11-14-2006	229,140,663	See Schedule O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	229,140,663				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	25,310,000				
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,590,323				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	202,240,340				
8	Year of substantial completion	2009				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	12,993	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Misc In-Kind Donations)	X	3	20,695	FMV
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 73-0700090
Name: Saint Francis Hospital Inc

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SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Identifier	Return Reference	Explanation
Supplemental Information	PART VI, LINE 1B	THE CORPORATION DELEGATES ITS GOVERNANCE TO THE BOARD OF DIRECTORS OF SAINT FRANCIS HEALTH SYSTEM, INC (SFHS) THE SFHS BOARD IS COMPRISED OF 13 DIRECTORS, 8 OF WHOM ARE INDEPENDENT

Identifier	Return Reference	Explanation
PART VI, LINE 2		WILLIAM K WARREN JR SERVES ON OTHER NON HEALTH SYSTEM BOARDS WITH W R LISSAU, A DIRECTOR, JAKE HENRY JR , A DIRECTOR, AND HENRY ZARROW, A TRUSTEE W R LISSAU, A DIRECTOR, HAS BUSINESS RELATIONSHIPS WITH WILLIAM K WARREN JR , A TRUSTEE JAKE HENRY JR , AN OFFICER AND DIRECTOR, SERVES ON OTHER BOARDS OUTSIDE OF SAINT FRANCIS HEALTH SYSTEM WITH WILLIAM K WARREN JR , A TRUSTEE, HENRY ZARROW, A TRUSTEE, AND W R LISSAU, A DIRECTOR

Identifier	Return Reference	Explanation
PART VI, LINE 3		THE CORPORATION DELEGATES ITS GOVERNANCE TO SFHS

Identifier	Return Reference	Explanation
PART VI, LINE 6		THE MEMBERS OF THE CORPORATION ARE WILLIAM K WARREN, JR , HENRY ZARROW, AND THE MOST REVEREND EDWARD J SLATTERY THEIR ROLES AS TRUSTEES AT SAINT FRANCIS HEALTH SYSTEM DICTATES THAT THEY ARE MEMBERS OF SAINT FRANCIS HOSPITAL

Identifier	Return Reference	Explanation
PART VI, LINE 7A		THE MEMBERS OF THE CORPORATION ELECT THE DIRECTORS AT A SPECIAL OR ANNUAL MEETING

Identifier	Return Reference	Explanation
PART VI, LINE 7B		THE MEMBERS MUST APPROVE THE SALE OF ASSETS WITH A VALUE GREATER THAN $10,000,000, AMENDMENTS TO THE CERTIFICATE OF INCORPORATION, MERGER OR CONSOLIDATION, THE SALE, LEASE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS AND PROPERTY OF THE CORPORATION, THE DISSOLUTION OR REVOCATION OF DISSOLUTION OF THE CORPORATION, AND AMENDMENTS TO THE BYLAWS OF THE CORPORATION

Identifier	Return Reference	Explanation
PART VI, LINE 11		The Form 990 of Saint Francis Hospital, Inc will be posted to a portal on the Saint Francis Health System, Inc website Each member of the finance committee of Saint Francis Health System, Inc will receive a password to the portal where they can view the Form 990 for at least one week before it is filed

Identifier	Return Reference	Explanation
PART VI, LINE 12C		THE CORPORATION USES THE CONFLICT OF INTEREST DISCLOSURE AND RESOLUTION PROCESS OF SAINT FRANCIS HEALTH SYSTEM, INC ALL TRUSTEES, DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE ASKED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS THE DISCLOSURES ARE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF SAINT FRANCIS HEALTH SYSTEM THE FINANCE COMMITTEE DETERMINES IF AN ACTUAL CONFLICT EXISTS AND, IF SO, WHAT MEASURES SHOULD BE TAKEN TO MANAGE THE CONFLICT

Identifier	Return Reference	Explanation
PART VI, LINE 15A&B		THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF SAINT FRANCIS HEALTH SYSTEM, INC , IS RESPONSIBLE FOR REVIEWING AND APPROVING THE COMPENSATION OF TOP MANAGEMENT EMPLOYEES THE COMMITTEE IS STAFFED ENTIRELY BY INDEPENDENT VOTING MEMBERS OF THE BOARD OF DIRECTORS THE COMMITTEE UTILIZES THE SERVICES OF AN OUTSIDE CONSULTANT WHO PROVIDES BENCHMARKING DATA AND GUIDANCE REGARDING EXECUTIVE COMPENSATION THE FINDINGS OF THE COMMITTEE ARE DOCUMENTED IN MINUTE FORMAT

Identifier	Return Reference	Explanation
PART VI, LINE 19		REQUESTS FOR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE EVALUATED ON A CASE-BY-CASE BASIS

Identifier	Return Reference	Explanation
PART VII		THE HOURS PER WEEK REPORTED ON FORM 990, PART VII FOR OFFICERS AND DIRECTORS ARE THE HOURS SPENT ON THE FILING ENTITY ONLY THE REMAINING 40 HOURS FOR THE OFFICERS AND DIRECTORS WITH RELATED COMPENSATION IS ALLOCATED AMONGST THE ENTITIES REPORTED ON SCHEDULE R

Identifier	Return Reference	Explanation
PART VIII, LINE 11D		THE HOSPITAL PROVIDES HEALTH AND MEDICAL EDUCATION TO PATIENTS, EMPLOYEES, AND OTHER COMMUNITY MEMBERS THE HOSPITAL IS ABLE TO BETTER SERVE THE COMMUNITY BY PROVIDING ADDITIONAL SERVICES SUCH AS HOME HEALTH CARE AND HOSPICE AFFILIATED ENTITIES

Identifier	Return Reference	Explanation
Schedule K, Part I, Line A, Column (f)		The Series 2006 Bonds are being issued by the issuer for the purpose of loaning the proceeds thereof to Saint Francis Health System for the purpose of acquiring, furnishing, improving and equipping certain additions, extensions, and improvements to Saint Francis Hospital including but not limited to (i) acquiring, furnishing, improving, constructing and equipping certain additions, extensions, and improvements to the Tulsa heart hospital of Saint Francis, Tulsa, Oklahoma and certain ancillary and support facilities thereto, (ii) acquiring, furnishing, improving, and equipping certain additions, extensions, and improvements to Saint Francis Hospital including, without limitation, the construction of a new Children's Hospital and parking garage, an employee parking garage and a new cardiology department, (iii) refunding and refinancing the Issurer's outstanding Health Care Revenue Bonds, Refunding Series 2003 (Saint Francis Health system, inc) initially issued to refund certain indebtedness of the authority used to acquire, furnish, improve and equip certain additions extensions and improvements to the Saint Francis Health System (collectively, the "Project"), and (iv) paying the cost of issuance of the Series 2006 Bonds

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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
SAINT FRANCIS OUTREACH SERVICES LLC 6600 S YALE AVE STE 400 Tulsa, OK 741363319 14-1841340	Health SVCS	OK	20,394,175	1,516,410	SFH
CARE COMMUNICATIONS LLC 6600 S YALE AVE STE 400 Tulsa, OK 741363319 26-0015989	Comm SVCS	OK	3,069,734	4,054,366	SFH
SAINT FRANCIS BREAST CENTER MRI LLC 6600 S YALE AVE STE 400 Tulsa, OK 741363319 20-1919259	health svcs	OK	525,433	62,962	SFH

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SPRINGER CLINIC INC 6600 S YALE AVE STE 400 tulsa, OK741363319 73-1414359	health svcs	OK	na	s corp	35,618,016	11,272,644	100 000 %
RELATED HEALTH SERVICES INC 6600 S YALE AVE STE 400 tulsa, OK741363319 73-1288715	health svcs	OK	na	s corp	2,247,171	46,549,649	100 000 %
XAVIER INSURANCE COMPANY INC 76 ST PAUL ST STE 500 burlington, VT054014477 03-0333599	captive insurance	VT	na	c corp			
SAINT FRANCIS PAYROLL SERVICES LLC 6600 S YALE AVE STE 400 Tulsa, OK741363319 45-0470422	common pay agent	OK	na	c corp			
ARROWHEAD RIDGE OWNERS ASSOCIATION INC 6600 S YALE AVE STE 400 tulsa, OK741363319 52-2418279	holding company	OK	Na	c corp			
SFHs GENeral Professional liability PO BOX 3038 MILWAUKEE, WI53215 75-6583874	self insurance	OK	na	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

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

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 73-0700090
Name: Saint Francis Hospital Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAKE HENRY JR PRESIDENT/CEO/DIRECTOR	10	X		X				0	908,822	236,018
William K Warren Jr Trustee	10	X						0	0	0
Bishop Edward J Slattery Trustee	10	X						0	0	0
Henry Zarrow Trustee	10	X						0	0	0
WR Lissau Director	10	X						0	0	0
PRESTON PHILLIPS MD director	40 0	X						43,500	624,586	31,583
THOMAS G NEFF VICE PRESIDENT	40 0			X				307,239	0	94,834
JEFFREY C SACRA SECRETARY	40 0			X				183,553	0	59,004
BARRY L STEICHEN TREASURER	10			X				0	609,867	130,628
ROBERT ELI SMITH ASSISTANT SECRETARY	10			X				0	124,915	22,586
ERIC E SCHICK ASST TREASURER	40 0			X				186,829	0	55,013
ROBERT E BUTLER SENIOR VICE PRESIDENT	40 0				X			225,311	0	72,471
LYNN SUND SENIOR VP AND CHIEF NURSE EXEC	40 0				X			407,058	0	103,339
WILLIAM SCHLOSS SENIOR VP	40 0				X			299,457	0	129,070
DAVID WAGNER VICE PRESIDENT	40 0				X			232,659	0	69,863
ROBERT OKADA MD Physician	40 0					X		23,140	1,175,638	38,533
WILLIAM ROSS MD Physician	40 0					X		17,190	842,616	34,121
RYAN GURSKY DO PHYSICIAN	40 0					X		43,500	805,259	42,830
ROGER BARTON MD PHYSICIAN	40 0					X		62,093	689,792	43,076
MICHAEL SPAIN MD PHYSICIAN	40 0					X		51,575	670,953	43,910

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 CARE REV	621,990	474,503,924	474,503,924		
P'SHIP INCOME RELATED TO PROGRAM SERVICES	541,900	1,810,084	1,731,082	79,002	
OUTREACH LAB	621,500	16,105,772	16,105,772		
OFFICE SPACE REIMBURSEMENT	531,120	687,643	687,643		
MEDICARE/MEDICAID PAYMENTS	621,990	201,453,917	201,453,917		

Additional Data

Software ID:
Software Version:
EIN: 73-0700090
Name: Saint Francis Hospital Inc

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

1 (a) Description of Liability	(b) Amount
PROF LIABILITY INSURANCE RESER	15,790,224
MEDICARE COST REPORT	21,206,325
FAS 106 LIABILITY	7,181,781
ARO LIABILITY	1,576,667
SWAP DERIVATIVES	8,505,213
CAPITATED CLAIMS EXP INCURRED	-188,488
FIN 45 INCOME GUARANTEES	371,433
ACCRUED INTEREST	445,637

Additional Data

Software ID:
Software Version:
EIN: 73-0700090
Name: Saint Francis Hospital Inc

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

N/A

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

The annual report for the filing organization is part of a consolidated report prepared at a health system level

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

A cost to charge ratio from worksheet 2 is used to calculate the amounts on lines 7a-7c The amounts for 7e-7i would come from the general ledger and are not based on a cost to charge ratio

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

BAD DEBT EXPENSE USED IN CALCULATING THE PART I, LINE 7, COLUMN (F) PERCENTAGES WAS $48,306,499

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

Saint Francis Hospital's audited financial statements do not have a separate footnote describing bad debt expense Saint Francis Hospital reports bad debt in accordance with generally accepted accounting principles (GAAP) Health Care Financial Management Association Statement 15 is followed to the extent that bad debt expense at cost is determined using the same cost to charge ratio that is used to calculate charity care and Medicaid shortfalls Discounts and allowances are accounted for separately from bad debt expense Accounts receivable are valued at net realizable value Saint Francis estimates the allowances for uncollectible accounts based on historic write-offs and the aging of the accounts

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

The amount reported in part III section B is the shortfall that is estimated between the cost of providing services using the hospital's cost to charge ratio and the reimbursement received for providing these services Saint Francis Hospital believes that this amount of unreimbursed cost should be considered community benefit If the Medicare program did not exist, most of these patients would qualify for our charity policy and the cost of providing care to them would then be included with the charity that is reported in part I section 7

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

It is the policy of Saint Francis Hospital to pursue collections of patient balances from patients who have the ability to pay for these services Saint Francis applies its collections efforts consistently and fairly to all patients regardless of insurance If a patient does not have the financial resources to pay their outstanding balance it is the goal of Saint Francis Hospital to work with the patient to qualify them for our charity policy If the patient qualifies for charity under our policy then we will write-off 100% of the amount owed It is the feeling of the board of directors that our policy supports the mission of Saint Francis Hospital

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

One of this organization's fundamental operational goals is to identify and address the needs of the defined community that it serves To do this the Saint Francis Health System must 1)Gather and obtain information identifying those needs, and 2)Develop programs and services that address and provide access to those in greatest need of healthcare services Historically, the health care system's focus has been caring for those who are sick or in harm's way In order to make informed decisions on how to care for the sick, at-risk and minority populations, the system must first identify priority health needs The Community Needs Assessment is the method utilized by the health system to identify those needs and make them available to the public upon request The assessment is a compilation of national survey results, health information databases, government data, and analytical feedback from state and local partners This data is used to identify potential courses of action based on existing health care facilities, available resources within the community, and capabilities of the community in terms of both socioeconomic and education status Promoting the prevention of disease, reducing obesity, cessation of tobacco use, promoting healthy eating, promoting the health of low-income and at-risk communities, and planning for the changing needs of Seniors are among the public health issues that the assessment seeks to prioritize

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Because of our not-for-profit designation we want to make sure that those who can not pay for services are given the opportunity to still have quality health care services We promote and/or offer our charity policy in several different avenues to ensure patients are aware of our generous policy so they can access it Our charity policy is first discussed in our patient financial responsibility handout we give to all our patients All self pay patients are visited by a financial counselor upon admission to verify their self pay statuses If the patient confirms their self pay status, then the counselor works with the patient to determine if the patient may qualify for assistance under a government sponsored plan If the patient does not qualify for a government sponsored plan then the financial counselor works with the patient to try and get them qualified for charity based on the hospital's charity policy Additionally, during the collections process we offer our charity policy as well as payment options as part of our patient responsibility follow up collections calls

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

Saint Francis Hospital is a not for profit organization that is part of an integrated health care delivery system with the mission of extending the presence and healing ministry of Christ in all we do to those patients who are not able to provide care for themselves Saint Francis Hospital is dedicated to giving back to the community in which its employees live and work The goal of Saint Francis is to sustain and grow its technology, to attract talented health care professionals from across the country and to provide high quality patient care to all the residents of northeastern Oklahoma and the other neighboring states we serve This can be seen in numerous construction projects that have been undertaken over the past several years Most notable is the decision by our board of directors to construct a children's hospital when there was only one other children's facility in the state, and to undertake the financial strain that comes from running a children's hospital in a state where 60 plus percent of all the children are insured under the state Medicaid program Not only is the construction of the building notable, but the infrastructure needed to make the hospital successful, including the recruitment of numerous sub specialists, ensures the highest quality of care is given to this most valuable patient resource Saint Francis Hospital reinvests its net operating income back into the facility to improve patient care, to benefit society and to allow Saint Francis Hospital to carry out its vision to be the regional leader in the delivery of quality Catholic health care services There is community representation on the governing body of the board of directors where the majority of the members are external and independent The board of directors has the overall responsibility for the charitable, the clinical and the mission of Saint Francis Hospital and the rest of the entities that are a part of the Saint Francis Health System The members of the board of directors are selected based on their areas of expertise and experience including such areas as education, research, business and government

Additional Data

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Software ID:
Software Version:
EIN: 73-0700090
Name: Saint Francis Hospital Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY4110 S 100TH E AVE 101 TULSA,OK 74146	74-1185665	501C3	10,000				Cattle Baron's Ball
AMERICAN HEART ASSOCIATION10900 B STONELAKE BLVD STE 320 TULSA,OK 78759	13-5613797	501C3	75,000				Program Sponsorship
AUTISM CENTER OF TULSA 6585 S YALE AVE STE 410 TULSA,OK 74136	32-0149003	501C3	20,000				TRAINING FACILITY
CATHOLIC CHARITIESPO BOX 690240 TULSA,OK 741580460	73-0942657	501C3	126,000				Program Sponsorship
The Children's Hosp Fdn at Saint Francis6161 S YALE AVE TULSA,OK 74136	20-2843418	501C3	200,000				Painted pony ball
Domestic Violence Intervention Services4300 S HARVARD TULSA,OK 74135	73-1028332	501C3	100,000				Program Support
FOUNDATION FOR TULSA SCHOOLS3027 S NEW HAVEN STE 600 TULSA,OK 741146131	73-1612027	501C3	18,500				Program Sponsorship
MAKE-A-WISH FOUNDATION OF OKLAHOMA4504 E 67TH ST BLDG 11 STE 208 TULSA,OK 74135	73-1176743	501C3	10,000				Progam Sponsorship
MARCH OF DIMES1120 S UTICA STE 4502 TULSA,OK 74104	13-1846366	501C3	11,000				Program Support
MENTAL HLTH ASSOC TULSA1870 S BOULDER TULSA,OK 741195234	73-0657931	501C3	10,000				2010 CARNIVALE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OK CHAPTER OF MYASTHENIA GRAVIS6465 S YALE AVE STE 623 TULSA,OK 741367811	22-2849548	501C3	10,000				Program Support
OSTEOPATHIC FOUNDERS FOUNDATION INC4812 E 81ST ST H295 STE 301 Tulsa,OK 741371907	73-0583936	501C3	10,000				Program Support
OSU215 BUSINESS BUILDING Stillwater,OK 740780555	73-6097060	501C3	2,000,000				Education
PHILBROOK MUSEUM OF ART INC2727 S ROCKFORD RD TULSA,OK 74114	73-0579279	501C3	15,000				Program Sponsorship
ROMAN CATHOLIC DIOCESE TULSAPO BOX 690240 TULSA,OK 741580460	73-0942657	501C3	107,871				Program Sponsorship
TULSA AREA UNITED WAY PO BOX 1859 TULSA,OK 74101	73-0580283	501C3	50,000				Program Support
TULSA METRO CHAMBER TWO W SECOND ST STE 150 TULSA,OK 74103	73-0488250	501C6	51,580				ECONOMIC DEV PLAN
UNIVERSITY OF OKLAHOMAPO BOX 26901 BMSB 357 Oklahoma City,OK 731260901	73-6017987	501C3	1,000,000				Education
ALZHEIMER'S ASSociation of OK6465 S YALE AVE STE 312 Tulsa,OK 74136	73-1183372	501c3	10,150				Gala & Contribution
AMERICAN KIDNEY FUND 6110 EXECUTIVE BLVD STE 1010 ROCKVILLE,MD 20852	23-7124261	501c3	22,324				HIPPS applications

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY & CHILDREN SERVICES650 S PEORIA Tulsa,OK 74120	73-0580270	501c3	7,500				Care Card & Ball
RELATED HEALTH SERVICES5353 E 68TH ST Tulsa,OK 74136	73-1288715	N/A	10,352				shapedown scholarships
THE LITTLE LIGHT HOUSE 5120 E 36TH ST Tulsa,OK 741355228	73-0939422	501c3	10,000				Link for little ones

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 73-0700090
Name: Saint Francis Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
SAINT FRANCIS HEALTH SYSTEM INC 6600 S YALE AVE STE 400 Tulsa, OK741363319 73-1501972	health svcs	OK	501(C)(3)	11b TYPE II	NA
SAINT FRANCIS HOSPITAL SOUTH LLC 6600 S YALE AVE STE 400 tulsa, OK741363319 01-0603214	health svcs	OK	501(C)(3)	3	na
LAUREATE PSYCHIATRIC CLINIC & HOSPITAL 6600 S YALE AVE STE 400 tulsa, OK741363319 73-1308273	health svcs	OK	501(C)(3)	3	SFHS
WARREN CLINIC INC 6600 S YALE AVE STE 400 tulsa, OK741363319 73-1310891	health svcs	OK	501(C)(3)	3	SFHS
PATIENT CARE SERVICES OF SAINT FRANCIS 6600 S YALE AVE STE 400 tulsa, OK741363319 73-0803027	health svcs	OK	501(C)(3)	3	SFHS
SAINT FRANCIS HOME HEALTH INC 6600 S YALE AVE STE 400 tulsa, OK741363319 73-1234331	health svcs	OK	501(C)(3)	11a TYPE I	na
WARREN CANCER RESEARCH FOUNDATION 6600 S YALE AVE STE 400 tulsa, OK741363319 73-1426265	cancer rsrch	OK	501(C)(3)	4	na
MCALESTER MEDICAL CORPORATION 6600 S YALE AVE STE 400 tulsa, OK741363319 73-0710406	holding co	OK	501(C)(2)		na
THE CHILDREN'S HOSPITAL FD at st fr 6600 S YALE AVE STE 400 tulsa, OK741363319 20-2843418	health svcs	OK	501(C)(3)	11a TYPE I	SFHS
SERVICE COLLECTION ASSOCIATION INC 6600 S YALE AVE STE 400 tulsa, OK741363319 73-0927856	inactive	OK	501(E)		na

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Warren Cancer Research Foundation	B	300,000
(2)	Warren Cancer Research Foundation	k	136,539
(3)	Warren Cancer Research Foundation	o	202,153
(4)	Warren Cancer Research Foundation	p	215,899
(5)	The Children's Hosp FnD at Saint Francis	c	2,356,349
(6)	The Children's Hosp FnD at Saint Francis	p	90,463
(7)	The Children's Hosp FnD at Saint Francis	o	820,265
(8)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	j	100,057
(9)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	p	2,243,676
(10)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	k	842,987
(11)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	o	1,914,158
(12)	SAINT FRANCIS HOME HEALTH INC	c	2,700,000
(13)	SAINT FRANCIS HOME HEALTH INC	l	56,949
(14)	SAINT FRANCIS HOME HEALTH INC	p	16,008,678
(15)	SAINT FRANCIS HOME HEALTH INC	k	6,356,531
(16)	SAINT FRANCIS HOME HEALTH INC	o	6,488,590
(17)	SAINT FRANCIS HOSPITAL SOUTH LLC	b	6,804,305
(18)	SAINT FRANCIS HOSPITAL SOUTH LLC	p	54,098,060
(19)	SAINT FRANCIS HOSPITAL SOUTH LLC	r	2,603,299
(20)	SAINT FRANCIS HOSPITAL SOUTH LLC	k	4,255,263
(21)	SAINT FRANCIS HOSPITAL SOUTH LLC	o	40,014,613
(22)	SAINT FRANCIS HOSPITAL SOUTH LLC	l	1,047,168
(23)	LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	p	41,673,218
(24)	LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	k	2,531,726
(25)	LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	o	30,014,503
(26)	LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	q	76,086
(27)	WARREN CLINIC INC	c	360,000
(28)	WARREN CLINIC INC	l	3,104,366
(29)	WARREN CLINIC INC	p	135,744,496
(30)	WARREN CLINIC INC	j	59,393
(31)	WARREN CLINIC INC	j	66,265
(32)	WARREN CLINIC INC	k	3,467,753
(33)	WARREN CLINIC INC	o	128,575,470
(34)	ALL SAINTS HOME MEDICAL LLC	k	3,004,156
(35)	ALL SAINTS HOME MEDICAL LLC	o	11,511,700
(36)	ALL SAINTS HOME MEDICAL LLC	p	13,437,890
(37)	ALL SAINTS HOME MEDICAL LLC	r	177,578
(38)	ALL SAINTS HOME MEDICAL LLC	l	11,478,596
(39)	RELATED HEALTH SERVICES INC	c	1,700,000
(40)	RELATED HEALTH SERVICES INC	k	361,730
(41)	RELATED HEALTH SERVICES INC	o	4,554,895
(42)	RELATED HEALTH SERVICES INC	l	166,251
(43)	RELATED HEALTH SERVICES INC	p	2,954,192
(44)	SPRINGER CLINIC INC	k	955,986
(45)	SPRINGER CLINIC INC	o	31,360,157
(46)	SPRINGER CLINIC INC	j	670,017
(47)	SPRINGER CLINIC INC	l	343,925
(48)	SPRINGER CLINIC INC	p	10,687,914
(49)	MCALESTER MEDICAL CORPORATION	b	183,267
(50)	MCALESTER MEDICAL CORPORATION	r	3,542,361
(51)	WARREN CLINIC INC	Q	3,543,545
(52)	SAINT FRANCIS HOSPITAL SOUTH LLC	q	406,305
(53)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	r	138,123
(54)	communitycare mngd hlthcare plans of ok inc	p	82,681,853
(55)	SFHS GENERALPROFESSIONAL LIABILITY TRUST	b	5,000,000