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Form **990****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)

OMB No 1545-0047

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** 07/01, 2010, and ending 06/30, 2011


<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WHEATON FRANCISCAN HEALTHCARE</b>		<b>D</b> Employer identification number 39-1264986
	ALL SAINTS INC		
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number
	3801 SPRING STREET		(262) 687-2011
	City or town, state or country, and ZIP + 4 RACINE, WI 53405		<b>G</b> Gross receipts \$ 382,438,842.
	<b>F</b> Name and address of principal officer JOHN OLIVERIO 400 W. RIVER WOODS PKWY MILWAUKEE, WI 53212		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( ) (insert no )	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<b>J</b> Website ▶ WWW.MYWHEATON.ORG			<b>H(c)</b> Group exemption number ▶ 0928
<b>K</b> Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association <input type="checkbox"/> Other ▶
<b>L</b> Year of formation 1974		<b>M</b> State of legal domicile WI	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities TO PROVIDE INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO INDIVIDUALS LOCATED IN SOUTHEAST WISCONSIN.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16.	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6.	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	3,463.	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	459.	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	2,278,287.	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	121,143.	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		<b>9</b> Program service revenue (Part VIII, line 2g)	590,719.	349,157.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		369,099,481.	369,863,887.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,826.	8,656,640.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,043,868.	3,155,682.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		372,775,894.	382,025,366.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		3,332.	6,194.	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		149,450,002.	152,932,370.	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		0.	0.	
<b>Net Assets or Fund Balances</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	205,186,467.	200,477,909.	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	354,639,801.	353,416,473.	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	18,136,093.	28,608,893.	
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	<b>21</b> Total liabilities (Part X, line 26)	295,269,539.	620,598,847.	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	18,170,522.	328,017,301.	
		277,099,017.	292,581,546.	

**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.

<b>Sign Here</b>		Date	5/11/12
	JONATHAN W SOHN	SENIOR VP AND CFO	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Firm's name	Firm's EIN	Phone no
	Firm's address		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

**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 \$ 280,720,739 including grants of \$ 6,194. ) (Revenue \$ 368,722,127. )

ATTACHMENT 2

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

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

**4e** Total program service expenses ► 280,720,739.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b 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 . . . . .		X
c 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 . . . . .		X
d 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 . . . . .	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	X	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .		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, Parts II and IV . . . . .		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, Parts III and IV . . . . .		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 (see instructions) . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	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. . . . .	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. . . . .		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. . . . .	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. . . . .		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. . . . .		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. . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		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. . . . .		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. . . . .		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. . . . .	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		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. . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> 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.	<b>2a</b> 3,463		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	X	
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>		

**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.

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a 16	
b Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b 6	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	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 governing documents since the prior Form 990 was filed? . . . . .	4	X
5 Did the organization become aware during the year of a significant 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	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	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	X
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	X
b 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	

**Section C. Disclosure**

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

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

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

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☒ X**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JOHN ANDREOLI DIRECTOR	1.00	X								
(2) JAMES BURHOP MD EX OFFICIO DIRECTOR	1.00	X								
(3) SR M RAMONA DOMBROWSKI DIRECTOR	1.00	X								
(4) CHRIS LEBERFING DIRECTOR	1.00	X								
(5) BRIAN SMIGELSKI DIRECTOR	1.00	X								
(6) GLENN WILDER DIRECTOR	1.00	X								
(7) DAVID ASHPOLE MD DIRECTOR	40.00	X							721,943.	47,531.
(8) KENNETH BUSER PRESIDENT/VICECHAIR - DIRECTOR	40.00	X		X					576,160.	103,832.
(9) STEPHEN CARDAMONE DO CHAIR - DIRECTOR	40.00	X		X					559,312.	72,801.
(10) DANIEL DONOVAN DO EX OFFICIO DIRECTOR	40.00	X							283,910.	32,781.
(11) NEAL HARMELINK MD EX OFFICIO DIRECTOR	40.00	X							963.	
(12) DANIEL MATTES EX OFFICIO DIRECTOR	40.00	X							347,962.	60,981.
(13) NICHOLAS OMDAHL MD SECRETARY/TREASURER - DIRECTOR	40.00	X		X					473,053.	41,048.
(14) TOD POREMSKI MD EX OFFICIO DIRECTOR	40.00	X							286,326.	24,623.
(15) DEBRA STANDRIDGE EX OFFICIO DIRECTOR	40.00	X							415,766.	56,573.
(16) ROBERT STERN MD DIRECTOR	40.00	X							151,868.	26,166.



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) SUSAN BOLAND SVP - CHIEF INFORMATION OFFICE	40.00				X				349,864.	46,794.
(18) LEONID LEYBOVICH CHIEF CLINIC MEDICAL PHYSICIST	40.00					X		198,899.		31,383.
(19) KELLY SCHNEIDER PHYSICIAN ASSISTANT-PROD PAY	40.00					X		174,371.		13,352.
(20) PATRICIA BOLLING RN-NURSE PRACTNR-PROD PAY	40.00					X		156,707.		15,294.
(21) PAUL MASON VP-MEDICAL GROUP	40.00					X		173,034.		38,455.
(22) MARY OUIMET VP-PATIENT SRVCS-CNO	40.00					X		192,464.		48,438.
(23) WILLIAM BLUM SR VP AND CHIEF FINANCIAL OFFI	40.00						X		305,272.	135,825.
(24) RICHARD CLARK MD PHYSICIAN EMPLOYEE	40.00						X		257,759.	42,892.
(25) STEPHEN FLOX MD PHYSICIAN EMPLOYEE	40.00						X		508,392.	46,629.
(26) JERRY HARDACRE MD PHYSICIAN EMPLOYEE	40.00						X		347,987.	49,381.
(27) STEVEN JOHNSON MD PHYSICIAN EMPLOYEE	40.00						X		588,401.	58,879.
(28) JACK MANLEY MD PHYSICIAN EMPLOYEE	40.00						X		577,607.	47,927.
<b>1b Sub-total</b>								895,475.	6,752,545.	1,041,585.
<b>c Total from continuation sheets to Part VII, Section A</b>									3,656,688.	645,515.
<b>d Total (add lines 1b and 1c)</b>								895,475.	10,409,233.	1,687,100.

**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 **57**

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

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>43</b>		

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	201,987			
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	145,830			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,340			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		349,157			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	PATIENT REVENUES . . . . .	900099	357,960,228	357,960,228		
	<b>b</b>	PHARMACY OPERATIONS . . . . .	446110	11,104,777	9,325,792	1,778,985	
	<b>c</b>	LABORATORY SERVICES . . . . .	621500	567,657	68,355	499,302	
	<b>d</b>	HEALTH & WELLNESS . . . . .	900099	231,225	231,225		
	<b>e</b>	. . . . .					
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		369,863,887			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 5		66,616			66,616
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross Rents . . . . .	516,896				
	<b>b</b>	Less rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .	516,896				
	<b>d</b>	Net rental income or (loss) . . . . .		516,896			516,896
			(i) Securities	(ii) Other			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .		9,003,500			
	<b>b</b>	Less cost or other basis and sales expenses . . . . .		413,476			
	<b>c</b>	Gain or (loss) . . . . .		8,590,024			
	<b>d</b>	Net gain or (loss) . . . . .		8,590,024			8,590,024
	<b>8a</b>	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	CAFETERIA REVENUE . . . . .	721000	1,225,750			1,225,750	
<b>b</b>	LITTLE SAINTS DAYCARE . . . . .	624410	879,929	879,929			
<b>c</b>	LIFELINE . . . . .	900099	253,487	253,487			
<b>d</b>	All other revenue . . . . .	900099	279,620	279,620			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		2,638,786				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		382,025,366	368,998,636	2,278,287	10,399,286	

Form 990 (2010)

**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 . . .	6,194.	6,194.		
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 . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	119,809,294.	116,685,934.	3,123,360.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	12,178,118.	11,860,641.	317,477.	
9 Other employee benefits . . . . .	13,345,646.	12,997,733.	347,913.	
10 Payroll taxes . . . . .	7,599,312.	7,447,326.	151,986.	
11 Fees for services (non-employees)	0.			
a Management . . . . .	3,408.		3,408.	
b Legal . . . . .	0.			
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	7,270,323.	6,829,595.	440,728.	
12 Advertising and promotion . . . . .	8,407.	5,483.	2,924.	
13 Office expenses . . . . .	61,745,950.	61,407,514.	338,436.	
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	6,840,176.	6,840,176.		
17 Travel . . . . .	198,709.	116,649.	82,060.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	902,115.	899,327.	2,788.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . .	15,866,027.	15,866,027.		
23 Insurance . . . . .	110.	110.		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>MANAGEMENT FEES</u> . . . . .	66,873,965.		66,873,965.	
b <u>BAD DEBT</u> . . . . .	16,342,367.	16,342,367.		
c <u>HOSPITAL ASSESSMENT TAX</u> . . . . .	10,729,144.	10,729,144.		
d <u>OTHER PURCHASED SERVICES</u> . . . . .	5,982,929.	5,665,401.	317,528.	
e <u>MAINTENANCE CONTRACTS</u> . . . . .	5,191,322.	5,045,182.	146,140.	
f All other expenses . . . . .	2,522,957.	1,975,936.	547,021.	
25 Total functional expenses Add lines 1 through 24f	353,416,473.	280,720,739.	72,695,734.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
<b>Assets</b>	1 Cash - non-interest-bearing	19,007.	1	19,107.
	2 Savings and temporary cash investments	1,150,724.	2	1,077,349.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	37,371,810.	4	39,325,992.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,801,991.	8	6,319,081.
	9 Prepaid expenses and deferred charges	885,210.	9	456,162.
	10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 400,164,219.		
	b Less accumulated depreciation	10b 224,435,555.		
	11 Investments - publicly traded securities	183,964,769.	10c	175,728,664.
	12 Investments - other securities See Part IV, line 11		11	
	13 Investments - program-related See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	65,076,028.	14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	295,269,539.	15	397,672,492.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	14,522,254.	16	620,598,847.
	18 Grants payable		17	16,074,317.
	19 Deferred revenue	157,440.	18	
	20 Tax-exempt bond liabilities		19	137,502.
	21 Escrow or custodial account liability Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities Complete Part X of Schedule D	3,490,828.	24	
	26 <b>Total liabilities.</b> Add lines 17 through 25	18,170,522.	25	311,805,482.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	328,017,301.
	27 Unrestricted net assets	277,050,050.	27	291,548,927.
	28 Temporarily restricted net assets	48,967.	28	1,032,619.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	277,099,017.	33	292,581,546.
34 <b>Total liabilities and net assets/fund balances</b>	295,269,539.	34	620,598,847.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	382,025,366.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	353,416,473.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	28,608,893.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	277,099,017.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-13,126,364.
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	292,581,546.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

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

Form **990** (2010)

**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

**2010**

**Open to Public Inspection**

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

Employer identification number  
**39-1264986**

**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?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3 % support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10 a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19 a 33 1/3 % support tests - 2010.</b> 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 ► <input type="checkbox"/>		
<b>b 33 1/3 % support tests - 2009.</b> 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 ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		



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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

**2010**  
**Open to Public Inspection**

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

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

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

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

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

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

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

Employer identification number  
**39-1264986**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . ▶ \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments 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-
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2010

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		8,234.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV	X		
<b>j</b> Total Add lines 1c through 1i			8,234.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## OTHER ACTIVITIES

SCH C, PT II-B, LINE 11

WHEATON FRANCISCAN HEALTHCARE AND FRANCISCAN MINISTRIES ARE PART OF A CONTROLLED GROUP OF HEALTHCARE AND HOUSING ORGANIZATIONS THAT ARE RELATED THROUGH A COMMON PARENT ORGANIZATION. CERTAIN ENTITIES WITHIN THIS CONTROLLED GROUP ENGAGE IN LIMITED LOBBYING ACTIVITIES THAT BENEFIT EACH ORGANIZATION COLLECTIVELY.

WHEATON FRANCISCAN HEALTHCARE EMPLOYS ONE FULL TIME VICE PRESIDENT OF STRATEGIC PLANNING AND GOVERNMENT RELATIONS WHOSE DUTIES INCLUDE A PORTION OF LOBBYING ACTIVITIES. THESE LOBBYING ACTIVITIES APPROXIMATE 20% OF TOTAL ANNUAL SALARY. A BENEFITS FACTOR OF 25% IS ADDED, AND THE TOTAL IS ALLOCATED AMONGST THE ORGANIZATIONS RECEIVING THE BENEFIT OF THESE SERVICES.

THE LOBBYING ACTIVITIES INCLUDE SUCH THINGS AS PRESERVATION OF MEDICARE AND MEDICAID FUNDING; MONITORING FEDERAL LEGISLATION THAT MAY IMPACT THE ORGANIZATION; PARTICIPATING IN AND COORDINATING VISITS WITH ELECTED OFFICIALS; COORDINATING ADVOCACY ACTIVITIES IN CONJUNCTION WITH RELEVANT TRADE ASSOCIATIONS; AND PROVIDING AWARENESS ON SPECIFIC STATE RELATED LEGISLATIVE ISSUES WHEN THE NEED ARISES (E.G.: STATE HOSPITAL ASSESSMENT LEGISLATION IN WISCONSIN).

THE PORTION OF DIRECT EXPENSES RELATED TO ANNUAL EMPLOYEE BUSINESS TRAVEL TO WASHINGTON DC OR OTHER LOCATIONS, IN ORDER TO LOBBY FOR ISSUES IMPORTANT TO HEALTHCARE PROVIDERS AND PATIENTS, HAVE BEEN INCLUDED IF

**Part IV** Supplemental Information (continued)

APPLICABLE.

FINALLY, ANY TRADE ASSOCIATION DUES CONTAINING A PERCENTAGE PORTION  
ALLOCABLE TO LOBBYING ACTIVITIES, HAS BEEN ADDED OR ESTIMATED, AS  
APPROPRIATE.

LOBBYING EXPENSES INCURRED BY EACH ORGANIZATION DIRECTLY, ARE REFLECTED  
ON THEIR RESPECTIVE IRS FORM 990, AND CAN BE SUMMARIZED AS FOLLOWS:

WHEATON FRANCISCAN SERVICES, INC.

#36-3262111

\$72,014

WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN, INC.

#39-1566865

\$32,020

WHEATON FRANCISCAN, INC.

(FORMERLY WHEATON FRANCISCAN HEALTHCARE - ST. JOSEPH, INC. AND THE  
WISCONSIN HEART HOSPITAL, INC.)

#39-0816857

\$10,381

WHEATON FRANCISCAN HEALTHCARE - ST. FRANCIS, INC.

#39-0907740

\$7,924

**Part IV** Supplemental Information (continued)

WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL, INC.

#39-0853528

\$4,012

WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS, INC.

#39-1264986

\$8,234

WHEATON FRANCISCAN HEALTHCARE - FRANKLIN, INC.

#56-2592868

\$1,516

WHEATON FRANCISCAN HOME HEALTH AND HOSPICE, INC.

#39-1559428

\$ 962

MARIANJOY, INC.

#36-3483589

\$3,746

MARIANJOY REHABILITATION HOSPITALS AND CLINICS, INC.

#36-2680776

\$11,814

WHEATON FRANCISCAN HEALTHCARE - IOWA, INC.

**Part IV** Supplemental Information (continued)

#42-1177001

\$3,746

COVENANT MEDICAL CENTER, INC.

#42-1264647

\$27,090

SARTORI HOSPITAL, INC.

#42-0758901

\$5,146

MERCY HOSPITAL, INC.

#42-1178403

\$2,400

TOTAL LOBBYING EXPENSES: \$191,005



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization WHEATON FRANCISCAN HEALTHCARE

ALL SAINTS INC

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number

39-1264986

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

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

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

	Held at the End of the 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, and not on a historic structure listed in the National Register . . . . .	2d

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

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2010

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Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)
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- 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)
- |          |                          |                                     |          |                          |                           |
|----------|--------------------------|-------------------------------------|----------|--------------------------|---------------------------|
| <b>a</b> | <input type="checkbox"/> | Public exhibition                   | <b>d</b> | <input type="checkbox"/> | Loan or exchange programs |
| <b>b</b> | <input type="checkbox"/> | Scholarly research                  | <b>e</b> | <input type="checkbox"/> | Other _____               |
| <b>c</b> | <input type="checkbox"/> | Preservation for future generations |          |                          |                           |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

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

<b>Part V</b>	<b>Endowment Funds.</b> Complete if organization answered "Yes" to Form 990, Part IV, line 10.
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Part V Endowment Funds Complete if organization answered Yes to Form 990, Part IV, line 10.					
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

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

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

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

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

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

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

**Part VI** 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
<b>1a</b> Land . . . . .		3,074,414.		3,074,414.
<b>b</b> Buildings . . . . .		303,770,053.	151,188,062.	152,581,991.
<b>c</b> Leasehold improvements . . . . .		1,366,110.	1,366,110.	
<b>d</b> Equipment . . . . .		72,124,583.	62,700,050.	9,424,533.
<b>e</b> Other . . . . .		19,829,059.	9,181,333.	10,647,726.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				175,728,664.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1) ACCOUNTS REC OTHER	397,197,786.
(2) NOTE RECEIVABLE	251,472.
(3) INVESTMENT IN STOCKS	141,334.
(4) SPECIFIC FUND CHECKING	77,475.
(5) LAKESHORE MANOR	4,425.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO THIRD PARTY PAYORS	309,870,303.
(3) ASBESTOS ABATEMENT LIABILITY	1,935,179.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. FIN 48 (ASC 740) 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 (ASC 740)

**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	382,025,366.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	353,416,472.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	28,608,894.
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	32,783,977.
9	Total adjustments (net) Add lines 4 through 8	9	32,783,977.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	61,392,871.

**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	371,521,168.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	371,521,168.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	10,504,198.
c	Add lines 4a and 4b	4c	10,504,198.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	382,025,366.

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

1	Total expenses and losses per audited financial statements	1	310,128,297.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	310,128,297.
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	43,288,176.
c	Add lines 4a and 4b	4c	43,288,176.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	353,416,473.

**Part XIV Supplemental Information**

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

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

## SCHEDULE D NET ASSETS, REVENUE, AND EXPENSE RECONCILIATIONS

AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE HAVE A CONSOLIDATED AUDIT PREPARED FOR THE ENTIRE CONTROLLED GROUP OF HEALTHCARE PROVIDERS. BECAUSE OF THIS, CERTAIN PARTS OF THIS IRS FORM 990 REGARDING INDIVIDUALLY PREPARED AUDITS HAVE BEEN ANSWERED ACCORDINGLY AND PER IRS INSTRUCTIONS. NORMALLY, AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE WILL USE AN INTERNALLY PREPARED DOCUMENT, THAT BREAKS THE CONSOLIDATED AUDIT DOWN TO THE ENTITY LEVEL, AND TIE EACH 990 ACCORDINGLY. HOWEVER, FOR EXTERNAL REPORTING PURPOSES, CERTAIN RECLASSIFICATIONS WERE MADE TO CORRECT FOR HOSPITAL BASED BILLING ISSUES. AS SUCH, PART XI LINE 8 WAS UTILIZED SO THAT ENDING NET ASSETS WOULD TIE OUT AFTER THE FOLLOWING RECLASSIFICATIONS WERE MADE: 1) WE INCREASED REVENUES IN THE AMOUNT OF 10,504,198 WHICH REPRESENTED HOSPITAL BASED BILLING REVENUES WHICH WAS ORIGINALLY RECORDED AT WHEATON FRANCISCAN MEDICAL GROUP (39-1791586). 2) WE INCREASED EXPENSES IN THE AMOUNT OF 43,288,176 WHICH REPRESENTED HOSPITAL BASED BILLING EXPENSES WHICH WAS ORIGINALLY RECORDED AT WHEATON FRANCISCAN MEDICAL GROUP (39-1791586). 3) WE INCREASED REVENUES IN THE AMOUNT OF 23,996 WHICH RELATES TO A PRIOR PERIOD ADJUSTMENT REGARDING A GRANT. RECONCILIATION OF ENDING NET ASSETS:

BEG NET ASSETS FORM 990:	277,099,017
+ NET GAIN - FORM 990	28,608,893
+ TRANSFERS FROM AFFILIATE (MG)	(46,893,992)

**Part XIV** Supplemental Information (continued)

+ PP&E FINANCED BY TR NET ASSETS	959,655
+ PRIOR PERIOD ADJ - GRANT	23,996
+ HOSPITAL BASED BILLING	32,783,977
ENDING NET ASSETS FORM 990 =	292,581,546

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **WHEATON FRANCISCAN HEALTHCARE**

Employer identification number

**ALL SAINTS INC**

**39-1264986**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

**1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .

	Yes	No
<b>1a</b>	X	

**b** If "Yes," was it a written policy? . . . . .

<b>1b</b>	X	
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**2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.

- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities  
☐ Generally tailored to individual hospital facilities

**3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.

**a** Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care . . . . .

- ☐ 100% ☐ 150% ☒ 200% ☐ Other \_\_\_\_\_ %

<b>3a</b>	X	
-----------	---	--

**b** Did the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .

- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other \_\_\_\_\_ %

<b>3b</b>	X	
-----------	---	--

**c** If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

**4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .

<b>4</b>		X
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**5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

<b>5a</b>	X	
-----------	---	--

**b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .

<b>5b</b>		
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**c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .

<b>5c</b>		X
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**6a** Did the organization prepare a community benefit report during the tax year? . . . . .

<b>6a</b>	X	
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**b** If "Yes," did the organization make it available to the public? . . . . .

<b>6b</b>	X	
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Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheets 1 and 2) . . . . .			7,751,552.		7,751,552.	2.30
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .			55,599,681.	55,429,643.	170,038.	.05
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) . . . . .			1,070,070.	1,169,838.	-99,768.	-.03
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			64,421,303.	56,599,481.	7,821,822.	2.32
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			258,596.	27,660.	230,936.	.07
<b>f</b> Health professions education (from Worksheet 5) . . . . .			858,088.		858,088.	.25
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			14,598,479.	9,875,048.	4,723,431.	1.40
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .			206,676.	20,249.	186,427.	.06
<b>j</b> Total Other Benefits . . . . .			15,921,839.	9,922,957.	5,998,882.	1.78
<b>k</b> Total Add lines 7d and 7j . . . . .			80,343,142.	66,522,438.	13,820,704.	4.10

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

Schedule H (Form 990) 2010

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			22,764.		22,764.	.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			3,920.		3,920.	
8 Workforce development			2,467.		2,467.	
9 Other						
10 Total			29,151.		29,151.	.01

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

	Yes	No
1	X	
2		
3		
4		
5		
6		
7		
9a	X	
9b	X	

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

- 9a Does the organization have a written debt collection policy during the tax year? . . . . .
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .

**Part IV Management Companies and Joint Ventures**

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





**Part V Facility Information (continued)****Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: WFH-ALL SAINTSLine Number of Hospital Facility (from Schedule H, Part V, Section A): 1**Community Health Needs Assessment** (Lines 1 through 7 are optional for 2010)

Yes No

1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8. . . . . **1**

If "Yes," indicate what the Needs Assessment describes (check all that apply)

- a ☐ A definition of the community served by the hospital facility
- b ☐ Demographics of the community
- c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d ☐ How data was obtained
- e ☐ The health needs of the community
- f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h ☐ The process for consulting with persons representing the community's interests
- i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs
- j ☐ Other (describe in Part VI)

2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20   

3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . **3**

4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . . **4**

5 Did the hospital facility make its Needs Assessment widely available to the public? . . . . . **5**

If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)

- a ☐ Hospital facility's website
- b ☐ Available upon request from the hospital facility
- c ☐ Other (describe in Part VI)

6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):

- a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community
- b ☐ Execution of the implementation strategy
- c ☐ Participation in the development of a community-wide community benefit plan
- d ☐ Participation in the execution of a community-wide community benefit plan
- e ☐ Inclusion of a community benefit section in operational plans
- f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment
- g ☐ Prioritization of health needs in its community
- h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i ☐ Other (describe in Part VI)

7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . . **7**

**Financial Assistance Policy**

Did the hospital facility have in place during the tax year a written financial assistance policy that

8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . . **8**

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . . . . **9**

If "Yes," indicate the FPG family income limit for eligibility for free care    %

**Part V Facility Information (continued)** WFH-ALL SAINTS

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care. _ _ _ %	<b>10</b>	
<b>11</b> Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply).	<b>11</b>	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? . . . . .	<b>12</b>	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply).	<b>13</b>	
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment? . . . . .	<b>14</b>	
<b>15</b> Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year.		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
<b>16</b> Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? . . . . . If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)	<b>16</b>	
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
<b>17</b> Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply)		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Schedule H (Form 990) 2010

**Part V Facility Information (continued)** WFH-ALL SAINTS**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .		
	If "No," indicate the reasons why (check all that apply)		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

**Charges for Medical Care**

<b>19</b>	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . .		
	If "Yes," explain in Part VI.		
<b>21</b>	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? . . . . .		
	If "Yes," explain in Part VI		

Schedule H (Form 990) 2010

**Part V Facility Information** (continued)**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
<b>1</b> WFH-ALL SAINTS 1320 WISCONSIN AVE RACINE WI 53403	HOSPITAL
<b>2</b> WFH-ALL SAINTS CARDIOVASCULAR INSTITUTE 3803 SPRING STREET RACINE WI 53405	CARDIOVASCULAR INSTITUTE
<b>3</b> WFH-ALL SAINTS WPOB A & B 3805 SPRING STREET RACINE WI 53405	PROFESSIONAL OFFICE BUILDING
<b>4</b> WFH-ALL SAINTS SPRING ST CLINIC 3807 SPRING STREET RACINE WI 53405	CLINIC
<b>5</b> WFH-ALL SAINTS ST LUKE HLTH PAVILION 3821 SPRING STREET RACINE WI 53405	HEALTH PAVILION
<b>6</b> WFH-ALL SAINTS MOB 1244 WISCONSIN AVE RACINE WI 53403	MEDICAL OFFICE BUILDING
<b>7</b> WFH-ALL SAINTS ATRIUM MOB 3811 SPRING STREET RACINE WI 53405	MEDICAL OFFICE BUILDING
<b>8</b>	
<b>9</b>	
<b>10</b>	

Schedule H (Form 990) 2010

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

## OTHER INFORMATION

SCH H, PT I, LINE 4:

WHEATON FRANCISCAN HEALTHCARE'S GENEROUS PAYMENT FOR SERVICES POLICY

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

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

LIABILITY THAT WHEATON FRANCISCAN HEALTHCARE WILL CHARGE FOR MEDICALLY

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

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

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

AVAILABLE TO THOSE WHO MEET REQUIREMENTS INCLUDING INCOME LEVEL, FAMILY

SIZE, AND ASSETS.

SCH H, PART 1, LINE 6A:

THE ANNUAL REPORT THAT OUTLINES THE HOSPITAL'S COMMUNITY BENEFIT

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

FRANCISCAN SERVICES, INC. WHICH IS THE ULTIMATE PARENT ORGANIZATION OF AN

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

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FOR MORE INFORMATION, PLEASE SEE OUR ANNUAL REPORT AT [WWW.MYWHEATON.ORG](http://WWW.MYWHEATON.ORG).

IT IS AVAILABLE UNDER "ABOUT US" BY CLICKING ON "COMMUNITY IMPACT," AND  
SCROLLING DOWN TO "FOR MORE INFORMATION."

SCH H, PART 1, LINE 7:

COMMUNITY BENEFIT AMOUNTS ARE REPORTED USING TOTAL ACTUAL COSTS PER THE  
HOSPITAL'S MANAGERIAL ACCOUNTING SYSTEM IN USE, WHICH INCLUDES ALL  
PATIENT SEGMENTS INCLUDING INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE  
INSURANCE, MEDICAID, MEDICARE, MEDICARE HMO, UNINSURED, AND SELF PAY  
PATIENTS. MEDICARE IS REPORTED PER THE MOST RECENTLY FILED COST REPORT.  
AMOUNTS ARE COMPILED USING A SOFTWARE APPLICATION RECOMMENDED BY THE  
CATHOLIC HEALTH ASSOCIATION BECAUSE IT HAS THE ABILITY TO PROVIDE THE  
INFORMATION IN A FORMAT SUITABLE FOR SCHEDULE H PRESENTATION. AFTER THE  
DATA IS ENTERED BY THE SITE FINANCE DIRECTORS, ITS ACCURACY IS VERIFIED  
BY EMPLOYEES WHO ARE TRAINED IN COMMUNITY BENEFIT REPORTING. THE MANAGER  
OF STRATEGIC PLANNING AND COMMUNITY BENEFIT AND THE VICE PRESIDENT OF  
GOVERNMENT RELATIONS THEN REVIEW THE COMMUNITY BENEFIT AMOUNTS WITH THE  
CHIEF FINANCIAL OFFICER AND THE PRESIDENT/CEO OF THE ORGANIZATION. ONCE

**Part VI Supplemental Information**

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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AMOUNTS ARE VERIFIED AND APPROVED, COMMUNITY BENEFIT AMOUNTS BECOME  
FINALIZED. WHEATON FRANCISCAN HEALTHCARE COMPLIES WITH ILLINOIS STATE LAW  
WHICH REQUIRES REPORTING TO THE ATTORNEY GENERAL'S OFFICE. ADDITIONALLY,  
WHEATON FRANCISCAN HEALTHCARE VOLUNTARILY REPORTS COMMUNITY BENEFIT  
INFORMATION IN WISCONSIN AND IOWA BY MAKING THE INFORMATION READILY  
AVAILABLE ON CERTAIN WEBSITES. FINALLY, THE INFORMATION IS COMPILED WITH  
THE ASSISTANCE OF THE SOFTWARE, FOR PRESENTATION IN IRS FORMS 990  
SCHEDULE H AND STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS PART III.

SCH H, PART 1, LINE 7, COLUMN F:  
WHEATON FRANCISCAN HEALTHCARE ORGANIZATIONS FOLLOW GUIDELINES ESTABLISHED  
BY THE CATHOLIC HEALTH ASSOCIATION, WHICH RECOMMENDS THAT BAD DEBT  
EXPENSE NOT BE INCLUDED IN COMMUNITY BENEFIT AMOUNTS. AS A RESULT OF  
THIS APPLIED METHODOLOGY, A TOTAL AMOUNT OF \$16,342,367 HAS NOT BEEN  
INCLUDED IN THE CALCULATION OF THE PERCENTAGES REPORTED ON SCHEDULE H  
LINE 7 COLUMN F.

SCH H, PART 1, LINE 7G:



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
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IN SOUTHEAST WISCONSIN, PHYSICIAN CLINICS ARE OPERATED BY A SEPARATE  
 LEGAL ENTITY; IOWA REGION CLINIC OPERATIONS ARE INCLUDED AS A DEPARTMENT  
 OF THE HOSPITAL, COVENANT MEDICAL CENTER, INC. CLINIC OPERATIONS FOR THE  
 IOWA CLINICS ARE INCLUDED ONLY IN THE COMMUNITY BENEFIT REPORTING OF  
 CHARITY CARE, GOVERNMENT SPONSORED HEALTH CARE, AND MEDICARE SHORTFALL.  
 THEREFORE, FOR ALL ENTITIES, INCLUDING COVENANT MEDICAL CENTER, INC.,  
 COSTS RELATED TO PHYSICIAN CLINICS ARE NOT INCLUDED IN SUBSIDIZED HEALTH  
 SERVICES REPORTED ON SCHEDULE H PART I LINE 7G.

SCH H, PART III, SECTION A, LINE 4:  
 AS PART OF AN ANNUAL PROCESS, AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE  
 COMPLETE A CONSOLIDATED AUDIT EACH YEAR WHICH DOES NOT PROVIDE ANY  
 SPECIFIC INFORMATION AS TO THE CALCULATION AND RECORDING OF BAD DEBT  
 EXPENSE. HOWEVER, IT IS THE PRACTICE OF WHEATON FRANCISCAN HEALTHCARE TO  
 RECORD ACTUAL BAD DEBT EXPENSE FOR EACH ORGANIZATION AT THE TIME THE  
 AMOUNT DUE IS DETERMINED TO BE UNCOLLECTIBLE, AND THUS WRITTEN OFF. SINCE  
 THE ORGANIZATION FOLLOWS GUIDELINES ESTABLISHED BY THE CATHOLIC HEALTH  
 ASSOCIATION AND THE RELATED STATE COUNTERPART IN WISCONSIN, IOWA, OR

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
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ILLINOIS AS APPROPRIATE, WHEATON FRANCISCAN HEALTHCARE DOES NOT INCLUDE  
 ANY FORM OF BAD DEBT EXPENSE IN ITS ANNUAL REPORTING OF COMMUNITY BENEFIT  
 AMOUNTS. IT IS ALSO THE POSITION OF WHEATON FRANCISCAN HEALTHCARE THAT  
 NONE OF THE PATIENTS RESULTING IN UNCOLLECTIBLE ACCOUNTS WOULD HAVE  
 QUALIFIED AS CHARITY CARE PATIENTS AS THIS DETERMINATION IS MADE AT THE  
 TIME OF ADMISSION. BAD DEBT EXPENSE IS DETERMINED AFTER MANY MONTHS OF  
 COLLECTION EFFORTS, AND FOR THIS REASON PART III SECTION A LINE 3 IS  
 REPORTED AS NONE (IE AT ZERO).

SCH H, PART III, SECTION B, LINE 8:

SCHEDULE H PART III SECTION B LINE 6 REPORTS "ALLOWABLE COSTS OF CARE" AS  
 TAKEN FROM THE MOST RECENTLY COMPLETED AS-FILED MEDICARE COST REPORT. THE  
 MEDICARE COST REPORT CALCULATES ITS ALLOWABLE TOTAL COSTS BASED ON  
 APPLICABLE MEDICARE REGULATIONS. MEDICARE AND MEDICAID COST IS  
 DETERMINED USING INDIVIDUAL COST CENTER COST-TO-CHARGE RATIOS. THIS COST  
 TO CHARGE RATIO IS DETERMINED USING ALL PAYER COST AND ALL PAYER CHARGES.  
 THE COST TO CHARGE RATIO IS APPLIED TO THE ACTUAL MEDICARE AND MEDICAID  
 CHARGES TO DETERMINE THE MEDICARE AND MEDICAID COST. NOTE THIS COST CAN

**Part VI Supplemental Information**

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BE SUBSTANTIALLY DIFFERENT THAN THE MEDICARE SHORTFALL AMOUNTS THAT ARE  
 FOOTNOTED IN OUR ANNUAL COMMUNITY BENEFIT REPORT, BECAUSE COSTS FOR THIS  
 PURPOSE ARE COMPUTED BY USING TOTAL ACTUAL COSTS PER THE MANAGERIAL  
 ACCOUNTING SYSTEM IN USE, WHICH INCLUDES MEDICARE HMO (IN ADDITION TO  
 STRAIGHT MEDICARE) AMONG OTHER DIFFERENCES.

THIS ORGANIZATION HAS ADOPTED THE COST AND CHARGE PRACTICES AS  
 RECOMMENDED BY THE CATHOLIC HEALTH ASSOCIATION AND THE WISCONSIN, IOWA,  
 OR ILLINOIS HOSPITAL ASSOCIATION AS APPLICABLE, AND THEREFORE, DOES NOT  
 COUNT ANY MEDICARE SHORTFALL NUMBERS, REGARDLESS OF THE METHOD UPON WHICH  
 THE SHORTFALL NUMBERS WERE DETERMINED, IN ITS ANNUAL REPORTING OF  
 COMMUNITY BENEFIT AMOUNTS.

SCH H, PART III, SECTION C, LINE 9B:

WHEATON FRANCISCAN HEALTHCARE'S PAYMENT FOR SERVICES POLICY OUTLINES ALL  
 COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR GOVERNMENT  
 PROGRAMS AND FOR OUR CHARITY CARE PROGRAM. WE MAKE EVERY ATTEMPT TO  
 ASSIST THE PATIENT IN ENROLLING IN GOVERNMENT INSURANCE PLANS OR OUR OWN

**Part VI Supplemental Information**

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

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

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

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

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

SEVERAL NOTICES AND A FINAL WRITTEN WARNING.

SCHEDULE H PART V SECTION A AND SECTION C:

AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE HAVE DEFINED AND REPORTED

"HOSPITAL FACILITIES" TO INCLUDE ONLY THOSE BRICKS AND MORTAR BUILDINGS

THAT ACTUALLY HAVE INPATIENT BEDS, IN ADDITION TO MEETING ALL OTHER

CRITERIA UNDER WISCONSIN, IOWA, OR ILLINOIS STATE LAWS, AS APPLICABLE,

REQUIRED FOR HOSPITAL LICENSING. ALTHOUGH THERE ARE OTHER FACILITIES

WITHIN OUR SYSTEM BUILT TO HOSPITAL STANDARDS, PERFORMING HOSPITAL-BASED

BILLING, AND CONFORMING TO OTHER "HOSPITAL" STANDARDS UNDER STATE LAW,

UNTIL THERE IS FURTHER GUIDANCE FROM THE IRS, THESE FACILITIES HAVE BEEN

REPORTED IN SECTION C, DUE TO THEIR LACK OF HAVING STATE CERTIFIED

INPATIENT BEDS.

**Part VI Supplemental Information**

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SCH H, PART VI, LINE 2:

WHEATON FRANCISCAN HEALTHCARE ASSESSES THE NEEDS OF THE COMMUNITIES IT  
SERVES BY REVIEWING ADMISSION AND DISCHARGE DATA, ANALYZING INFORMATION  
FROM THE COMMUNITY HEALTH DEPARTMENTS AND OTHER COMMUNITY LEADERS, AND BY  
ALIGNING OUR SERVICES WITH THE HEALTHY PEOPLE 2020 AND OTHER CURRENT YEAR  
INITIATIVES.

SCH H, PART VI, LINE 3:

WHEATON FRANCISCAN HEALTHCARE PROVIDES ITS PATIENTS WITH SEVERAL  
OPPORTUNITIES TO GAIN KNOWLEDGE AND AWARENESS OF ITS COMMUNITY CARE  
(CHARITY CARE/FINANCIAL ASSISTANCE) PROGRAM. NOTICES REGARDING THE  
AVAILABILITY OF FINANCIAL ASSISTANCE ARE DISPLAYED IN HIGHLY VISIBLE  
LOCATIONS WHERE THERE IS A SIGNIFICANT VOLUME OF INPATIENT OR OUTPATIENT  
TRAFFIC SUCH AS: PATIENT ADMITTING AND REGISTRATION AREAS IN BOTH  
INPATIENT AND OUTPATIENT SETTINGS, PHYSICIAN OFFICES, AND EMERGENCY  
DEPARTMENTS. ADDITIONALLY, BROCHURES DESCRIBING THE POLICY ARE AVAILABLE  
UPON REQUEST IN THE SAME LOCATIONS AND ON WHEATON FRANCISCAN HEALTHCARE'S

**Part VI Supplemental Information**

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WEBSITE. THE POLICY IS ALSO DISCUSSED AT THE TIME OF REGISTRATION OR  
PRE-REGISTRATION FOR ALL INPATIENT PROCEDURES.

SCH H, PART VI, LINE 4:

PLEASE SEE DETAILED INFORMATION PROVIDED AT SCHEDULE H PART VI LINE 5

SCH H, PART VI, QUESTION 5:

WHEATON FRANCISCAN HEALTHCARE IN SOUTHEAST WISCONSIN

WHEATON FRANCISCAN HEALTHCARE'S SERVICE TO SOUTHEAST WISCONSIN DATES BACK

TO 1879 WHEN THE FRANCISCAN SISTERS BEGAN OPERATING A HEALTH CARE

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

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

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

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

THROUGH THE UNION OF NUMEROUS SEPARATE BUT COMMON FUNCTIONS INCLUDING

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

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FRANCISCAN HEALTHCARE HAS CREATED A FULLY INTEGRATED REGION THAT ALLOWS  
IT TO SHARE BEST PRACTICES AND CREATE COST EFFICIENCIES.

WHEATON FRANCISCAN HEALTHCARE IN SOUTHEAST WISCONSIN LIST OF ENTITIES

HOSPITALS

WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS

WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL

WHEATON FRANCISCAN HEALTHCARE - ST. FRANCIS

WHEATON FRANCISCAN - ST. JOSEPH AND THE WISCONSIN HEART HOSPITAL

CAMPUSES

WHEATON FRANCISCAN HEALTHCARE - FRANKLIN

MIDWEST ORTHOPEDIC SPECIALTY HOSPITAL (JOINT VENTURE)

WHEATON FRANCISCAN MEDICAL GROUP

MORE THAN 300 PHYSICIANS IN 50 SPECIALTY AND PRIMARY CARE LOCATIONS

ACROSS SOUTHEAST WISCONSIN.

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
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**TRANSITIONAL & EXTENDED CARE**


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WHEATON FRANCISCAN HEALTHCARE - FRANCISCAN WOODS

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WHEATON FRANCISCAN HEALTHCARE - LAKESHORE MANOR

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WHEATON FRANCISCAN HEALTHCARE - THE TERRACE AT ST. FRANCIS

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**OUTPATIENT CENTERS**


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WHEATON FRANCISCAN CANCER CARE - ALL SAINTS

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WHEATON FRANCISCAN CANCER CARE - DAVID M. SHERMAN CENTER

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WHEATON FRANCISCAN CANCER CARE - ELMBROOK MEMORIAL

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WHEATON FRANCISCAN CANCER CARE - REIMAN CENTER

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WHEATON FRANCISCAN HEALTHCARE - BROWN DEER

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WHEATON FRANCISCAN HEALTHCARE - PERFORMANCE CENTERS (MULTIPLE LOCATIONS)

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WHEATON FRANCISCAN HEALTHCARE - RAWSON MEDICAL CENTER

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WHEATON FRANCISCAN HEALTHCARE - ST. FRANCIS MEDICAL ARTS PAVILION

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WHEATON FRANCISCAN HEALTHCARE - WAUWATOSA

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WHEATON FRANCISCAN- ST. JOSEPH FAMILY CARE CENTER

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**HOME HEALTH & HOSPICE**


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**Part VI Supplemental Information**

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WHEATON FRANCISCAN HOME HEALTH

WHEATON FRANCISCAN HOSPICE

WHEATON FRANCISCAN MEDICAL EQUIPMENT TEAM, LLC

PHARMACY

WHEATON FRANCISCAN PHARMACY (MULTIPLE LOCATIONS)

LABORATORY

WHEATON FRANCISCAN LABORATORY

PHILANTHROPIC FOUNDATIONS

WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS FOUNDATION

WHEATON FRANCISCAN HEALTHCARE - CIRCLE OF LIFE FOUNDATION

WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL FOUNDATION

WHEATON FRANCISCAN HEALTHCARE - FOUNDATION FOR ST. FRANCIS AND FRANKLIN

WHEATON FRANCISCAN - ST. JOSEPH FOUNDATION

WHEATON FRANCISCAN HEALTHCARE COMMUNITY IMPACT IN SOUTHEAST WISCONSIN /

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2011

CHARITY CARE: \$21,214,024. CHARITY CARE IS DEFINED AS FREE OR DISCOUNTED

HEALTH SERVICES PROVIDED TO THOSE WHO CANNOT AFFORD TO PAY AND WHO MEET

ALL CRITERIA FOR FINANCIAL ASSISTANCE. CHARITY CARE IS BASED ON ACTUAL

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

UNREIMBURSED COST OF PUBLIC PROGRAMS: \$68,661,090. UNREIMBURSED COST OF

PUBLIC PROGRAMS IS DEFINED AS THE SHORTFALL EXPERIENCED WHEN PAYMENTS

RECEIVED ARE BELOW THE COST OF TREATING PUBLIC BENEFICIARIES THROUGH

MEDICAID AND OTHER LOCAL PUBLIC PROGRAMS.

COMMUNITY HEALTH IMPROVEMENT SERVICES: \$576,228. COMMUNITY HEALTH

IMPROVEMENT SERVICES ARE DEFINED AS CLINICAL AND NON-CLINICAL SERVICES

DESIGNED TO IMPROVE COMMUNITY HEALTH, WHICH ARE PROVIDED TO THE COMMUNITY

FOR FREE OR FOR FEES THAT DID NOT COVER COSTS.

FINANCIAL CONTRIBUTIONS: \$1,227,045. FINANCIAL CONTRIBUTIONS ARE DEFINED

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AS CONTRIBUTIONS, INCLUDING CASH, NON-CASH ITEMS SUCH AS FOOD, FURNITURE,  
EQUIPMENT, SUPPLIES, AND LOANED STAFF FOR VOLUNTEER AND CHARITABLE  
PURPOSES, MADE TO INDIVIDUALS, COMMUNITY GROUPS, OR NONPROFIT  
ORGANIZATIONS FOR CHARITABLE PURPOSES.

HEALTH PROFESSIONS EDUCATION: \$5,597,134. HEALTH PROFESSIONS EDUCATION IS  
DEFINED AS DIRECT COSTS INCURRED FOR ACCREDITED TRAINING AND EDUCATION  
PROGRAMS FOR PHYSICIANS, NURSES, ALLIED HEALTH PROFESSIONALS AND  
TECHNICIANS (DOES NOT INCLUDE ONGOING EDUCATION FOR STAFF).

COMMUNITY BUILDING ACTIVITIES: \$725,129. COMMUNITY BUILDING ACTIVITIES  
ARE DEFINED AS PROGRAMS THAT, WHILE NOT DIRECTLY RELATED TO HEALTH CARE,  
PROVIDE OPPORTUNITIES TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH  
AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL ISSUES. COSTS FOR THESE  
ACTIVITIES INCLUDE CASH AND IN-KIND DONATIONS.

COMMUNITY BENEFIT OPERATIONS: \$72,586. COMMUNITY BENEFIT OPERATIONS ARE  
DEFINED AS COSTS ASSOCIATED WITH DEDICATED STAFF AND COMMUNITY HEALTH

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NEEDS AND/OR ASSETS ASSESSMENT, AS WELL AS OTHER COSTS ASSOCIATED WITH  
COMMUNITY BENEFIT STRATEGY AND OPERATIONS.

SUBSIDIZED HEALTH SERVICES: \$10,133,012. SUBSIDIZED HEALTH SERVICES ARE  
DEFINED AS THE NEGATIVE MARGIN FOR CLINICAL SERVICES THAT ARE PROVIDED  
DESPITE A FINANCIAL LOSS BECAUSE OF AN IDENTIFIED COMMUNITY NEED THAT  
WOULD NEED TO BE MET BY THE GOVERNMENT OR ANOTHER NOT-FOR-PROFIT IF IT  
WAS NOT OFFERED. THE FINANCIAL LOSSES ARE SO SIGNIFICANT THAT NEGATIVE  
MARGINS REMAIN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT, AND  
MEDICAID SHORTFALLS.

TOTAL BENEFIT TO THE COMMUNITY IN SOUTHEAST WISCONSIN FOR 2011:  
\$108,206,248.

WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS (RACINE, WISCONSIN)  
ALL SAINTS HEALTHCARE, LOCATED IN RACINE, WISCONSIN, WAS FORMED IN 1987

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AS A NOT-FOR-PROFIT CORPORATION OWNED BY ST. LUKE'S MEMORIAL HOSPITAL,  
 INC. AND ST. MARY'S MEDICAL CENTER. FOR MORE THAN 100 YEARS PRIOR, THESE  
 TWO FACILITIES HAD BEEN SERVING THE HEALTH CARE NEEDS OF RACINE IN THE  
 EPISCOPAL (ST. LUKE'S) AND CATHOLIC (ST. MARY'S) TRADITIONS UPON WHICH  
 THEY WERE FOUNDED. IN 1991, THE TWO ORGANIZATIONS OFFICIALLY AFFILIATED  
 UNDER THE SAME PARENT CORPORATION, WHEATON FRANCISCAN SERVICES, INC.  
 (WFSI). IN JULY 2006, AS PART OF WFSI'S REORGANIZATION OF ITS HEALTH CARE  
 MINISTRY TO DOING BUSINESS AS WHEATON FRANCISCAN HEALTHCARE, ALL SAINTS  
 HEALTHCARE WAS CONSOLIDATED WITH WFSI'S MILWAUKEE REGIONAL COMPANY,  
 COVENANT HEALTHCARE SYSTEM, INC. TO FORM WHEATON FRANCISCAN HEALTHCARE'S  
 SOUTHEAST WISCONSIN REGION. TODAY, ALL SAINTS IS KNOWN AS WHEATON  
 FRANCISCAN HEALTHCARE - ALL SAINTS.

WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS IS RACINE COUNTY'S PREMIERE  
 HEALTH CARE PROVIDER OPERATING THROUGH A NETWORK OF MULTI-SPECIALTY AND  
 PRIMARY CARE PHYSICIAN OFFICES AND A MEDICAL CENTER DELIVERING CARE. THE  
 SPRING STREET CAMPUS, FORMERLY KNOWN AS ST. MARY'S, IS ALL SAINTS' MAIN  
 CAMPUS. THIS CAMPUS HOUSES A 314-BED GENERAL ACUTE-CARE FACILITY

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PROVIDING WOMEN'S AND CHILDREN'S SERVICES, GENERAL AND ORTHOPEDIC  
 SURGERY, COMPREHENSIVE CARDIAC CARE INCLUDING CARDIOTHORACIC SURGERY,  
 CANCER CARE, GENERAL MEDICINE, AND INPATIENT AND OUTPATIENT  
 REHABILITATION SERVICES. COMPLETED IN APRIL 2008, ALL SAINTS'  
 CARDIOVASCULAR INSTITUTE (CVI) BRINGS TOP-TIER CARDIAC PHYSICIANS AND  
 ADVANCED HEART CARE TECHNOLOGY TO THE PEOPLE OF RACINE COUNTY. THE  
 INSTITUTE'S COMPREHENSIVE PROGRAM CONSISTS OF CHEST PAIN ACCREDITED  
 EMERGENCY HEART CARE, CARDIAC DIAGNOSTICS, INTERVENTIONAL AND SURGICAL  
 SERVICES, ELECTROPHYSIOLOGY SERVICES, INPATIENT AND ICU CARE, CARDIAC  
 REHABILITATION, WELLNESS EDUCATION, AND A MULTIDISCIPLINARY TEAM OF  
 CLINICAL PROFESSIONALS. THE SPRING STREET CAMPUS ALSO INCLUDES A LEVEL  
 III TRAUMA-CERTIFIED EMERGENCY CARE CENTER, A LEVEL III PERINATAL CENTER  
 AND THE ONLY LEVEL III NEONATAL INTENSIVE CARE UNIT IN RACINE AND KENOSHA  
 COUNTIES, AS WELL AS AN INTENSIVE CARE UNIT, WALK-IN CARE CENTER, AND  
 MEDICAL OFFICE BUILDINGS. ALL SAINTS ALSO OPERATES THE WISCONSIN AVENUE  
 CAMPUS, FORMERLY KNOWN AS ST. LUKE'S. THIS 239-BED HOSPITAL SPECIALIZES  
 IN MENTAL HEALTH AND ADDICTION SERVICES, LONG-TERM CARE AND MANY OTHER  
 SERVICES.

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COMMITMENT TO PATIENT SERVICE AND CLINICAL EXCELLENCE IS AT THE CORE OF  
WHAT ALL SAINTS DOES.

ALL SAINTS WAS ONE OF THE FIRST HOSPITALS IN WISCONSIN TO RECEIVE CHEST  
PAIN CENTER ACCREDITATION AND CURRENTLY RECEIVED CYCLE 3 ACCREDITATION  
WITH PERCUTANEOUS CORONARY INTERVENTION.

ALL SAINTS RANKS IN THE TOP 10% - 15% IN THE NATION BY HEALTHGRADES, THE  
NATION'S LEADING INDEPENDENT HEALTH CARE RATINGS ORGANIZATION IN THE  
FOLLOWING AREAS:

CARDIAC

RANKED AMONG THE TOP 10 IN WI FOR OVERALL CARDIAC SERVICES FOR 2 YEARS IN  
A ROW (2011-2012)

RANKED AMONG THE TOP 10 IN WI FOR CARDIAC SURGERY FOR 2 YEARS IN A ROW  
(2011-2012)

RANKED AMONG THE TOP 10 IN WI FOR CARDIOLOGY SERVICES IN 2012  
FIVE-STAR RATED FOR CORONARY BYPASS SURGERY FOR 2 YEARS IN A ROW  
(2011-2012)

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FIVE-STAR RATED FOR TREATMENT OF HEART FAILURE FOR 4 YEARS IN A ROW

(2009-2012)

NEUROSCIENCES

RANKED AMONG THE TOP 10% IN THE NATION FOR TREATMENT OF STROKE IN 2012

RANKED #5 IN WI FOR TREATMENT OF STROKE IN 2012

RANKED AMONG THE TOP 5 IN WI FOR TREATMENT OF STROKE IN 2012

FIVE-STAR RATED FOR TREATMENT OF STROKE FOR 6 YEARS IN A ROW (2007-2012)

GASTROINTESTINAL

" FIVE-STAR RATED FOR TREATMENT OF GI BLEED IN 2012

CRITICAL CARE

RANKED AMONG THE TOP 10% IN THE NATION FOR CRITICAL CARE IN 2012

RANKED AMONG THE TOP 5 IN WI FOR CRITICAL CARE IN 2012

FIVE-STAR RATED FOR TREATMENT OF SEPSIS FOR 6 YEARS IN A ROW (2007-2012)



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FIVE-STAR RATED FOR TREATMENT OF PULMONARY EMBOLISM IN 2012

FIVE-STAR RATED FOR TREATMENT OF RESPIRATORY FAILURE FOR 3 YEARS IN A ROW

(2010-2012)

EMERGENCY MEDICINE

YEARS IN A ROW (2010-2011) RANKED AMONG THE TOP 5% IN THE NATION FOR

EMERGENCY MEDICINE FOR 2 YEARS IN A ROW (2010-2011)

FIVE-STAR RATED FOR EMERGENCY MEDICINE FOR 2 YEARS IN A ROW (2010-2011)

LISTED IN VERISPAN/MODERN HEALTHCARE'S TOP 100, WHICH RANKS THE NATION'S

TOP 100 HEALTH CARE SYSTEMS FOR THEIR DEGREE OF INTEGRATION PROMOTING

CLINICAL AND FINANCIAL SUCCESS.

ALL SAINTS HAS RECEIVED THE CONSUMER CHOICE AWARD ACCORDING TO THE

NATIONAL RESEARCH CORPORATION FOR THE SECOND, CONSECUTIVE YEAR

(2011-2012). THIS AWARD IS BASED ON NRC TICKER, THE LARGEST CONSUMER

SURVEY ON HEALTHCARE IN THE UNITED STATES. THE ORGANIZATIONS SELECTED FOR

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THE CONSUMER CHOICE AWARDS ARE CHOSEN BY PEOPLE WHO LIVE IN THE  
COMMUNITIES THE HOSPITALS SERVE. CONSUMERS IN RACINE HAVE RANKED ALL  
SAINTS AT THE TOP OF THE LIST BASED ON FOUR ESSENTIAL CONSUMER METRICS:  
BEST OVERALL QUALITY, BEST IMAGE/REPUTATION, BEST DOCTORS, AND BEST  
NURSES. TO DETERMINE THE TOP HOSPITALS, NRC CONDUCTS AN ANNUAL HEALTHCARE  
MARKET GUIDE SURVEY OF MORE THAN 260,000 CONSUMERS THROUGHOUT THE UNITED  
STATES. THE TOP-RANKED HOSPITALS SCORED HIGHEST AMONG THOUSANDS OF  
HOSPITALS NATIONWIDE NAMED BY CONSUMERS WHO PARTICIPATED IN THE SURVEY.  
ALL SAINTS WAS ALSO HONORED IN 2006 WITH THE STATE'S HIGHEST AWARD FOR  
EXCELLENCE, KNOWN AS THE WISCONSIN FORWARD AWARD.  
ALL SAINTS' WOMEN'S IMAGING CENTER HAS RECEIVED THE BREAST IMAGING CENTER  
OF EXCELLENCE DESIGNATION BY THE AMERICAN COLLEGE OF RADIOLOGY.

GROWTH AND DEVELOPMENT OF THE HEALTH CARE WORKFORCE IS A FOCUS FOR ALL  
SAINTS, WHICH NOT ONLY INCLUDES OPPORTUNITIES FOR THE HOSPITAL'S CURRENT  
PHYSICIANS AND ASSOCIATES, BUT FOR AREA YOUTH AS WELL. WISCONSIN GOVERNOR  
JAMES DOYLE RECOGNIZED THE HEALTH YOUTH APPRENTICE PROGRAM AT ALL SAINTS  
AS A MODEL FOR APPRENTICESHIP PROGRAMS. ALL SAINTS STARTED A PROGRAM

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TARGETED TO HIGH SCHOOL STUDENTS AIMED AT BUILDING AWARENESS FOR CAREERS

IN HEALTH CARE CALLED "HIGHLIGHTING HEALTH CARE." RECRUITMENT AND

RETENTION OF NURSES HAS INCREASED THROUGH AN ORGANIZATIONALLY SUSTAINED

NURSE RESIDENCY PROGRAM, FRONTLINE LEADER ACADEMY, AND PRECEPTOR PROGRAM.

ALL SAINTS' COMMITMENT TO THE HEALTH AND WELL BEING OF GREATER RACINE

GOES BEYOND THE TYPICAL PATIENT/PROVIDER RELATIONSHIP. HEALTH EDUCATION

CLASSES, SUPPORT GROUPS, SENIOR PROGRAMS/FINANCIAL COUNSELING, EDUCATION

FAIRS, AND SCREENINGS AND CLINICS ARE OFFERED AT LITTLE OR NO COST.

ASSOCIATES AND PHYSICIANS ACTIVELY PARTICIPATE IN MANY COMMUNITY PROJECTS

AND DONATE TIME AND RESOURCES TO LOCAL ORGANIZATIONS IN NEED.

ALL SAINTS IS COMMITTED TO RACINE COUNTY AND THE SURROUNDING COMMUNITIES.

THROUGH ALL SAINTS' "WORK A LITTLE MAGIC" PROGRAM, LAST YEAR, MORE THAN

250 ASSOCIATES DONATED THEIR TIME TO LOCAL OUTREACH EFFORTS, INCLUDING

HOT MEAL PROGRAMS, FOOD BANKS, THE SALVATION ARMY RED KETTLE CAMPAIGN,

PROJECT NEW LIFE, AND JUNIOR ACHIEVEMENT. IN ADDITION, MANY PHYSICIANS

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

VOLUNTEERED THEIR TIME AND ASSOCIATES DONATED SUPPLIES AND FUNDS TO HELP

SUPPORT RACINE HEALTH CARE NETWORK'S GOAL OF PROVIDING FREE OR LOW-COST

MEDICAL SERVICES TO THE COMMUNITY'S UNDERSERVED POPULATION.

THE COMMUNITY'S COMMITMENT TO ALL SAINTS IS ALSO EXEMPLARY. LAST YEAR,

MORE THAN 48,000 HOURS OF TIME WERE CONTRIBUTED THROUGH OUR VOLUNTEER AND

VOLUNTEEN PROGRAMS AND THE VOLUNTEERS IN PARTNERSHIP WITH ALL SAINTS

RAISED MORE THAN \$82,000 TO MEET THE PROGRAM AND EQUIPMENT NEEDS OF ALL

SAINTS.

WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS FOUNDATION

WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS FOUNDATION SUPPORTS A NUMBER

OF PROJECTS AFFILIATED WITH THE HOSPITAL. THE FOUNDATION SOLICITS

PHILANTHROPIC CONTRIBUTIONS ON BEHALF OF THE HOSPITAL DEPARTMENTS AND

FACILITIES LISTED ABOVE, AND ENGAGES IN ACTIVITIES TO BENEFIT THE GENERAL

COMMUNITY AS WELL. FUNDRAISING EFFORTS HELP TO MAKE MANY VALUABLE

SERVICES POSSIBLE, INCLUDING FREE OR DISCOUNTED HEALTH CARE SERVICES FOR

LOW-INCOME INDIVIDUALS, TARGETED SERVICES TO SENIOR PATIENTS, AND

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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SCHOLARSHIPS TO ENHANCE THE PROFESSIONAL DEVELOPMENT OF WHEATON

FRANCISCAN HEALTHCARE STAFF.

SPECIFIC EXAMPLES OF HOW WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS

FOUNDATION HELPS MEET THE NEEDS OF THE COMMUNITY INCLUDE:

HOPE FUND: THE FINANCIAL BURDEN OF CANCER CAN BE DEVASTATING IN MOST

HOUSEHOLDS. IN AN ECONOMICALLY DEPRESSED COMMUNITY, AN INDIVIDUAL WHO IS

NEWLY DIAGNOSED WITH CANCER MAY BE FORCED TO DECIDE BETWEEN TAKING TIME

FROM WORK TO RECEIVE THE MEDICAL TREATMENT SO DESPERATELY NEEDED AND

CONTINUING TO WORK TO PUT FOOD ON THE TABLE. THEY MAY HAVE TO DECIDE

BETWEEN PAYING THE RENT OR MORTGAGE, THE UTILITY BILL OR BUYING GAS FOR

THE CAR AND PAYING FOR THEIR TREATMENT. FOR MANY WHO TEETER SO CLOSE TO

THE FINANCIAL EDGE, THE DECISION TO "PUT FAMILY FIRST" IS OFTEN THE

DECISION MADE, THUS FOREGOING OR DELAYING TREATMENT IN ORDER TO MEET

LIVING EXPENSES. THE HOPE FUND WAS ESTABLISHED SO NO CANCER PATIENT HAS

TO MAKE THIS TYPE OF DECISION. DESIGNED TO SUPPORT THOSE DIAGNOSED WITH

CANCER, THE HOPE FUND HELPS TO OFFSET EXPENSES NOT SUPPORTED BY EXISTING

BENEFIT PROGRAMS. WITH HELP FROM THE ONCOLOGY NAVIGATOR AND THE SOCIAL

WORKER, THE PATIENT APPLIES FOR ASSISTANCE FROM THE HOPE FUND TO MEET

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
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DAILY NEEDS SUCH AS TRANSPORTATION FOR MEDICAL PURPOSES, LIVING EXPENSES,  
OR MEDICAL CO-PAYMENTS. THE ONCOLOGY NAVIGATOR WORKS WITH THE SOCIAL  
WORKER AND PATIENT TO THOROUGHLY ASSESS FINANCIAL NEED THROUGH  
ESTABLISHED CRITERIA. ONCE APPROVED, FUNDING IS GRANTED TO MEET THE  
DESIGNATED EXPENSES.

FINANCIAL COUNSELING: WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS'  
FINANCIAL COUNSELORS HELP UNDERINSURED AND UNINSURED INDIVIDUALS FIND  
PUBLIC SOURCES OF HEALTH INSURANCE AND OTHER ASSISTANCE TO COVER THEIR  
MEDICAL EXPENSES. MORE THAN 4,000 PATIENTS A YEAR RECEIVE THESE SERVICES,  
ALLOWING THEM TO MAINTAIN THEIR HEALTH WITH A PRIMARY-CARE PHYSICIAN AND  
REDUCE THEIR RELIANCE ON EMERGENCY DEPARTMENT VISITS.

MENTAL HEALTH AND ADDICTION PROGRAMS: THESE OUTSTANDING PROGRAMS PROVIDE  
MENTAL HEALTH AND ADDICTION SUPPORT FOR ALL AGES. FOR EXAMPLE, THE FRESH  
START PROGRAM - A UNIQUE PARTNERSHIP WITH THE RACINE UNIFIED SCHOOL  
DISTRICT - HELPS GRADE SCHOOL CHILDREN WITH ADJUSTMENT DIFFICULTIES TO  
DEVELOP POSITIVE BEHAVIORS, RECEIVE PROPER MEDICATIONS, AND FIND

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
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FAMILY-CENTERED SUPPORT. POSITIVE OUTCOMES INCLUDE A RETURN TO THE

TRADITIONAL CLASSROOM, CONTINUED APPROPRIATE BEHAVIORS, AND ACADEMIC

SUCCESS IN A MAINSTREAM SETTING.

RACINE PAD PROGRAM: SUDDEN CARDIAC ARREST (SCA) IS ONE OF THE LEADING

CAUSES OF DEATH IN AMERICA CLAIMING MORE THAN 250,000 LIVES EACH YEAR.

ALTHOUGH MOST VICTIMS ARE MIDDLE-AGED OR ELDERLY, IT CAN STRIKE ANYONE,

ANYWHERE, AT ANY TIME. FOR EVERY ONE MINUTE IN DEFIBRILLATION DELAY, THE

CHANCE OF SURVIVAL IS REDUCED BY 10%. SCA DOES NOT HAVE TO RESULT IN

DEATH. IF THE HEART IS SHOCKED QUICKLY WITH A DEFIBRILLATOR, A NORMAL

HEART RHYTHM CAN BE RESTORED. THE RACINE AREA PUBLIC ACCESS

DEFIBRILLATOR PROGRAM (PAD) HAS BEEN CREDITED FOR SAVING MANY LIVES IN

OUR COMMUNITY OVER THE YEARS. IN ONE CASE, GUS SCHUMANN COLLAPSED WHILE

PLAYING GOLF, AND TWO OFF-DUTY RACINE FIREFIGHTERS RUSHED TO BEGIN CPR

AND USED A DEFIBRILLATOR TO SAVE HIS LIFE. THIS QUICK ACTION WAS AIDED

BY THE DEFIBRILLATOR THAT WAS PLACED AT THE GOLF COURSE FOR JUST THIS

SITUATION.

**Part VI Supplemental Information**

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HEALTH CARE EDUCATION SCHOLARSHIPS: THE NURSING SCHOLARSHIP PROGRAM IS

WORKING TO POSITIVELY IMPACT NURSE RECRUITMENT, RETENTION, AND

SATISFACTION. SCHOLARSHIPS ALLOW ENTRY-LEVEL HOSPITAL EMPLOYEES TO PURSUE

A NURSING CAREER DESPITE LIMITED RESOURCES. WHEATON FRANCISCAN HEALTHCARE

- ALL SAINTS' SCHOOL OF RADIOLOGIC TECHNOLOGY IS ALSO WORKING TO PROVIDE

ENDOWED SCHOLARSHIPS FOR WORTHY INDIVIDUALS IN THE FAST-GROWING FIELD OF

RADIOLOGY.

PARISH NURSING: AFTER RECEIVING SPECIALIZED EDUCATION IN PARISH NURSING,

REGISTERED NURSES REACH OUT TO LOW-INCOME NEIGHBORHOODS LACKING BASIC

HEALTH RESOURCES AND INFORMATION. PARISH NURSES PROVIDE EDUCATIONAL

OUTREACH ON HEALTH-RELATED TOPICS OF INTEREST, AS WELL AS PRIMARY-CARE

SERVICES SUCH AS BLOOD PRESSURE CHECKS AND WEIGHT MANAGEMENT FOR ALL

AGES.

UPENDO VILLAGE HIV/AIDS WOMEN PROJECT - KENYA: FOUNDED BY THE WHEATON

FRANCISCAN SISTERS, UPENDO VILLAGE HIV/AIDS WOMEN PROJECT PROVIDES A SAFE

HAVEN FOR WOMEN AND CHILDREN IN KENYA AFFECTED BY HIV/AIDS. ALL SAINTS



**Part VI Supplemental Information**

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
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SPONSORS A NURSE WHO PROVIDES CARE FOR RESIDENTS OF THE VILLAGE. MORE

THAN 5,000 WOMEN AND CHILDREN HAVE BEEN SERVED BY THIS MODEL PROGRAM,

WHICH RESPECTS BOTH KENYAN CULTURAL TRADITIONS AND THE LEGALITIES

REQUIRED BY INCORPORATION IN THE U.S.

VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS

(RACINE, WISCONSIN)

VOLUNTEERS IN PARTNERSHIP (VIP) EXISTS TO SUPPORT THE HOSPITAL FACILITIES

THROUGH VOLUNTEER TIME SPENT ON PATIENT CARE ACTIVITIES, GIFT SHOP

SUPPORT, SPECIAL EVENTS, AND OTHER DUTIES AS NEEDED. SUPPORT IS ALSO

PROVIDED IN ORDER TO PURCHASE EQUIPMENT, FUND LOCAL SCHOLARSHIPS, AND TO

SUPPORT OTHER PROGRAMS ON AN AS NEEDED BASIS.

SCH H, PART VI, LINE 6:

WFH-ALL SAINTS IS A MEMBER OF THE WHEATON FRANCISCAN HEALTHCARE SYSTEM,

WHICH OPERATES AN INTEGRATED HEALTH CARE DELIVERY SYSTEM IN SOUTHEAST

WISCONSIN. THE SOLE MEMBER OF THE HOSPITAL, WHEATON FRANCISCAN

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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HEALTHCARE - SOUTHEAST WISCONSIN, INC. IS A SUPPORTING ORGANIZATION AND  
 AS SUCH, PROVIDES CORPORATE SERVICES AT A CONSOLIDATED LEVEL FOR ITS  
 HOSPITALS AND OTHER SUPPORTED ORGANIZATIONS, INCLUDING WFH-ALL SAINTS. IN  
 COMPLETING ITS ROLE, MANY COMMUNITY BENEFIT ACTIVITIES THAT WOULD  
 OTHERWISE BE UNDERTAKEN DIRECTLY BY THE HOSPITAL ARE UNDERTAKEN BY  
 WHEATON FRANCISCAN HEALTHCARE ON BEHALF OF ITS MEMBER HOSPITALS AND OTHER  
 ORGANIZATIONS. WFH-ALL SAINTS, HOWEVER, IS FIRST SEEN AS A COMMUNITY  
 HOSPITAL, WHICH SERVES ITS OWN DIRECT COMMUNITY. ORIGINALLY ESTABLISHED  
 BY THE FRANCISCAN SISTERS, DAUGHTERS OF THE SACRED HEARTS OF JESUS AND  
 MARY, ST. CLARA PROVINCE (THE "WHEATON FRANCISCAN SISTERS"), WHEATON  
 FRANCISCAN HEALTHCARE IS DEDICATED TO IMPROVING THE LIVES OF THE PATIENTS  
 IT SERVES NOT ONLY BY PROVIDING EXCEPTIONAL AND COMPASSIONATE CARE, BUT  
 BY DEDICATING RESOURCES TO THE COMMUNITIES WE SERVE.

SCH H, PART VI, LINE 7:

WHEATON FRANCISCAN HEALTHCARE OPERATES SEVERAL HEALTH CARE ORGANIZATIONS  
 AND FILES COMMUNITY BENEFIT REPORTS IN ILLINOIS AS REQUIRED BY ILLINOIS

**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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STATE LAW. IN TWO OTHER STATES WHERE WHEATON FRANCISCAN HEALTHCARE

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

NOT REQUIRED, BUT WHEATON VOLUNTARILY MAKES THIS INFORMATION READILY

AVAILABLE ON SEVERAL WEBSITES.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

WHEATON FRANCISCAN HEALTHCARE

ALL SAINTS INC

Employer identification number

39-1264986

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☒

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

PROCEDURE FOR MONITORING GRANTS IN THE US

SCH I, PART I, LINE 2

WHEATON FRANCISCAN HEALTHCARE MAINTAINS FILES AND RECORDS TO MANAGE THE

DECISION-MAKING AND AWARD PROCESS FOR ORGANIZATIONS THAT IT PROVIDES

COMMUNITY SPONSORSHIP DOLLARS TO. DECISIONS ARE MADE BY A COMMUNITY

SPONSORSHIP COMMITTEE WITH LEADERS WHO HOLD POSITIONS IN DIVERSITY,

STRATEGIC PLANNING, MISSION SERVICES, MARKETING AND PHILANTHROPY. THE

COMMITTEE GENERALLY STRIVES TO SPONSOR ORGANIZATIONS THAT HAVE MISSIONS

THAT ALIGN WITH THE MISSION, VISION AND VALUES OF WHEATON FRANCISCAN

HEALTHCARE. THE COMMITTEE ALSO LOOKS FOR CERTAIN OTHER CRITERIA WHEN

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

DECIDING WHICH ORGANIZATIONS WILL RECEIVE CONTRIBUTIONS, INCLUDING BUT

NOT LIMITED TO SUPPORTING HEALTHCARE RELATED ACTIVITIES WITHIN THE

SOUTHEAST WISCONSIN MARKETS, SUPPORTING PROGRAMMING THAT WORK TO FURTHER

DIVERSITY AND CULTURAL COMPETENCY, ALIGNING WITH OTHER WFH BUSINESS

RELATIONSHIPS OR SERVICE LINES, SUPPORTING STUDENT ACADEMIC ACHIEVEMENT

OR WORKFORCE DEVELOPMENT INITIATIVES, AND FINALLY, SUPPORTING

ENVIRONMENTAL "GREEN" INITIATIVES.

WHEATON FRANCISCAN HEALTHCARE PERIODICALLY MEETS WITH REPRESENTATIVES OF

SPONSORED ORGANIZATIONS TO DISCUSS OBJECTIVES INCLUDING HOW DOLLARS WILL

BE SPENT. CURRENTLY, CONFIRMATION LETTERS ARE SENT TO SPONSORED

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

ORGANIZATIONS WHEN AWARD DOLLARS ARE GIVEN THAT CONFIRM THE DOLLAR AMOUNT AWARDED AND THE INTENDED PURPOSE, WITH A REQUEST THAT THE RECIPIENT ACKNOWLEDGE RECEIPT OF THE FUNDS IN WRITTEN CORRESPONDENCE. FILES ARE MAINTAINED IN THE ORGANIZATIONAL CHANGE AND LEADERSHIP PERFORMANCE DEPARTMENT TO INCLUDE COPIES OF LETTERS OF REQUEST, AWARD AND DENIAL LETTERS ALONG WITH ACKNOWLEDGEMENT RECEIPTS FROM SPONSORED ORGANIZATIONS.

**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

**2010**

**Open to Public  
Inspection**

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

Employer identification number  
**39-1264986**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c	X	
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use duplicate copies 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				
<b>1</b> DAVID ASHPOLE MD	(i) 535,887.		(iii) 186,056.	13,251.	34,280.	769,474.	182,414.
	(ii) 226,829.		78,443.	129,325.	6,500.	441,097.	78,443.
<b>3</b> SUSAN BOLAND	(i) 288,825.	49,700.	11,339.	31,562.	15,232.	396,658.	
	(ii) 470,816.	84,600.	20,744.	54,011.	49,821.	679,992.	
<b>5</b> STEPHEN CARDAMONE DO	(i) 418,256.	126,500.	14,556.	51,167.	21,634.	632,113.	
	(ii) 254,216.		3,543.	21,366.	21,526.	300,651.	
<b>7</b> DANIEL DONOVAN DO	(i) 281,622.		2,288.	13,230.	19,551.	316,691.	
	(ii) 502,416.		5,976.	21,860.	24,769.	555,021.	
<b>9</b> JERRY HARDACRE MD	(i) 346,392.		1,595.	21,860.	27,521.	397,368.	
	(ii) 584,210.		4,191.	21,859.	37,020.	647,280.	
<b>11</b> JACK MANLEY MD	(i) 565,076.		12,531.	13,251.	34,676.	625,534.	
	(ii) 283,090.	52,300.	12,572.	34,949.	26,032.	408,943.	
<b>13</b> LOREN MEYER MD	(i) 462,731.		34,608.	46,516.	23,704.	567,559.	22,208.
	(ii) 374,365.		3,089.	21,858.	18,541.	417,853.	
<b>15</b> NICHOLAS OMDAHL MD	(i) 419,908.	35,200.	17,945.	18,038.	23,010.	514,101.	12,910.
	(ii) 296,743.		679.	21,820.	21,177.	340,419.	

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use duplicate copies 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				
1	TOD POREMSKI MD	(i) 284,241.		2,085.	13,148.	11,475.	310,949.	
		(ii)						
2	STEVEN RYDER MD	(i) 554,911.		181,003.	21,490.	16,935.	774,339.	178,366.
		(ii)						
3	JON SOHN	(i) 319,722.	88,400.	10,603.	32,120.	27,652.	478,497.	
		(ii)						
4	DEBRA STANDRIDGE	(i) 355,823.	45,200.	14,743.	32,081.	24,492.	472,339.	
		(ii)						
5	ROBERT STERN MD	(i) 149,220.		2,648.	8,251.	17,915.	178,034.	
		(ii)						
6	JON WACHS	(i) 527,805.	147,700.	129,458.	257,089.	52,487.	1,114,539.	98,329.
		(ii)						
7	JOSEPH WILCZYNSKI MD	(i) 281,881.		7,875.	24,289.	26,807.	340,852.	
		(ii)						
8	KAYE-EILEEN WILLARD MD	(i) 230,426.		4,689.	20,296.	12,734.	268,145.	
		(ii)						
9	LEONID LEYBOVICH	(i) 196,278.	1,393.	1,228.	14,373.	17,010.	230,282.	
		(ii)						
10	KELLY SCHNEIDER	(i) 143,940.	29,913.	518.	8,927.	4,425.	187,723.	
		(ii)						
11	PATRICIA BOLLING	(i) 136,069.	18,869.	1,769.	12,627.	2,667.	172,001.	
		(ii)						
12	PAUL MASON	(i) 158,122.	13,800.	1,112.	16,637.	21,818.	211,489.	
		(ii)						
13	MARY OUMET	(i) 175,423.	16,200.	841.	19,025.	29,413.	240,902.	
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Schedule J (Form 990) 2010

**Part III Supplemental Information**

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

## FORM 990 SCHEDULE J

## OTHER INFORMATION

SCH J, PART I, LINE 3

THE COMPENSATION OF THE FILING ORGANIZATION'S CEO AND/OR THE EXECUTIVE DIRECTOR IS DETERMINED AT THE PARENT ORGANIZATION LEVEL, USING THE PROCESS DESCRIBED IN SCHEDULE O RELATED TO PART VI SECTION B LINE 15. THE PARENT ORGANIZATION, WHEATON FRANCISCAN SERVICES, INC. (FEIN: 36-3262111) USES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANTS, AND COMPENSATION SURVEYS AND STUDIES TO DETERMINE APPROPRIATE LEVELS OF COMPENSATION THAT ARE REFLECTIVE OF FAIR MARKET VALUE. ALL COMPENSATION IS APPROVED BY THE BOARD AND/OR COMPENSATION COMMITTEE.

SCH J, PART I LINE 4A:

REPORTABLE COMPENSATION OF WILLIAM BLUM INCLUDES \$228,005 IN SEVERANCE  
PAYMENTS MADE DURING CALENDAR YEAR 2010.

REPORTABLE COMPENSATION OF LOREN MEYER INCLUDES \$158,465 IN SEVERANCE  
PAYMENTS MADE DURING CALENDAR YEAR 2010.

**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.

SCH J, PART I, LINE 4B:

JON WACHS RECEIVED A 2010 TAXABLE PAYOUT OF \$98,329 RELATED TO A  
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN KNOWN AS THE WHEATON FRANCISCAN  
SERVICES BENEFIT RESTORATION PLAN.

WILLIAM BLUM RECEIVED A 2010 TAXABLE PAYOUT OF \$78,443 RELATED TO A  
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN KNOWN AS THE WHEATON FRANCISCAN  
SERVICES BENEFIT RESTORATION PLAN.

NICHOLAS OMDAHL RECEIVED A 2010 TAXABLE PAYOUT OF \$12,910 RELATED TO A  
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER IRC SECTION 457(F).

DAVID ASHPOLE RECEIVED A 2010 TAXABLE PAYOUT OF \$182,414 RELATED TO A  
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER IRC SECTION 457(F).

STEVEN RYDER RECEIVED A 2010 TAXABLE PAYOUT OF \$178,366 RELATED TO A  
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER IRC SECTION 457(F).

**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.

SCH J, PT I LINE 4C:

LOREN MEYER RECEIVED A 2010 TAXABLE PAYOUT OF \$22,208 RELATED TO A

GRANDFATHERED OPTION-BASED COMPENSATION PROGRAM.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

**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

**2010**

**Open To Public  
Inspection**

Employer identification number  
**39-1264986**

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total . . . . . ▶ \$ _____										

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MATTHEW FLOX	SON OF STEPHEN FLOX	28,808.	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization  
**ALL SAINTS INC**

**WHEATON FRANCISCAN HEALTHCARE**

Employer identification number  
**39-1264986**

FORM 990 SCHEDULE O

OTHER INFORMATION

FORM 990, PT VI, 6-8(B):

WFH-ALL SAINTS HAS ONE MEMBER WHICH HOLDS SEVERAL RESERVED POWERS OVER  
WFH-ALL SAINTS. THESE RESERVED POWERS INCLUDE, BUT ARE NOT LIMITED TO,  
THE ELECTION OF MEMBERS OF THE GOVERNING BODY AND ELECTION OF OFFICERS,  
APPROVAL OF CERTAIN FINANCIAL EXPENDITURES IN ACCORDANCE WITH POLICY, AND  
APPROVAL OF BUDGETS AND STRATEGIC PLANS; THESE APPROVALS ARE BASED ON  
RECOMMENDATIONS FROM THE GOVERNING BODY.

FORM 990, PT VI, LINE 10:

WHEATON FRANCISCAN HEALTHCARE AND FRANCISCAN MINISTRIES ARE PART OF A  
CONTROLLED GROUP OF HEALTH CARE AND HOUSING PROVIDERS, CONTROLLED UNDER A  
COMMON PARENT ORGANIZATION WHEATON FRANCISCAN SERVICES, INC. SOME OF  
THESE ORGANIZATIONS ARE EXEMPT THROUGH THE CATHOLIC GROUP RULING AND  
OTHER ORGANIZATIONS HAVE A STAND ALONE EXEMPTION (IRS DETERMINATION)  
LETTER. AS SUCH, THESE RELATED AFFILIATES HAVE CERTAIN POLICIES AND  
PROCEDURES THAT WERE ADOPTED AT THE PARENT LEVEL, BUT ARE APPLICABLE TO  
THE ENTIRE CONTROLLED GROUP OF ORGANIZATIONS. ALL POLICY AND PROCEDURE  
MATTERS ARE HANDLED IN A MANNER TO ENSURE THAT ALL ACTIVITIES ARE  
CONSISTENT WITH THE ORGANIZATION'S OVERALL EXEMPT PURPOSES. PLEASE SEE  
SCHEDULE R FOR A FULL LISTING OF ALL RELATED AFFILIATE ORGANIZATIONS.

FORM 990, PT VI, LINE 11:



Name of the organization	WHEATON FRANCISCAN HEALTHCARE ALL SAINTS INC	Employer identification number 39-1264986
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AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE USE A MULTIPLE-LEVEL REVIEW PROCESS ON ALL FEDERAL AND STATE INFORMATION AND TAX RETURNS TO ENSURE ACCURATE AND TIMELY FILING FOR ALL ORGANIZATIONS. UNDER THE DIRECTION OF THE TAX MANAGER, THE ACCOUNTING DEPARTMENT PREPARES FORMS 990, 990-T, AND ASSOCIATED STATE FILINGS. WHEN COMPLETE, THE RETURN IS FIRST REVIEWED BY THE ACCOUNTING DIRECTOR, WHO FOCUSES ON THE INCOME STATEMENT AND BALANCE SHEET ITEMS, AND ALL SCHEDULES WHERE TRANSACTIONS OF THIS TYPE MIGHT BE REPORTED. IF DISCREPANCIES ARE FOUND, THE ITEM WILL BE CORRECTED PRIOR TO THE NEXT STEP IN THE REVIEW PROCESS.

ONCE CLEARED THROUGH ACCOUNTING, THE RETURN IS PROVIDED TO THE TAX DEPARTMENT, WHERE THE TAX MANAGER AND VICE PRESIDENT OF TREASURY AND RISK MANAGEMENT FOCUS THEIR REVIEW ON CONSISTENCY OF REPORTING BETWEEN ALL RETURNS, ACCURACY OF TAX RELATED INFORMATION, AND EXPLANATION AND UNDERSTANDING OF ANY OUTLIERS. AGAIN, ANY PROBLEMS OR QUESTIONS ARE INVESTIGATED AND CORRECTED.

DEPENDING ON THE LEVEL OF COMPLEXITY OF THE YEAR IN QUESTION, AS WELL AS THE INDIVIDUAL ISSUES SPECIFIC TO THAT FILING, CERTAIN RETURNS MAY BE SELECTED FOR OUTSIDE REVIEW BY A PUBLIC ACCOUNTING FIRM. THIS DECISION WILL VARY FROM YEAR TO YEAR BASED ON MANY FACTORS, AND SOMETIMES OUTSIDE REVIEW IS NOT UTILIZED AT ALL. ALSO, CERTAIN SCHEDULES, SUCH AS SCHEDULE K, SCHEDULE H, AND SCHEDULE J, MAY BE SELECTED FOR REVIEW BY OUTSIDE BOND COUNSEL, A COMMUNITY BENEFIT ASSOCIATE, AND/OR THE COMPENSATION COMMITTEE RESPECTFULLY AND AS NEEDED. THIS DECISION WILL VARY FROM YEAR TO YEAR,

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
39-1264986

AGAIN BASED ON MANY FACTORS.

THE TAX DEPARTMENT, UPON COMPLETION OF ALL LEVELS OF REVIEW, WILL  
SCHEDULE AN APPOINTMENT WITH THE SENIOR VICE PRESIDENT AND CFO, WHO WILL  
PERFORM A REVIEW PRIOR TO SIGNING THE RETURN.

ONCE SIGNED, THE RETURN IS CLEARED TO PROVIDE TO MEMBERS OF THE BOARD OF  
DIRECTORS. THE PARENT ORGANIZATION, WHEATON FRANCISCAN SERVICES, INC.  
HAS DESIGNATED THAT THE AUDIT COMMITTEE REVIEW THE PARENT RETURN IN  
CERTAIN YEARS. THIS IS A CURSORY REVIEW, WHERE THE 990 IS EXPLAINED AT A  
HIGH LEVEL BY MANAGEMENT REPRESENTATIVES, AND ANY QUESTIONS OR CONCERNS  
THAT THE BOARD HAS CAN BE ADDRESSED. AT A LATER DATE AND PRIOR TO  
EFILING, THE FULL BOARD IS PROVIDED ACCESS TO ALL 990'S AND 990-T'S  
THROUGHOUT THE SYSTEM VIA AN ONLINE PORTAL.

A SIMILAR PROCESS EXISTS AT THE REGIONAL HOLDING COMPANY LEVELS - A 990  
IS SELECTED FOR REVIEW IN CERTAIN YEARS BY THE FINANCE AND OPERATIONS  
COMMITTEE. SIMILARLY, THE 990 (AND ACCOMPANYING 990-T IF ANY) IS  
EXPLAINED AT A HIGH LEVEL, AND BOARD QUESTIONS OR CONCERNS ARE ADDRESSED.  
MEMBERS OF THE FULL BOARD ARE PROVIDED ACCESS TO ALL 990'S AND 990-T'S  
WITHIN THAT REGION PRIOR TO EFILING VIA AN ONLINE PORTAL.

FORM 990, PT VI, LINES 12A-12C:

AS PART OF AN ANNUAL PROCESS, CONFLICT OF INTEREST QUESTIONS ARE SENT OUT  
TO ALL OFFICERS, DIRECTORS, AND OTHER INDIVIDUALS IN KEY POSITIONS USING

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
39-1264986

SOFTWARE DESIGNED TO CAPTURE THIS INFORMATION. THE RESPONSES ARE ANALYZED IN ORDER TO DETERMINE INFORMATION ON POTENTIAL CONFLICTS, AS WELL AS INFORMATION ON BUSINESS AND FAMILY RELATIONSHIPS FOR PURPOSES OF ANSWERING CERTAIN QUESTIONS ON IRS FORM 990. RESPONSES TO THESE QUESTIONS ARE REVIEWED BY THE VICE PRESIDENT OF COMPLIANCE AND THE MANAGER OF TAX COMPLIANCE, AND FOLLOW UP ACTION, IF ANY, ARE DOCUMENTED WITHIN THE SOFTWARE.

AFTER AN APPROXIMATE 3 AND AGAIN AT 6 WEEKS, NAMES OF ALL NON RESPONDERS ARE COMPILED, AND THESE INDIVIDUALS RECEIVE EITHER AN EMAIL OR LETTER REMINDING THEM TO COMPLETE THE INFORMATION. RESPONSES TO QUESTIONS CONTINUE TO BE REVIEWED AND DOCUMENTED THROUGHOUT THIS TIME PERIOD.

APPROXIMATELY 1 MONTH PRIOR TO THE FILING DEADLINE OF IRS FORM 990, RESPONSES TO DATE ARE COMPILED. ANY RESPONSE REQUIRING DISCLOSURE IS ENTERED INTO THE INFORMATION RETURN. ALSO AT THIS DATE, THE REMAINING NON RESPONDER NAMES ARE DETERMINED, AND A LETTER, ALONG WITH THE ACTUAL CONFLICT OF INTEREST POLICY, IS SENT TO THE CHAIRPERSON OF EACH BOARD. THE LETTER OUTLINES THE CURRENT NON RESPONDERS, AS WELL AS ANY OFFICER OR BOARD MEMBER THAT HAS DISCLOSED A FINANCIAL INTEREST THAT MIGHT POSE A POTENTIAL CONFLICT OF INTEREST.

DEPENDING UPON THE NATURE OF THE FINANCIAL INTEREST AND WORK DONE BY THE BOARD, SEVERAL ACTIONS MAY BE CONSIDERED - THE BOARD MEMBER WITH A FINANCIAL INTEREST WOULD NEED TO VOLUNTARILY EXCUSE HIM OR HERSELF FROM

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
39-1264986

THE DELIBERATIONS AND/OR VOTING ON SUCH A MATTER; OR, IF NECESSARY, THE BOARD WOULD DETERMINE THAT THE SUBJECT'S FINANCIAL INTEREST WAS AN ACTUAL CONFLICT OF INTEREST, IN WHICH CASE THE BOARD MEMBER WOULD BE INFORMED BY THE BOARD CHAIRPERSON THAT HE OR SHE WOULD NOT BE ALLOWED TO VOTE IN ANY SUCH MATTERS DUE TO THIS REAL OR PERCEIVED CONFLICT OF INTEREST. MINUTES OF THE BOARD MEETING WOULD DOCUMENT THIS DECISION PROCESS, AND REFLECT WHATEVER ACTION(S) ARE ULTIMATELY TAKEN.

THE BOARD CHAIRPERSON IS ALSO REQUIRED TO DISCUSS WITH NON RESPONDERS THE REPERCUSSIONS OF NOT RESPONDING AFTER TWO ATTEMPTS, AND REQUIRE THE BOARD MEMBER TO COMPLETE THE ANNUAL CONFLICT OF INTEREST DISCLOSURE QUESTIONS BEFORE BEING ALLOWED TO CONTINUE IN ANY BOARD MATTERS. IF THE BOARD MEMBER REFUSES, THE CHAIRPERSON HAS THE AUTHORITY TO DETERMINE THE APPROPRIATE ACTION, INCLUDING, BUT NOT LIMITED TO PROHIBITING THEM FROM PARTICIPATING IN DELIBERATIONS, PREVENTING THEM FROM VOTING, AND/OR REMOVING THEM AS A BOARD MEMBER.

FORM 990, PT VI, LINES 15A-15B:

THE COMPENSATION OF THE CEO OF WHEATON FRANCISCAN SERVICES INC. (WFSI) AND OTHER OFFICERS AND KEY EMPLOYEES OF THE FILING ORGANIZATION IS REVIEWED AND APPROVED ON AN ANNUAL BASIS BY THE EXECUTIVE COMMITTEE OF THE WFSI BOARD OF DIRECTORS, AN INDEPENDENT BOARD, ACTING IN A MANNER CONSISTENT WITH ITS CONFLICTS OF INTEREST POLICY. THE BOARD'S DECISION IS INFORMED BY AN OPINION ON MARKET COMPARABLE COMPENSATION DATA PROVIDED TO THE BOARD BY AN INDEPENDENT COMPENSATION EXPERT. THE ORGANIZATION

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
39-1264986

MAINTAINS CONTEMPORANEOUS DOCUMENTATION OF THE SUBSTANTIATION OF THE  
DELIBERATION AND DECISION BY THE BOARD.

FORM 990 SCHEDULE O

COMPENSATION LINE 15 CONTINUED

WHEATON FRANCISCAN MEDICAL GROUP

THE COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND OTHER OFFICERS AND  
KEY MANAGEMENT EMPLOYEES IS REVIEWED AND APPROVED ON AN ANNUAL BASIS, AS  
PART OF THE WFSI EXECUTIVE COMPENSATION PLAN, BY THE EXECUTIVE COMMITTEE  
OF THE WHEATON FRANCISCAN SERVICES, INC. BOARD OF DIRECTORS (THE  
"EXECUTIVE COMMITTEE OF THE WFSI BOARD"), AN INDEPENDENT BOARD, ACTING IN  
A MANNER CONSISTENT WITH ITS CONFLICTS OF INTEREST POLICY. THE WFSI  
BOARD'S DECISION IS INFORMED BY AN OPINION ON MARKET COMPARABLE  
COMPENSATION DATA PROVIDED TO THE WFSI BOARD BY AN INDEPENDENT  
COMPENSATION EXPERT. THE WFSI BOARD MAINTAINS CONTEMPORANEOUS  
DOCUMENTATION OF THE SUBSTANTIATION OF THE DELIBERATION AND DECISIONS IT  
MAKES.

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

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
39-1264986

ACTING IN A MANNER CONSISTENT WITH ITS CONFLICTS OF INTEREST POLICY. THE EXECUTIVE COMMITTEE OF THE WFSI BOARD'S DECISION ON THE ORGANIZATION'S PHYSICIAN COMPENSATION PLAN IS INFORMED BY AN OPINION ON MARKET COMPARABLE PHYSICIAN COMPENSATION DATA PROVIDED TO THE BOARD COMMITTEE BY AN INDEPENDENT PHYSICIAN COMPENSATION EXPERT. THE EXECUTIVE COMMITTEE OF THE WFSI BOARD MAINTAINS CONTEMPORANEOUS DOCUMENTATION OF THE SUBSTANTIATION OF THE DELIBERATION AND DECISIONS IT MAKES.

FOR THOSE OFFICER AND/OR KEY EMPLOYEE PHYSICIANS THAT ARE PAID FOR THEIR SERVICES OTHER THAN PURSUANT TO THE WFSI EXECUTIVE COMPENSATION PLAN OR THE WFMG PHYSICIAN COMPENSATION PLAN, THE COMPENSATION TERMS OF THE WRITTEN CONTRACT WITH THE PHYSICIAN ARE APPROVED BY EITHER THE WFSI BOARD OF DIRECTORS, THE WFSI CEO OR BY THE WFMG PRESIDENT, IN ACCORDANCE WITH THE LEVEL OF AUTHORITY DELEGATED TO THE SAME BY THE WFSI BOARD OF DIRECTORS IN ACCORDANCE WITH ITS FINANCIAL TRANSACTIONS POLICY. IN EACH CASE, DECISIONS ARE MADE IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST REQUIREMENTS. ALSO, IN EACH CASE, THE COMPENSATION PAID PURSUANT TO A CONTRACT IS DETERMINED WITH REFERENCE TO MARKET COMPARABLE INFORMATION. ORGANIZATIONAL POLICY REQUIRES THAT CONTEMPORANEOUS DOCUMENTATION OF THE SAME BE MAINTAINED.

FORM 990, PT VI, SECTION C, LINE 19:

AFFILIATES OF WHEATON FRANCISCAN HEALTHCARE AND FRANCISCAN MINISTRIES PROVIDE UPON REQUEST CERTAIN DOCUMENTS INCLUDING OUR FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS THAT

Name of the organization	WHEATON FRANCISCAN HEALTHCARE ALL SAINTS INC	Employer identification number	39-1264986
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SUPPORT OUR TAX EXEMPT STATUS, INCLUDING, BUT NOT LIMITED TO, ARTICLES OF INCORPORATION AND BYLAWS. REQUESTS FOR INFORMATION ARE CONSIDERED ON A CASE-BY-CASE BASIS, AND THIS PROCESS IS OUTLINED IN OUR PUBLIC DISCLOSURE POLICY.

AS PART OF THE REQUIREMENTS FOR TAX EXEMPT BOND FINANCING, THE CONSOLIDATED FINANCIAL STATEMENTS OF WHEATON FRANCISCAN SERVICES, INC. (#36-3262111), THE PARENT CORPORATION OF WHEATON FRANCISCAN HEALTHCARE AND FRANCISCAN MINISTRIES AFFILIATES ARE REQUIRED TO BE PROVIDED EACH QUARTER TO THE MUNICIPAL SECURITIES RULE MAKING BOARD (MSRB). THE VEHICLE USED TO ACCOMPLISH THIS IS THROUGH AN EXTERNAL WEBSITE ([HTTP://EMMA.MSRB.ORG/](http://emma.msrb.org/)) REFERRED TO AS "EMMA" (ELECTRONIC MUNICIPAL MARKET ACCESS SYSTEM). THE FINANCIAL STATEMENTS ARE UPLOADED EACH QUARTER TO THE WEBSITE, AND ALONG WITH OTHER INFORMATION PROVIDED AT THE BOND'S INCEPTION, ARE AVAILABLE FOR VIEWING BY THE GENERAL PUBLIC.

#### PART VII COLUMN B

WHEATON FRANCISCAN HEALTHCARE AND FRANCISCAN MINISTRIES ARE A CONTROLLED GROUP OF RELATED HEALTHCARE AND HOUSING ORGANIZATIONS. AS SUCH, MANY EMPLOYEES WHO ARE AT THE VICE PRESIDENT LEVEL OR ABOVE, OR WHO ARE OFFICERS AND/OR DIRECTORS OF ORGANIZATIONS WHERE WHEATON HAS COMMON BOARDS AND OTHER OVERLAPS, SPEND SIGNIFICANT TIME DEVOTED TO TASKS NOT ONLY FOR THE FILING ORGANIZATION, BUT ALSO FOR RELATED ORGANIZATIONS. WHILE THERE IS NO OFFICIAL TIME STUDY TRACKING THAT IS DONE, IT IS ESTIMATED THAT FOR EACH EMPLOYEE, TASKS DEVOTED TO RELATED ORGANIZATIONS

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
39-1264986

COULD APPROXIMATE UP TO 80% OF TOTAL HOURS.

FORM 990 PART XI LINE 5

THE AMOUNT REPORTED IN "OTHER CHANGES IN NET ASSETS OR FUND BALANCES"  
INCLUDES AN EQUITY TRANSFER MADE OF \$46,893,992 THAT REPRESENTS THIS  
ORGANIZATION'S SHARE OF EXPENSE ITEMS RELATED TO WHEATON FRANCISCAN  
MEDICAL GROUP (#39-1791586) OPERATIONS. FOR ADDITIONAL ITEMS PLEASE REFER  
TO SCH D PART XIV.

DISCLOSURE STATEMENT RELATED TO FORMS 5471

INFO RETURN OF U.S. PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS  
FILED ON BEHALF OF THE TAXPAYER

UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B),  
THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U.S.  
PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 5  
FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORATIONS (CFCS).  
THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF  
FORMS 5471 FOR THESE CFCS BY OTHER U.S. TAXPAYERS IDENTIFIED BELOW WHO  
HAVE THE SAME FILING REQUIREMENT.

TAXPAYER NAME: WHEATON FRANCISCAN SERVICES, INC.

ADDRESS: 26 W171 ROOSEVELT ROAD, WHEATON, IL 60187

ID NUMBER OF U.S. TAX RETURN WITH WHICH FORM 5471 WAS FILED: 36-3262111

IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: E-FILED



Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AS A MEMBER OF WHEATON FRANCISCAN HEALTHCARE, OUR AFFILIATES STRIVE TO LIVE OUT THE HEALING MINISTRY OF JESUS WHILE PROVIDING EXCEPTIONAL AND COMPASSIONATE HEALTHCARE SERVICES THAT PROMOTE THE DIGNITY AND WELL BEING OF THE PATIENTS AND COMMUNITIES WE SERVE. OUR VISION IS TO BE RECOGNIZED FOR SUPERIOR HEALTHCARE SERVICE, CLINICAL EXCELLENCE, AS THE HEALTHCARE EMPLOYER OF CHOICE, AND THE PREFERRED PARTNER OF PHYSICIANS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

WHEATON FRANCISCAN SERVICES, INC. (WFSI) IS A CATHOLIC, NOT-FOR-PROFIT HEALTH CARE AND HOUSING ORGANIZATION SERVING AT SITES IN WISCONSIN, IOWA, ILLINOIS, AND COLORADO. THE SYSTEM INCLUDES 18 HOSPITAL SITES, THREE TRANSITIONAL AND EXTENDED-CARE FACILITIES, TWO HOME HEALTH AGENCIES, NEARLY 3,500 PHYSICIANS, MORE THAN 70 CLINIC SITES WITH 770 EMPLOYED PHYSICIANS, AND APPROXIMATELY 2,800 UNITS OF ASSISTED LIVING AND OTHER HOUSING, AND THE CORPORATE SERVICES OFFICES IN WHEATON, ILLINOIS, AND GLENDALE, WISCONSIN. STARTED MORE THAN 125 YEARS AGO AND FORMALLY INCORPORATED IN 1983, WFSI IS COMMITTED TO LIVING OUT THE MISSION AND VALUES OF ITS SPONSORS, THE WHEATON FRANCISCAN SISTERS, BY PROVIDING EXCELLENT AND COMPASSIONATE HEALTH CARE AND HOUSING SERVICES TO ALL, REGARDLESS OF THEIR ABILITY TO PAY.

WFSI WAS INCORPORATED IN 1983 TO PRESERVE AND STRENGTHEN

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

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39-1264986

ATTACHMENT 2 (CONT'D)

JUDEO-CHRISTIAN VALUES, PROVIDE A FRAMEWORK FOR LAY EXPERTISE AND INVOLVEMENT, RESPOND TO AN INCREASINGLY COMPLEX ENVIRONMENT, ENSURE CONTINUITY OF FRANCISCAN SPONSORSHIP, AND ASSURE VIABILITY AND EXCELLENCE THROUGHOUT THE ORGANIZATION. AS A NOT-FOR-PROFIT ORGANIZATION, WFSI REINVESTS ALL NET INCOME INTO THE COMMUNITIES IT SERVES. ITS MULTIPLE ENTITIES ARE DEDICATED TO DELIVERING QUALITY HEALTH CARE TO PATIENTS AND RESIDENTS THROUGH HIGHLY-TRAINED STAFF, ADVANCED TECHNOLOGY, AND SUPERIOR AND COMPASSIONATE SERVICE; CARING FOR EACH PERSON'S BODY, MIND, AND SPIRIT WITH RESPECT AND DIGNITY; WORKING TO IMPROVE THE HEALTH OF THE COMMUNITIES; AND ENSURING HEALTH CARE ACCESS FOR EVERYONE.

WFSI IS ORGANIZED INTO MARKET-BASED REGIONAL HOLDING COMPANIES ORGANIZED IN THE SOUTHEAST, WISCONSIN REGION, THE FOX VALLEY, WISCONSIN REGION, AS WELL AS OTHER REGIONAL HOLDING COMPANIES CONDUCTING SERVICES IN ILLINOIS, IOWA, AND COLORADO. THE SYSTEM'S HOUSING AND SPIRITUAL DEVELOPMENT SERVICES ARE ORGANIZED UNDER THE HOLDING COMPANY NAME OF FRANCISCAN MINISTRIES, INC. SINCE 2006, THE "DOING BUSINESS AS" NAME FOR WFSI'S HEALTH CARE MINISTRY HAS BEEN WHEATON FRANCISCAN HEALTHCARE (WFH).

IN 2011 WHEATON FRANCISCAN HEALTHCARE IN SOUTHEAST WISCONSIN WAS RECOGNIZED AS ONE OF THE NATION'S TOP 25 MOST EFFICIENT, BEST-PERFORMING HEALTH CARE NETWORKS BY SDI, THE NATION'S PREMIER

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

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ATTACHMENT 2 (CONT'D)

INTEGRATED HEALTH NETWORK EVALUATION SYSTEM. WHEATON FRANCISCAN HEALTHCARE RANKED AS THE TOP INTEGRATED SYSTEM IN SOUTHEAST WISCONSIN, IS AMONG THE TOP 10 IN THE MIDWEST, AND RANKED 23 NATIONALLY.

OTHER NATIONAL RECOGNITIONS INCLUDE BEING NAMED ONE OF THE BEST PERFORMING 50 SYSTEMS IN THOMPSON REUTERS' 100 TOP HOSPITALS: HEALTH SYSTEMS QUALITY/EFFICIENCY STUDY IN 2009.

WHEATON FRANCISCAN HEALTHCARE ALSO RECEIVED A 2009 VIP AWARD FROM MCKESSON TECHNOLOGY SOLUTIONS FOR ITS SUCCESS IN USING INFORMATION TECHNOLOGY TO ENHANCE PATIENT SAFETY ACROSS NINE HOSPITAL SITES AND MORE THAN 100 PHYSICIAN OFFICES. THE VIP AWARDS ARE PRESENTED ANNUALLY TO ORGANIZATIONS THAT DEMONSTRATE VISION, INNOVATION AND PERFORMANCE IN THE USE OF HEALTHCARE IT. WHEATON FRANCISCAN HEALTHCARE WAS ONE OF FIVE HEALTH CARE ORGANIZATIONS SELECTED BY A PANEL OF EXPERTS IN THE FIELD OF HEALTH CARE IT USE TO RECEIVE THE AWARD.

PLEASE SEE OUR FULL 2011 ANNUAL REPORT ONLINE AT:

[HTTP://WWW.WFHEALTHCARE.ORG/WHEATON/DOCUMENTS/2011ANNUALREPORT.PDF](http://www.wfhealthcare.org/wheaton/documents/2011annualreport.pdf)

CORPORATE STRUCTURE:

PARENT COMPANY: WHEATON FRANCISCAN SERVICES, INC. DBA WHEATON

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
39-1264986

ATTACHMENT 2 (CONT'D)

FRANCISCAN HEALTHCARE

HEALTH CARE MINISTRY: WHEATON FRANCISCAN HEALTHCARE

HOUSING MINISTRY: FRANCISCAN MINISTRIES, INC.

HEALTH CARE MISSION: WHEATON FRANCISCAN HEALTHCARE IS COMMITTED  
TO LIVING OUT THE HEALING MINISTRY OF JESUS BY PROVIDING  
EXCEPTIONAL AND COMPASSIONATE HEALTH CARE SERVICE THAT PROMOTES  
THE DIGNITY AND WELL BEING OF THE PEOPLE WE SERVE.

HEALTH CARE VISION: OUR HEALTH MINISTRIES WILL BE RECOGNIZED IN  
EACH COMMUNITY WE SERVE FOR SUPERIOR AND COMPASSIONATE PATIENT  
SERVICE, CLINICAL EXCELLENCE, AS THE HEALTH CARE EMPLOYER OF  
CHOICE, AND THE PREFERRED PARTNER OF PHYSICIANS.

HOUSING MISSION: FRANCISCAN MINISTRIES IS COMMITTED TO PROVIDING  
QUALITY AND AFFORDABLE HOUSING IN A COMPASSIONATE ENVIRONMENT THAT  
PROMOTES WHOLENESS OF LIFE WITHIN OURSELVES AND THE COMMUNITIES WE  
SERVE.

HOUSING VISION: OUR HOUSING MINISTRIES WILL BE RECOGNIZED FOR  
EXCELLENCE IN PROPERTY MANAGEMENT AND A WELL-INTEGRATED NETWORK OF  
SUPPORT SERVICES THAT PROVIDE HOPE, GROWTH, AND OPPORTUNITY.

VALUES:

OUR COMMON VALUES, WHICH FLOW FROM OUR MISSION AND CATHOLIC  
TRADITION, MUST HAVE MEANING FOR EVERY ONE OF US. THROUGH THEM WE  
PUT THE HEALING MINISTRY OF JESUS INTO PRACTICE THROUGHOUT THE

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

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ATTACHMENT 2 (CONT'D)

WHEATON FRANCISCAN SYSTEM.

RESPECT: WE VALUE EACH PERSON AS SACRED, CREATED IN THE IMAGE AND  
LIKENESS OF GOD, WHICH GIVES WORTH AND MEANING TO EACH PERSON'S  
LIFE.

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

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

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

STEWARDSHIP: WE VALUE OUR RESPONSIBILITY TO USE HUMAN, FINANCIAL,  
AND NATURAL RESOURCES ENTRUSTED TO US FOR THE COMMON GOOD, WITH  
SPECIAL CONCERN FOR THOSE WHO ARE POOR.

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

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

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39-1264986

ATTACHMENT 2 (CONT'D)

## SYSTEM STATISTICS

HOSPITAL SITES: 18

STAFFED HOSPITAL BEDS: 2,114

LONG-TERM CARE FACILITIES: 3

HOME HEALTH AGENCIES: 2

UNITS OF HOUSING: 2,681

ASSOCIATES: 21,005

AFFILIATED PHYSICIANS: 2,710

EMPLOYED PHYSICIANS: 770

EMERGENCY ROOM VISITS: 374,436

NEWBORNS: 10,519

HOSPITAL ADMISSIONS: 84,924

HOSPITAL PATIENT DAYS: 403,808

SKILLED NURSING UNIT PATIENT DAYS: 24,120

LONG-TERM CARE FACILITY PATIENT DAYS: 82,110

HOSPITAL OUTPATIENT VISITS: 1,972,764

HOSPICE DAYS: 19,860

HOME HEALTH VISITS: 115,253

MEDICAL GROUP PHYSICIAN VISITS: 2,000,423

## WFH ORGANIZATIONS

IOWA

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

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39-1264986

ATTACHMENT 2 (CONT'D)

COVENANT MEDICAL CENTER, INC.

MERCY HOSPITAL OF FRANCISCAN SISTERS, INC.

SARTORI MEMORIAL HOSPITAL, INC.

COVENANT CLINIC

COVENANT FOUNDATION, INC.

SARTORI HEALTH CARE FOUNDATION, INC.

COVENANT REGIONAL SERVICES, INC.

ILLINOIS

MARIANJOY REHABILITATION HOSPITAL AND CLINICS

MARIANJOY MEDICAL GROUP

MARIANJOY FOUNDATION

RUSH OAK PARK HOSPITAL, INC.

OSF SERVICES

CANTICLE MINISTRIES

CLARA PFAENDER FUND

WISCONSIN

WHEATON FRANCISCAN - ST. JOSEPH AND THE WISCONSIN HEART HOSPITAL

CAMPUSES

ALL SAINTS

ELMBROOK MEMORIAL

ST. FRANCIS

FRANKLIN

FRANCISCAN WOODS

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
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ATTACHMENT 2 (CONT'D)

THE TERRACE AT ST. FRANCIS

WHEATON FRANCISCAN HOME HEALTH

WHEATON FRANCISCAN HOSPICE

WHEATON FRANCISCAN LABORATORIES

WHEATON FRANCISCAN MEDICAL GROUP

ALL SAINTS FOUNDATION

VOLUNTEERS IN PARTNERSHIP WITH WHEATON FRANCISCAN HEALTHCARE-ALL  
SAINTS

ST. JOSEPH FOUNDATION

ELMBROOK MEMORIAL FOUNDATION

CIRCLE OF LIFE FOUNDATION

THE FOUNDATION FOR ST. FRANCIS AND FRANKLIN

AFFILIATIONS INCLUDE:

MIDWEST ORTHOPEDIC SPECIALTY HOSPITAL - FRANKLIN, WI

AFFINITY HEALTH SYSTEM - MENASHA, WISCONSIN

ST. ELIZABETH HOSPITAL

MERCY MEDICAL CENTER OF OSHKOSH

CALUMET MEDICAL CENTER

NETWORK HEALTH PLAN OF WISCONSIN

AFFINITY MEDICAL GROUP

ST. ELIZABETH HOSPITAL FOUNDATION

MERCY HEALTH FOUNDATION



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ATTACHMENT 2 (CONT'D)

UNITED HOSPITAL SYSTEM - KENOSHA, WISCONSIN

ST. CATHERINE'S MEDICAL CENTER AND KENOSHA MEDICAL CENTER

CAMPUSES

WHEATON FRANCISCAN HEALTHCARE COMMUNITY IMPACT FOR SYSTEM / 2011

CHARITY CARE: \$29,311,248. CHARITY CARE IS DEFINED AS FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO THOSE WHO CANNOT AFFORD TO PAY AND WHO MEET ALL CRITERIA FOR FINANCIAL ASSISTANCE. CHARITY CARE IS BASED ON ACTUAL COSTS, NOT CHARGES, AND DOES NOT INCLUDE BAD DEBT.

UNREIMBURSED COST OF PUBLIC PROGRAMS: \$89,193,180. UNREIMBURSED COST OF PUBLIC PROGRAMS IS DEFINED AS THE SHORTFALL EXPERIENCED WHEN PAYMENTS RECEIVED ARE BELOW THE COST OF TREATING PUBLIC BENEFICIARIES THROUGH MEDICAID AND OTHER LOCAL PUBLIC PROGRAMS.

COMMUNITY HEALTH IMPROVEMENT SERVICES: \$2,921,540. COMMUNITY HEALTH IMPROVEMENT SERVICES ARE DEFINED AS CLINICAL AND NON-CLINICAL SERVICES DESIGNED TO IMPROVE COMMUNITY HEALTH, WHICH ARE PROVIDED TO THE COMMUNITY FOR FREE OR FOR FEES THAT DID NOT COVER COSTS.

FINANCIAL CONTRIBUTIONS: \$3,461,030. FINANCIAL CONTRIBUTIONS ARE DEFINED AS CONTRIBUTIONS, INCLUDING CASH, NON-CASH ITEMS SUCH AS

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

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ATTACHMENT 2 (CONT'D)

FOOD, FURNITURE, EQUIPMENT, SUPPLIES, AND LOANED STAFF FOR  
VOLUNTEER AND CHARITABLE PURPOSES, MADE TO INDIVIDUALS, COMMUNITY  
GROUPS, OR NONPROFIT ORGANIZATIONS FOR CHARITABLE PURPOSES.

HEALTH PROFESSIONS EDUCATION: \$8,788,076. HEALTH PROFESSIONS  
EDUCATION IS DEFINED AS DIRECT COSTS INCURRED FOR ACCREDITED  
TRAINING AND EDUCATION PROGRAMS FOR PHYSICIANS, NURSES, ALLIED  
HEALTH PROFESSIONALS AND TECHNICIANS (DOES NOT INCLUDE ONGOING  
EDUCATION FOR STAFF).

COMMUNITY BUILDING ACTIVITIES: \$820,333. COMMUNITY BUILDING  
ACTIVITIES ARE DEFINED AS PROGRAMS THAT, WHILE NOT DIRECTLY  
RELATED TO HEALTH CARE, PROVIDE OPPORTUNITIES TO ADDRESS THE ROOT  
CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS, AND  
ENVIRONMENTAL ISSUES. COSTS FOR THESE ACTIVITIES INCLUDE CASH AND  
IN-KIND DONATIONS.

COMMUNITY BENEFIT OPERATIONS: \$121,922. COMMUNITY BENEFIT  
OPERATIONS ARE DEFINED AS COSTS ASSOCIATED WITH DEDICATED STAFF  
AND COMMUNITY HEALTH NEEDS AND/OR ASSETS ASSESSMENT, AS WELL AS  
OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT STRATEGY AND  
OPERATIONS.

RESEARCH: \$175,248. RESEARCH IS DEFINED AS COSTS INCURRED FOR  
HEALTH-RELATED RESEARCH, SUCH AS MEDICAL EQUIPMENT TESTING,

Name of the organization	WHEATON FRANCISCAN HEALTHCARE ALL SAINTS INC	Employer identification number 39-1264986
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ATTACHMENT 2 (CONT'D)

CONTROLLED STUDIES OF THERAPEUTIC PROTOCOLS, AND STUDIES OF HEALTH  
CARE DELIVERY METHODS.

SUBSIDIZED HEALTH SERVICES: \$13,613,602. SUBSIDIZED HEALTH  
SERVICES ARE DEFINED AS THE NEGATIVE MARGIN FOR CLINICAL SERVICES  
THAT ARE PROVIDED DESPITE A FINANCIAL LOSS BECAUSE OF AN  
IDENTIFIED COMMUNITY NEED THAT WOULD NEED TO BE MET BY THE  
GOVERNMENT OR ANOTHER NOT-FOR-PROFIT IF IT WAS NOT OFFERED. THE  
FINANCIAL LOSSES ARE SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN  
AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT, AND MEDICAID  
SHORTFALLS.

TOTAL BENEFIT TO THE COMMUNITY FOR SYSTEM 2011: \$148,406,179.

ATTACHMENT 3

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,  
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION (1)(2)(3)(4)(5)(6)	(D) ORG.	COMPENSATION FROM (E) REL. ORG.	(F) OTHER
29 LOREN MEYER MD PRESIDENT/CEO-WFMG	40.00	X		497,339.	70,220.
30 RICHARD ODDERS MD PHYSICIAN EMPLOYEE	40.00	X		377,454.	40,399.
31 RICHARD PIERCE-RUHLAND MD PHYSICIAN EMPLOYEE	40.00	X		297,422.	42,997.
32 STEVEN RYDER MD PHYSICIAN EMPLOYEE	40.00	X		735,914.	38,425.
33 JON SOHN SR VP AND CHIEF FINANCIAL OFFI	40.00	X		418,725.	59,772.
34 JON WACHS SR VP AND CHIEF OPERATING OFFI	40.00	X		804,963.	309,576.
35 JOSEPH WILCZYNSKI MD PHYSICIAN EMPLOYEE	40.00	X		289,756.	51,096.
36 KAYE-EILEEN WILLARD MD					

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

40.00

X

ATTACHMENT 3 (CONT'D)

235,115.

33,030.

## ATTACHMENT 4

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RACINE ANESTHESIA SERVICES LLC PO BOX 33058 PALM BEACH GARDENS, FL 33420	PHYSICIAN SERVICE	5,188,643.
RILEY CONSTRUCTION COMPANY INC 5301 99TH AVE KENOSHA, WI 53144	CONSTRUCTION SERVICE	2,519,371.
HOSPITAL SHARED SERVICES LOCKBOX 17033 DENVER, CO 80217	SECURITY SERVICE	1,143,935.
JH FINDORFF INC PO BOX 1647 MADISON, WI 53701	CONSTRUCTION SERVICE	1,010,115.
SODEXO INC & AFFILIATES 4880 PAYSPIRE CIRCLE CHICAGO, IL 60674	HOSPITALITY SERVICE	971,314.
TOTAL COMPENSATION		<u>10,833,378.</u>

## ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AFFILIATED ORGANIZATIONS	66,616.			66,616.
TOTALS	<u>66,616.</u>			<u>66,616.</u>

Name of the organization WHEATON FRANCISCAN HEALTHCARE  
ALL SAINTS INC

Employer identification number  
39-1264986

ATTACHMENT 6

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAIDS	456,162.
TOTALS	<u>456,162.</u>

**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

**2010**

Open to Public  
Inspection

Name of the organization  
ALL SAINTS INC

Employer identification number  
39-1264986

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	WHEATON FRANCISCAN SERVICES INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-3262111	PARENT CORP	IL	501(C)(3)	11 - III-FI	N/A		X
(2)	AFFINITY HEALTH SYSTEM 1570 MIDWAY PLACE MENASHA, WI 54942 39-1638765	HOLDING CO	IL	501(C)(3)	11 - I	WFSI/MHC		X
(3)	AUXILIARY OF ST ELIZABETH HOSPITAL INC 1506 SOUTH ONEIDA STREET APPLETON, WI 54915 39-6077331	AUXILIARY	WI	501(C)(3)	11 - III-O	ST ELIZ HOSP		X
(4)	CALUMET MEDICAL CENTER INC 614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(C)(3)	3	AFF HLTH SYS		X
(5)	MERCY MEDICAL CENTER OF OSHKOSH INC 500 SOUTH OAKWOOD ROAD OSHKOSH, WI 54904 39-0806268	HOSPITAL	WI	501(C)(3)	3	AFF HLTH SYS		X
(6)	NETWORK HEALTH SYSTEM INC 1570 MIDWAY PLACE MENASHA, WI 54942 39-1127163	MED GROUP	WI	501(C)(3)	3	AFF HLTH SYS		X
(7)	ST ELIZABETH HOSPITAL COMMUNITY FNDN INC 1506 SOUTH ONEIDA STREET APPLETON, WI 54915 39-1256677	FOUNDATION	WI	501(C)(3)	11 - I	AFF HLTH SYS		X

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

Schedule R (Form 990) 2010

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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization  
**ALL SAINTS INC**

**WHEATON FRANCISCAN HEALTHCARE**

Employer identification number  
**39-1264986**

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(1)	(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	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ST ELIZABETH HOSPITAL INC 1506 SOUTH ONEIDA STREET APPLETON, WI 54915	HOSPITAL	WI	501 (C) (3)	3	AFF HLTH SYS		X
(2)	WFH - SOUTHEAST WISCONSIN INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212	HOLDING CO	IL	501 (C) (3)	11 - III-FI	WFSI		X
(3)	WFH - ALL SAINTS FOUNDATION INC 1320 WISCONSIN AVENUE RACINE, WI 53403	FOUNDATION	WI	501 (C) (3)	11 - I	WFH-AS INC	X	
(4)	VOLUNTEERS IN PARTNERSHIP WITH WFH-AS INC 3801 SPRING STREET RACINE, WI 53405	FOUNDATION	WI	501 (C) (3)	11 - III-O	WFH-AS INC	X	
(5)	WFH - CIRCLE OF LIFE FOUNDATION INC 13950 WEST CAPITOL DRIVE BROOKFIELD, WI 53005	FOUNDATION	WI	501 (C) (3)	11 - I	WFH-PE		X
(6)	WHEATON FRAN HOME HEALTH & HOSPICE INC 3070 NORTH 51ST STREET STE 406 MILWAUKEE, WI 53210	HOME HLTH	WI	501 (C) (3)	3	WFH-SE WI		X
(7)	WHEATON FRANCISCAN MEDICAL GROUP INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212	MED GROUP	WI	501 (C) (3)	3	WFH-SE WI		X

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**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization WHEATON FRANCISCAN HEALTHCARE

ALL SAINTS INC

Employer identification number  
39-1264986

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WHEATON FRANCISCAN -ELMBROOK FNDN (1) 39-2028808 19333 WEST NORTH AVENUE BROOKFIELD, WI 53045	FOUNDATION	WI	501 (C) (3)	11 - I	WF INC		X
(2) WHEATON FRANCISCAN INC (2) 39-0853528 19333 WEST NORTH AVENUE BROOKFIELD, WI 53045	HOSPITAL	WI	501 (C) (3)	3	WFH-SE WI		X
(3) WHEATON FRANCISCAN LABORATORIES INC 39-1701402 11020 WEST PLANK COURT WAUWATOSA, WI 53226	LABORATORY	WI	501 (C) (3)	9	WFH-SE WI		X
(4) WFH PHARMACY ENT AND FRAN WOODS INC 39-1613624 13950 WEST CAPITOL DRIVE BROOKFIELD, WI 53005	PHARMACY	WI	501 (C) (3)	9	WFH-SE WI		X
(5) WFH - ST FRANCIS INC 39-0907740 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215	HOSPITAL	WI	501 (C) (3)	3	WFH-SE WI		X
(6) WF - ST JOSEPH FOUNDATION INC 39-1636804 5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210	FOUNDATION	WI	501 (C) (3)	11 - I	WF INC		X
(7) WHEATON FRANCISCAN INC 39-0816857 5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210	HOSPITAL	WI	501 (C) (3)	3	WFH-SE WI		X

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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ALL SAINTS INC**

**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.

**WHEATON FRANCISCAN HEALTHCARE**

Employer identification number  
**39-1264986**

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
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(6)						

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

(1)	(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	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	WFH-THE WISCONSIN HEART HOSPITAL INC (3) 400 WEST RIVER WOODS PARKWAY GLENDAL, WI 53212	FOUNDATION	WI	501 (C) (3)	11 - I	WFH-SE WI		X
(2)	WFH-FNDN FOR ST FRANCIS AND FRANKLIN INC 3237 SOUTH 16TH STREET MILWAUKEE, WI 53215	FOUNDATION	WI	501 (C) (3)	11 - I	WFH-SFH		X
(3)	WFH - TERRACE AT ST FRANCIS INC 3200 SOUTH 20TH STREET MILWAUKEE, WI 53215	NURSING HOME	WI	501 (C) (3)	9	WFH-SE WI		X
(4)	WFH - FRANKLIN INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53132	HOSPITAL	WI	501 (C) (3)	3	WFH-SE WI		X
(5)	WHEATON WAY CONDO OWNERS ASSCN INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53132	CONDO ASSCN	WI	N/A	N/A	WFH-FRKLIN		X
(6)	METRO PHYSICIANS INC 400 WEST RIVER WOODS PARKWAY GLENDAL, WI 53212	MED GROUP	WI	501 (C) (3)	3	WFMG		X
(7)	MARIANJOY INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187	HOLDING CO	IL	501 (C) (3)	11 - III-FI	WFSI		X

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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ALL SAINTS INC**

**WHEATON FRANCISCAN HEALTHCARE**

**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

**2010**

Open to Public  
Inspection

Employer identification number  
**39-1264986**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MARIANJOY FOUNDATION INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 35-2165613	FOUNDATION	IL	501(C)(3)	7	MJ HOSP		X
(2) MARIANJOY REHAB CENTER AUXILIARY INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-3896976	AUXILIARY	IL	501(C)(3)	11 - I	MJ HOSP		X
(3) MARIANJOY REHAB HOSPITAL & CLINICS INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-2680776	REHAB HOSPITA	IL	501(C)(3)	3	MARIANJOY		X
(4) REHABILITATION MEDICINE CLINIC INC 26 W 171 ROOSEVELT RD WHEATON, IL 60187 36-3236791	MEDICAL GRP	IL	501(C)(3)	3	MARIANJOY		X
(5) OSF SERVICES INC PO BOX 667 WHEATON, IL 60187-0667 39-1471463	HOLDING CO	WI	501(C)(3)	11 - III-FI	WFSI		X
(6) CANTICLE MINISTRIES INC PO BOX 667 WHEATON, IL 60187-0667 36-4091836	HOUSING/ADVCY	IL	501(C)(3)	7	OSF SVCS INC		X
(7) CLARA PFAENDER FUND INC PO BOX 667 WHEATON, IL 60187-0667 36-3353311	SPONSORSHIP	IL	501(C)(3)	11 - III-O	OSF SVCS INC		X

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Department of the Treasury  
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**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.

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**2010**

Open to Public  
Inspection

Name of the organization  
ALL SAINTS INC

Employer identification number  
39-1264986

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FRANCISCAN SISTERS CHARITABLE FUND OF CO 84-0733072 2626 OSCOLA STREET DENVER, CO 80212	AUXILIARY	CO	501 (C) (3)	7	OSF SVCS INC		X
(2) RUSH OAK PARK HOSPITAL INC 36-2183812 520 SOUTH MAPLE AVENUE OAK PARK, IL 60304	HOSPITAL	IL	501 (C) (3)	3	OSF SVCS INC		X
(3) SET MINISTRY INC 39-1618277 2977 NORTH 50TH STREET MILWAUKEE, WI 53210	SOCIAL WORK	WI	501 (C) (3)	9	OSF SVCS INC		X
(4) ST CATHERINE'S HOSPITAL INC 39-0855075 9555 76TH STREET PLEASANT PRAIRIE, WI 53158	HOSPITAL	WI	501 (C) (3)	3	OSF SVCS INC		X
(5) SYNERGON HEALTH SYSTEM INC (5) 36-3739067 520 SOUTH MAPLE AVENUE OAK PARK, IL 60304	HOSPITAL	IL	501 (C) (3)	3	NONE		X
(6) UHS INC (6) 39-1956749 6308 EIGHTH AVENUE KENOSHA, WI 53143	HOSPITAL	WI	501 (C) (3)	3	NONE		X
(7) WFH - IOWA INC 42-1177001 3421 WEST NINTH STREET WATERLOO, IA 50702	HOLDING CO	IA	501 (C) (3)	11 - III-FI	WFSI		X

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**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
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OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization  
ALL SAINTS INC

Employer identification number  
39-1264986

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	COVENANT FOUNDATION INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1295784	FOUNDATION	IA	501 (C) (3)	9	COV MED CTR		X
(2)	COVENANT MEDICAL CENTER INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1264647	HOSPITAL	IA	501 (C) (3)	3	WFH-IOWA		X
(3)	MERCY HOSPITAL OF FRANCISCAN SISTERS INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1178403	HOSPITAL	IA	501 (C) (3)	3	WFH-IOWA		X
(4)	N E IOWA REAL ESTATE INVESTMENTS LTD 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1207432	HOLDING CO	IA	501 (C) (2)	N/A	WFH-IOWA		X
(5)	SARTORI HEALTH CARE FOUNDATION INC 3421 WEST NINTH STREET WATERLOO, IA 50702 42-1240996	FOUNDATION	IA	501 (C) (3)	11 - I	SARTORI HOSP		X
(6)	SARTORI MEMORIAL HOSPITAL INC 515 COLLEGE STREET CEDAR FALLS, IA 50613 42-0758901	HOSPITAL	IA	501 (C) (3)	3	WFH-IOWA		X
(7)	FRANCISCAN MINISTRIES INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187-0667 36-3259684	HOLDING CO	IL	501 (C) (3)	11 - III-FI	WFSI		X

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Department of the Treasury  
Internal Revenue Service

Name of the organization

ALL SAINTS INC

WHEATON FRANCISCAN HEALTHCARE

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
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OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Employer identification number

39-1264986

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ASSISI HOMES - BATAVIA APARTMENTS INC 1259 EAST WILSON STREET BATAVIA, IL 60510 36-3914084	HOUSING	IL	501 (C) (3)	9	FMI		X
(2) ASSISI HOMES - COLONY PARK INC 550 EAST THORNHILL DRIVE CAROL STREAM, IL 60188 36-4039278	HOUSING	IL	501 (C) (3)	9	FMI		X
(3) ASSISI HOMES - CONSTITUTION HOUSE INC 401 NORTH CONSTITUTION DRIVE AURORA, IL 60506 36-4049150	HOUSING	IL	501 (C) (3)	9	FMI		X
(4) ASSISI HOMES - JEFFERSON COURT INC 415 EAST KNAPP STREET MILWAUKEE, WI 53202 39-1771526	HOUSING	WI	501 (C) (3)	9	FMI		X
(5) ASSISI HOMES - KENOSHA INC 1860 27TH AVENUE KENOSHA, WI 53140 39-1814815	HOUSING	WI	501 (C) (3)	9	FMI		X
(6) ASSISI HOMES - SAXONY INC 1876 22ND AVENUE KENOSHA, WI 53140 39-1790498	HOUSING	WI	501 (C) (3)	9	FMI		X
(7) ASSISI HOMES OF GURNEE INC 3495 WEST GRAND AVENUE GURNEE, IL 60031 36-3942336	HOUSING	IL	501 (C) (3)	9	FMI		X

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**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALL SAINTS INC

WHEATON FRANCISCAN HEALTHCARE

▶ 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.

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Employer identification number

39-1264986

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

(1)	(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
(1)						
(2)						
(3)						
(4)						
(5)						
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ASSISI HOMES OF ILLINOIS INC 2126 WEST ROOSEVELT ROAD WHEATON, IL 60187 36-3803443	HOUSING	IL	501 (C) (3)	9	FMI		X
(2)	ASSISI HOMES OF NEENAH INC 210 BYRD AVENUE NEENAH, WI 54946 36-3767250	HOUSING	WI	501 (C) (3)	9	FMI		X
(3)	CANTICLE PLACE INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187-0667 36-3957850	HOUSING	IL	501 (C) (3)	9	FMI		X
(4)	CATHERINE MARIAN HOUSING INC 806 SOUTH WISCONSIN AVENUE RACINE, WI 53403 39-1657098	HOUSING	WI	501 (C) (3)	9	FMI		X
(5)	CLARE GARDENS INC 2626 OSCEOLA STREET DENVER, CO 80212 23-7200039	HOUSING	CO	501 (C) (3)	9	FMI		X
(6)	CLARE OF ASSISI HOMES-WESTMINSTER INC 2451 WEST 82ND PLACE WESTMINSTER, CO 80031 74-2740978	HOUSING	CO	501 (C) (3)	9	FMI		X
(7)	DAYSpring VILLA INC 3777 WEST 26TH AVENUE DENVER, CO 80211 36-3933908	HOUSING	CO	501 (C) (3)	9	FMI		X

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**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALL SAINTS INC

**Related Organizations and Unrelated Partnerships**

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► Attach to Form 990. ► See separate instructions.

WHEATON FRANCISCAN HEALTHCARE

Employer identification number

39-1264986

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FRANCIS HEIGHTS INC 2626 OSCEOLA STREET DENVER, CO 80212 84-0626174	HOUSING	CO	501 (C) (3)	9	FMI		X
(2) FRANCISCAN MINISTRIES COMMUNITY FNDN INC 26W171 ROOSEVELT ROAD WHEATON, IL 60187-0667 36-4456204	FOUNDATION	IL	501 (C) (3)	11 - II	FMI		X
(3) FRANCISCAN SENIORS KENOSHA INC 1920 27TH AVENUE KENOSHA, WI 53140 39-1821568	HOUSING	WI	501 (C) (3)	9	FMI		X
(4) MARIAN HOUSING CENTER INC 4105 SPRING STREET RACINE, WI 53405 39-1515867	HOUSING	WI	501 (C) (3)	9	FMI		X
(5) MARIAN PARK INC 2126 WEST ROOSEVELT ROAD WHEATON, IL 60187 36-2750105	HOUSING	IL	501 (C) (3)	9	FMI		X
(6) RIDGEWAY PLACE INC 155 EAST RIDGEWAY AVENUE WATERLOO, IA 50702 42-1416064	HOUSING	IA	501 (C) (3)	9	FMI		X
(7) STARVED ROCK-LASALLE MANOR INC 1135 10TH STREET LASALLE, IL 61301 36-3796933	HOUSING	IL	501 (C) (3)	9	FMI		X

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Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALL SAINTS INC

**Related Organizations and Unrelated Partnerships**

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Open to Public  
Inspection

WHEATON FRANCISCAN HEALTHCARE

Employer identification number  
39-1264986

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
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(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) VILLA MARIA INC 2461 WEST 82ND PLACE WESTMINSTER, CO 80031 84-1347868	HOUSING	CO	501 (C) (3)	9	FMI		X
(2) VILLA ST CLARE INC 130 BYRD AVENUE NEENAH, WI 54946 39-1769395	HOUSING	WI	501 (C) (3)	9	FMI		X
(3) ASSIST HOMES LASALLE MANOR INC (4) 26W171 ROOSEVELT ROAD WHEATON, IL 60189-0795 80-0623447	HOUSING	IL	501 (C) (3)	9	FMI		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KENOSHA SNR 39-1801541 PO BOX 667 WHEATON, IL 60187	HOUSING	WI	FR SNRS						0			
(2) STARVED ROCK 36-3811935 PO BOX 667 WHEATON, IL 60187	HOUSING	IL	SRLM INC						0			
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) NETWORK HEALTH INSURANCE CORPORATION 39-2020474 1570 MIDWAY PLACE MENASHA, WI 54942	INSURANCE CO	WI	NETWK HLTH SY	C CORP			
(2) NETWORK HEALTH PLAN 39-1442058 1570 MIDWAY PLACE MENASHA, WI 54942	HLTH MAINT ORG	WI	NETWK HLTH SY	C CORP			
(3) WHEATON FRANCISCAN ENTERPRISES INC 39-1985204 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212	HOLDING CO	WI	WF HOLD INC	C CORP			
(4) WHEATON FRANCISCAN HOLDINGS INC 39-1836357 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212	HOLDING CO	WI	WFH-SE WI	C CORP			
(5) WHEATON FRANCISCAN MED GRP-SUSSEX INC 39-1361100 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212	MED GROUP	WI	WF HOLD INC	C CORP			
(6) WHEATON FRANCISCAN PROVIDER NETWORK INC 39-1952140 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212	ADMIN SUPPORT	WI	WFH-SE WI	C CORP			
(7) COVENANT REGIONAL SERVICES INC 42-1189805 3421 WEST NINTH STREET WATERLOO, IA 50702	PHARMACY	IA	WFH-IOWA	C CORP			

Schedule R (Form 990) 2010

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) WHEATON FRANCISCAN INSURANCE COMPANY PO BOX 69 GT GEORGETOWN, GRAND CAYMAN	FINANCIAL	UK	WFSI				
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Schedule R (Form 990) 2010

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

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	WFH-ALL SAINTS FOUNDATION	R	201,772.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) 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
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Schedule R (Form 990) 2010

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

## FOOTNOTES

## FOOTNOTES 1 - 6

(1) WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL FOUNDATION, INC. CHANGED ITS LEGAL NAME TO WHEATON FRANCISCAN - ELMBROOK MEMORIAL FOUNDATION, INC. EFFECTIVE JULY 1, 2011.

(2) ON JULY 1, 2011, WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL, INC. (FEIN #39-0853528) WAS MERGED INTO WHEATON FRANCISCAN, INC. (FEIN 39-0816857). AS A RESULT OF THIS MERGER, WHEATON FRANCISCAN, INC. F/K/A WHEATON FRANCISCAN HEALTHCARE - ELMBROOK MEMORIAL, INC. (FEIN #39-0853528) CEASED TO EXIST AND WILL FILE ITS FINAL IRS FORM 990 FOR THE FISCAL YEAR ENDING JUNE 30, 2011.

(3) WHEATON FRANCISCAN HEALTHCARE - THE WISCONSIN HEART HOSPITAL, INC. F/K/A ST MICHAEL HOSPITAL COMMUNITY FOUNDATION, INC. (FEIN #39-1220690) WAS DISSOLVED EFFECTIVE DECEMBER 21, 2010 AND AS SUCH, WILL FILE ITS FINAL IRS FORM 990 FOR TAX YEAR 2010.

(4) ASSISI HOMES - LASALLE MANOR, INC. WAS FORMED ON JULY 8, 2010 AND WAS GRANTED TAX EXEMPT STATUS ON FEBRUARY 14, 2011 RETROACTIVE TO JULY 8TH.

(5) SYNERGON HEALTH SYSTEM INC IS LISTED WITH NO DIRECT CONTROLLING ENTITY BECAUSE OF THE TWO ORGANIZATIONS WITH AN INTEREST, RUSH PRESBYTERIAN AND OSF SERVICES INC, NEITHER CAN APPOINT A MAJORITY OF THE BOARD, THEREFORE NEITHER ORGANIZATION "CONTROLS".

(6) UHS, INC. IS LISTED WITHOUT A DIRECT CONTROLLING ENTITY BECAUSE OF THE TWO ORGANIZATIONS WITH AN INTEREST, KHMC COMMUNITY BOARD AND OSF SERVICES INC, NEITHER CAN APPOINT A MAJORITY OF THE BOARD, AND SINCE KHMC IS NOT AN ENTITY (IT IS A COMMUNITY BOARD), NEITHER BODY "CONTROLS".