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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 7/1/2009 **, and ending** 6/30/2010

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: WARREN CLINIC, INC

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 6600 S YALE AVE , STE 400

Room/suite:

City or town, state or country, and ZIP + 4: TULSA OK 74136-3319

D Employer identification number: 73-1310891

E Telephone number: (918) 502-8120

G Gross receipts $: 93,734,481

F Name and address of principal officer: BARRY L STEICHEN 6161 SOUTH YALE AVE , TULSA, OK 74136

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? N/A ☐ Yes ☐ No

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

H(c) Group exemption number ▶ N/A

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW WARRENCLINIC COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1987

M State of legal domicile: OK

Part I Summary

Activities & Governance

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	1,259
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	8,579
9	Program service revenue (Part VIII, line 2g)	88,396,417	88,901,506
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	687,257	521,950
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,473,685	4,203,924
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,557,359	93,635,959

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	79,348,265	81,546,629
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)	30,737,541	26,212,992
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	110,085,806	107,759,621
19	Revenue less expenses Subtract line 18 from line 12	-16,528,447	-14,123,662

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,338,572	26,932,580
21	Total liabilities (Part X, line 26)	14,745,043	16,852,933
22	Net assets or fund balances Subtract line 21 from line 20	8,593,529	10,079,647

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

Barry L Steichen
Signature of officer

5/13/11
Date

BARRY L STEICHEN, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Christopher Bangle	Date 5-10-11	Check if self-employed ▶ ☐	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, INDIANAPOLIS, IN 46204		EIN ▶ 34-6565596 Phone no ▶ (317) 681-7000	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009)

(HTA)

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 $ 90,393,193 including grants of $ 0) (Revenue $ 93,620,302)
WARREN CLINIC, INC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY IT HAS A STRONG COMMITMENT TO HELP MEET THE NEEDS OF THE COMMUNITIES IT SERVES RECOGNIZING THIS COMMITMENT, WARREN CLINIC PROVIDES SERVICES TO BOTH MEDICARE AND MEDICAID PATIENTS AND ACCEPTS REDUCED FEES IN SUPPORT OF THESE PROGRAMS THE UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS WAS $29,366,990 IN FISCAL YEAR 2010 CHARITY CARE IS ALSO PROVIDED THROUGH REDUCED PRICE AND FREE SERVICES. EACH EMPLOYEE PHYSICIAN IS REQUIRED BY CONTRACT TO PROVIDE CARE TO INDIGENT PATIENTS IN THE NORMAL COURSE OF THEIR DUTIES THE VALUE OF CHARITY CARE PROVIDED WAS $709,156 IN FISCAL YEAR 2010 WARREN CLINIC, INC PROVIDES PHYSICIAN SERVICES TO COMMUNITIES WHICH ARE DESIGNATED PHYSICIAN SHORTAGE AREAS TRAINING FOR MEDICAL STUDENTS IS ALSO PROVIDED BY WARREN CLINIC PHYSICIANS

4b (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4c (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services (Describe in Schedule O)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ► 90,393,193

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
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	N/A	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No:)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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 lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	
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	N/A	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A	
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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	X	
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	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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	105		
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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,259		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* .		3b	N/A	
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		X
b	If "Yes," enter the name of the foreign country ► N/A 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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	N/A	
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	N/A	
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	N/A	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	N/A	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	N/A	
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	N/A	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	N/A	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A		
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders .	11a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	N/A		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a	N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A		

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	N/A	
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*			9a		X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ERIC E SCHICK (918) 502-8118
6600 SOUTH YALE, STE 400, TULSA, OK 74136-3319

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY ZARROW TRUSTEE	1	X						0	0	0
WILLIAM K WARREN, JR TRUSTEE	1	X						0	0	0
W R LISSAU DIRECTOR	1	X						0	0	0
JAKE HENRY, JR PRESIDENT/CEO/DIRECTOR	1	X		X				0	908,822	236,018
BARRY L STEICHEN TREASURER	1			X				0	609,867	130,629
THOMAS G NEFF VICE PRESIDENT	1			X				0	307,240	94,834
JEFFREY C SACRA SECRETARY	1			X				0	183,553	59,005
ROBERT ELI SMITH ASSISTANT SECRETARY	1			X				0	124,915	22,586
ERIC E SCHICK ASSISTANT TREASURER	1			X				0	186,830	55,012
JAMES KALTENBACHER SENIOR VICE PRESIDENT	40				X			279,423	0	75,462
STANLEY SCHWARTZ, M D MEDICAL DIRECTOR	40				X			258,424	0	40,277
SANJEEV TREHAN, M D PHYSICIAN	40					X		943,322	0	45,862
CHAD CRAWLEY, M D PHYSICIAN	40					X		910,400	0	41,473
RALPH ENSLEY, M D PHYSICIAN	40					X		891,432	0	45,862
PATRICK GANNON, M D PHYSICIAN	40					X		866,455	0	44,077
RYAN GURSKY, M D PHYSICIAN	40					X		848,759	0	42,830

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							►	4,998,215	2,321,227	933,927

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 ► 169

			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		X
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	X	
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		X

Section B. Independent Contractors

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

(A) Name and business address		(B) Description of services	(C) Compensation
NEXTGEN HEALTHCARE INFO	795 HORSHAM RD, HORSHAM, PA 19044	MAINTENANCE	492,496
PER-SE TRANSACTION SERVI	PO BOX 403421, ATLANTA, GA 30384-3421	PATIENT STATEMENT PROCESSIN	248,388
BVK DIRECT INC	PO BOX 78189, MILWAUKEE, WI 58278-0189	MARKETING	217,109
ACCUTYPE MEDICAL SERVICE	PO BOX 219241, KANSAS CITY, MO 64121-9241	TRANSCRIPTION	169,517
THE ADDISON GROUP LLC	9216 S TOLEDO, TULSA, OK 74137	TEMP EMPLOYEE SERVICES	165,474

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 ► 8

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	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,579				
	g Noncash contributions included in lines 1a-1f $		0				
	h **Total.** Add lines 1a–1f		▶	8,579			
Program Service Revenue		Business Code					
	2a PHYSICIAN SERVICES	621300		88,641,913	88,641,913		
	b RENTAL INCOME FROM AFFILIATES	532000		259,593	259,593		
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f		▶	88,901,506			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	596,713			596,713
	4 Income from investment of tax-exempt bond proceeds		▶	0			
	5 Royalties		▶	0			
		(i) Real	(ii) Personal				
	6a Gross Rents	59,360					
	b Less rental expenses						
	c Rental income or (loss)	59,360	0				
	d Net rental income or (loss)		▶	59,360			59,360
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	0	23,759				
	b Less cost or other basis and sales expenses	0	98,522				
	c Gain or (loss)	0	-74,763				
	d Net gain or (loss)		▶	-74,763			-74,763
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a	0				
	b Less direct expenses	b	0				
	c Net income or (loss) from fundraising events		▶	0			
	9a Gross income from gaming activities See Part IV, line 19	a	0				
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities		▶	0			
	10a Gross sales of inventory, less returns and allowances	a	0				
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory		▶	0			
	Miscellaneous Revenue	Business Code					
	11a BILLING AND ACCOUNTING FEES FOR AFFILIATE	900099		4,144,564	4,144,564		
	b			0			
	c			0			
	d All other revenue			0			
	e **Total.** Add lines 11a–11d		▶	4,144,564			
	12 **Total revenue.** See instructions		▶	93,635,959	93,046,070	0	581,310

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	349,650	0	349,650	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	210,473	210,473		
7	Other salaries and wages	69,111,596	61,032,908	8,078,688	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,956,228	4,767,175	189,053	
9	Other employee benefits	3,343,912	2,395,447	948,465	
10	Payroll taxes	3,574,770	3,082,234	492,536	
11	Fees for services (non-employees)				
a	Management	-5	-5		
b	Legal	2,498	2,004	494	
c	Accounting	61,034	1,514	59,520	
d	Lobbying .	25,706	25,706		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	2,263,107	1,485,576	777,531	
12	Advertising and promotion	438,204	374,781	63,423	
13	Office expenses	6,265,320	6,026,033	239,287	
14	Information technology	961,096	951,507	9,589	
15	Royalties	0			
16	Occupancy	5,158,904	4,672,628	486,276	
17	Travel	171,636	134,282	37,354	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	128,719	101,632	27,087	
20	Interest	530	158	372	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,960,315	846,826	1,113,489	0
23	Insurance	2,153,546	1,801,051	352,495	
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	DUES AND LICENSES	450,580	419,103	31,477	
b	ADMINISTRATIVE EXPENSE	2,438,063	-1,321,759	3,759,822	
c	EMPLOYEE EXPENSE	466,052	96,482	369,570	
d	BAD DEBT EXPENSE	3,255,063	3,282,802	-27,739	
e	COMMUNITY CONTRIBUTIONS	12,624	4,635	7,989	
f	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24f	107,759,621	90,393,193	17,366,428	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		990,911	1	711,192
	2	Savings and temporary cash investments		1,764,994	2	2,633,588
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		5,607,386	4	6,447,238
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		452,437	7	738,702
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		1,483,914	9	1,421,041
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 26,157,314			
	b	Less accumulated depreciation	10b 13,685,871	9,222,836	10c	12,471,443
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		1,507,383	13	1,706,615
	14	Intangible assets		1,006,766	14	548,944
	15	Other assets See Part IV, line 11		1,301,945	15	253,817
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		23,338,572	16	26,932,580
Liabilities	17	Accounts payable and accrued expenses		14,247,706	17	15,926,481
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		63,489	24	78,462
	25	Other liabilities Complete Part X of Schedule D		433,848	25	847,990
	26	**Total liabilities.** Add lines 17 through 25		14,745,043	26	16,852,933
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,593,529	27	10,079,647
	28	Temporarily restricted net assets		0	28	
	29	Permanently restricted net assets		0	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		0	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		0	31	
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	
	33	Total net assets or fund balances		8,593,529	33	10,079,647
	34	Total liabilities and net assets/fund balances		23,338,572	34	26,932,580

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	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	N/A	

SCHEDULE A
(Form 990 or 990-EZ)

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	Employer identification number
WARREN CLINIC, INC	73-1310891

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
Total									0

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

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 ")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
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						0

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	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%

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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.) N/A

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 ")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)						0

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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	0 00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0 00%

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

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

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

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

N/A

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
WARREN CLINIC, INC.	73-1310891

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

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). N/A

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). N/A

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

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

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ ---------- 0

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

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

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

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

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)		0
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		0
c	Total lobbying expenditures (add lines 1a and 1b)	0	0
d	Other exempt purpose expenditures		0
e	Total exempt purpose expenditures (add lines 1c and 1d)	0	0
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	0	0
g	Grassroots nontaxable amount (enter 25% of line 1f)	0	0
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	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 nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
c	Total lobbying expenditures				0	0
d	Grassroots nontaxable amount				0	0
e	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures				0	0

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?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV	X		25,706
j	Total Add lines 1c through 1i			25,706
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			N/A
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			N/A
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	N/A		

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

			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."** N/A

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	0
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	0

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

Part II-B Line 1i WARREN CLINIC, INC , THROUGH THE MEMBERSHIP DUES PAID ON BEHALF OF PHYSICIANS TO THE AMERICAN MEDICAL ASSOCIATION AND OKLAHOMA STATE MEDICAL ASSOCIATION, PARTICIPATES IN LOBBYING AND GRASS ROOTS POLITICAL ACTIVITY IT IS LESS THAN A SUBSTANTIAL PART OF THE TOTAL CLINIC EXPENDITURES IN A TAXABLE YEAR THE LOBBYING AND GRASS ROOTS POLITICAL ACTIVITY IS RELATED TO LEGISLATURE AFFECTING THE CLINIC, IN PARTICULAR THE PROMOTION OF HEALTH "LOBBYING' MEANS ANY ATTEMPT BY THE AMA OR OSMA TO INFLUENCE

Part II-B Line 1i ANY LEGISLATION THROUGH AN ATTEMPT TO AFFECT OPINIONS OF THE GENERAL

Part IV Supplemental Information *(continued)*

PUBLIC OR ANY SEGMENT THEREOF, ANY ATTEMPT TO INFLUENCE LEGISLATION THROUGH COMMUNICATIONS WITH ANY MEMBER OR EMPLOYEE OF A LEGISLATIVE BODY WHO MAY PARTICIPATE IN THE FORMULATION OF LEGISLATION "GRASS ROOTS POLITICAL ACTIVITY" MEANS ANY ATTEMPT BY THE AMA OR OSMA TO INFLUENCE ANY LEGISLATION THROUGH AN ATTEMPT TO AFFECT THE OPINIONS OF THE GENERAL PUBLIC OR AN SEGMENT THEREOF

Part II-B Line 1i THE PORTION OF DUES ATTRIBUTED TO LOBBYING AND GRASS ROOTS POLITICAL ACTIVITY $25,706

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

WARREN CLINIC, INC

Employer identification number

73-1310891

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. N/A

		(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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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 important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 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 N/A

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

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

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

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

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

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 0

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.N/A

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	0	0			

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	0	0		0
b	Buildings		11,002,059	3,617,150	7,384,909
c	Leasehold improvements	0	654,182	541,886	112,296
d	Equipment	0	13,108,760	9,435,143	3,673,617
e	Other	0	1,392,313	91,692	1,300,621
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶					12,471,443

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

(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	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	0	

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
INVESTMENT IN MCALESTER AMBULATORY SURGERY CEN	1,706,615	Equity
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶	1,706,615	

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

(a) Description	(b) Book value
DUE FROM CUSTOMERS	59,687
OTHER ACCRUED ACCOUNTS RECEIVABLE	15,000
DUE FROM AFFILIATES	179,130
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	253,817

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

1. (a) Description of liability	(b) Amount
Federal income taxes	0
DUE TO AFFILIATES	452,715
PROFESSIONAL LIABILITY RESERVE	395,275
	0
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	847,990

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	93,635,959
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	107,759,621
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-14,123,662
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 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-14,123,662

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	93,635,959
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	0
3	Subtract line **2e** from line **1**			3	93,635,959
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	0
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	93,635,959

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

1	Total expenses and losses per audited financial statements			1	107,759,621
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	0
3	Subtract line **2e** from line **1**			3	107,759,621
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	0
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	107,759,621

Part XIV Supplemental Information

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

WARREN CLINIC, INC IS A SUBSIDIARY IN THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT FRANCIS HEALTH SYSTEM SAINT FRANCIS HEALTH SYSTEM ADOPTED FIN 48 IN 2007 NO DISCLOSURES WERE REQUIRED UNDER GAAP AS SAINT FRANCIS HEALTH SYSTEM DOES NOT HAVE ANY MATERIAL TAX CONTINGENCIES THAT REQUIRED DISCLOSURES IN THE FOOTNOTES

Part XIV Supplemental Information *(continued)*

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WARREN CLINIC, INC

Employer identification number
73-1310891

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	N/A	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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
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
THOMAS G. NEFF	(i)	0	0	0	0	0	0	0
	(ii)	253,828	47,040	6,371	84,985	9,849	402,073	0
JEFFREY C. SACRA	(i)	0	0	0	0	0	0	0
	(ii)	182,106	0	1,447	51,746	7,258	242,557	0
ERIC E SCHICK	(i)	0	0	0	0	0	0	0
	(ii)	184,986	0	1,843	45,629	9,384	241,842	0
JAMES KALTENBACHER	(i)	275,900	0	3,523	64,843	10,619	354,885	0
	(ii)	0	0	0	0	0	0	0
SANJEEV TREHAN, M D.	(i)	926,822	0	16,500	30,827	15,035	989,184	0
	(ii)	0	0	0	0	0	0	0
CHAD CRAWLEY, M D	(i)	910,400	0	0	30,827	10,646	951,873	0
	(ii)	0	0	0	0	0	0	0
RALPH ENSLEY, M.D	(i)	874,932	0	16,500	30,827	15,035	937,294	0
	(ii)	0	0	0	0	0	0	0
PATRICK GANNON, M D.	(i)	849,955	0	16,500	30,827	13,249	910,531	0
	(ii)	0	0	0	0	0	0	0
RYAN GURSKY, M D	(i)	848,759	0	0	29,825	13,005	891,589	0
	(ii)	0	0	0	0	0	0	0
STANELY SCHWARTZ, M.D.	(i)	252,710	0	5,714	32,377	7,900	298,701	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	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.

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 RELATED ORGANIZATION.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization	Employer identification number
WARREN CLINIC, INC	73-1310891

Part I Excess Benefit Transactions, (section 501(c)(3) and section 501(c)(4) organizations only) N/A

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

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

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

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

Part II Loans to and/or From Interested Persons. N/A

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
			0	0						
			0	0						
			0	0						
			0	0						
			0	0						
			0	0						
Total			▶ $	0						

Part III Grants or Assistance Benefiting Interested Persons. N/A

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
MARTINA HUM M D	MARRIED TO VICE PRESIDEN	210,473	PHYSICIAN COMPENSATION		X
		0			
		0			
		0			
		0			
		0			

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	Employer identification number
WARREN CLINIC, INC	73-1310891

PART V, LINE 2B FOLLOWING REVENUE PROCEDURE 70-6, 1970-1 C B 420, SAINT FRANCIS PAYROLL SERVICES, LLC, EIN 45-0470422, HAS BEEN AUTHORIZED TO ACT AS A COMMON PAY AGENT UNDER SECTION 3504 OF THE INTERNAL REVENUE CODE FOR WARREN CLINIC, INC , EFFECTIVE JULY 1, 2002 AS OF THAT DATE, SAINT FRANCIS PAYROLL SERVICES, LLC, ASSUMED REPORTING OBLIGATIONS FOR FEDERAL INCOME TAX, SOCIAL SECURITY, MEDICARE, AND BACKUP WITHOLDING TAX PURPOSES AS WELL AS ADVANCE PAYMENT OF EARNED INCOME TAX CREDIT FOR WARREN CLINIC, INC , INCLUDING YEAR END REPORTING

PART VI, SECTION A, 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 14 DIRECTORS, 10 OF WHOM ARE INDEPENDENT

3 THE CORPORATION DELEGATES ITS GOVERNANCE TO SFHS

6 THE MEMBERS OF THE CORPORATION ARE WILLIAM K WARREN JR, TRUSTEE, HENRY ZARROW, TRUSTEE, AND JAKE HENRY JR , TRUSTEE

7a THE MEMBERS OF THE CORPORATION ELECT THE DIRECTORS AT A SPECIAL OR ANNUAL MEETING

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

PART VI, SECTION B, LINE

11 THE FORM 990 OF WARREN CLINIC, 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

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, INC THE FINANCE COMMITTEE DETERMINES IF AN ACTUAL CONFLICT EXISTS AND, IF SO, WHAT MEASURES SHOULD BE TAKEN TO MANAGE THE CONFLICT

Name of the organization	Employer identification number
WARREN CLINIC, INC	73-1310891

15b 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

19 REQUESTS FOR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE EVALUATED ON A CASE-BY-CASE BASIS

PART VII, SECTION A, LINE 1A THE HOURS PER WEEK REPORTED FOR OFFICERS AND DIRECTORS ARE THE HOURS SPENT ON THE FILING ENTITY ONLY THE REMAINING PORTION OF THE 40 HOURS PER WEEK OF THE OFFICES AND DIRECTORS WITH RELATED COMPENSATION IS ALLOCATED AMONG THE ENTITIES REPORTED ON SCHEDULE R

SCHEDULE L, PART IV DR MARTINA HUM, AN EMPLOYED PHYSICIAN OF WARREN CLINIC, INC , IS MARRIED TO THOMAS G NEFF, VICE PRESIDENT OF WARREN CLINIC, INC HER COMPENSATION AND BENEFITS ARE REPORTED ON FORM 990 , PART IX, LINE 6 ALL EMPLOYED PHYSICIAN COMPENSATION IS REVIEWED BY AN INDEPENDENT THIRD PARTY

PART VI, LINE 2 JAKE HENRY, JR., DIRECTOR, WILLIAM K. WARREN, JR., TRUSTEE, HENRY ZARROW, TRUSTEE, AND W.R. LISSAU, DIRECTOR, HAVE A BUSINESS RELATIONSHIP DUE TO SERVING ON OTHER BOARDS OUTSIDE THE SAINT FRANCIS HEALTH SYSTEM, INC.

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
WARREN CLINIC, INC.

Employer identification number
73-1310891

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

(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
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
SAINT FRANCIS HEALTH SYSTEM INC 73-1501972 6600 S YALE AVE , STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	11B TYPE II	N/A
SAINT FRANCIS HOSPITAL INC 73-0700090 6600 S. YALE AVE , STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	3	N/A
SAINT FRANCIS HOSPITAL SOUTH LLC 01-0603214 6600 S YALE AVE., STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	3	N/A
LAUREATE PSYCHIATRIC CLINIC & HOSPITAL INC 73-1308273 6600 S YALE AVE , STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	3	N/A
PATIENT CARE SERVICES OF SAINT FRANCIS INC 73-0803027 6600 S YALE AVE , STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	3	N/A
MCALESTER AMBULATORY SURGERY CENTER LLC 73-1599085 6600 S YALE AVE., STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	3	N/A
THE CHILDREN'S HOSPITAL FOUNDATION AT SAINT FRANCIS 20-2843418 6600 S. YALE AVE , STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	501(C)(3)	11A TYPE I	N/A

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

(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
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
SAINT FRANCIS PAYROLL SERVICES LLC 45-0470422 6600 S. YALE AVE., STE 400, TULSA, OK 74136-3319	COMMON PAY AGENT	OK	N/A	C Corp	N/A 0	N/A 0	N/A %
XAVIER INSURANCE COMPANY INC 03-0333599 76 ST PAUL ST., STE 500, BURLINGTON, VT 05401-4477	CAPTIVE INSURANCE	VT	N/A	C Corp	N/A 0	N/A 0	N/A %
SAINT FRANCIS HEALTH SYSTEM GENERAL/PROFESSIONAL LIABILITY PO BOX 3038, MILWAUKEE, WI 53201-3038	SELF INSURANCE	OK	N/A	Trust	N/A 0	N/A 0	N/A %
SPRINGER CLINIC, INC. 73-1414359 6600 S. YALE AVE., STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	N/A	S Corp	N/A 0	N/A 0	N/A %
RELATED HEALTH SERVICES INC. 73-1288715 6600 S YALE AVE., STE 400, TULSA, OK 74136-3319	HEALTH SVCS	OK	N/A	S Corp	N/A 0	N/A 0	N/A %
					0	0	%
					0	0	%

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

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

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

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)	MCALESTER AMBULATORY SURGERY CENTER	k	256,999
(2)	MCALESTER AMBULATORY SURGERY CENTER	o	244,814
(3)	MCALESTER AMBULATORY SURGERY CENTER	c	375,000
(4)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	j	569,274
(5)	PATIENT CARE SERVICES OF SAINT FRANCIS INC	p	165,812
(6)	SAINT FRANCIS HOSPITAL SOUTH LLC	j	233,396

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

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) Disproportionate 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
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
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					0			0		
					0			0		
					0			0		
					0			0		
					0			0		

Part II **Continuation of Identification of Related Tax–Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SERVICE COLLECTION ASSOCIATION INC 73-0927856 6600 S. YALE AVE , STE 400, TULSA, OK 74136-3319	INACTIVE	OK	501(E)	N/A	

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(7)	SAINT FRANCIS HOSPITAL SOUTH LLC	p	208,238
(8)	SAINT FRANCIS HOSPITAL SOUTH LLC	o	453,710
(9)	LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	k	64,013
(10)	LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	o	4,213,261
(11)	SAINT FRANCIS HOSPITAL INC	b	360,000
(12)	SAINT FRANCIS HOSPITAL INC	k	3,104,366
(13)	SAINT FRANCIS HOSPITAL INC	o	135,744,496
(14)	SAINT FRANCIS HOSPITAL INC	r	59,393
(15)	SAINT FRANCIS HEALTH SYSTEM INC	c	12,000,000
(16)	SAINT FRANCIS HOSPITAL INC	j	66,265
(17)	SAINT FRANCIS HOSPITAL INC	l	3,467,753
(18)	SAINT FRANCIS HOSPITAL INC	p	128,575,470
(19)	SPRINGER CLINIC INC	i	74,133
(20)	SPRINGER CLINIC INC	k	3,976,296
(21)	SPRINGER CLINIC INC	o	10,112,381
(22)	SPRINGER CLINIC INC	j	74,955
(23)	SPRINGER CLINIC INC	l	1,009,153
(24)	SPRINGER CLINIC INC	p	34,335,639