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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Saint Francis Hospital Inc

% ERIC E SCHICK

Doing business as

Number and street (or P O box if mail is not delivered to street address) 6600 S Yale Ave Suite 400

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
TULSA, OK 741363319

D Employer identification number
73-0700090

E Telephone number
(918) 502-8126

G Gross receipts $ 2,865,630,323

F Name and address of principal officer
Eric Schick
6600 S Yale Ave Suite 400
Tulsa, OK 741363319

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

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

J Website: ▶ HTTP //WWW SAINTFRANCIS COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1960

M State of legal domicile OK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO EXTEND THE PRESENCE AND HEALING MINISTRY OF CHRIST IN ALL WE DO

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	1
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	6,579
6	Total number of volunteers (estimate if necessary)	**6**	650
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	243,687
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-647,717

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	398,005	7,550,662
9	Program service revenue (Part VIII, line 2g)	892,044,340	942,944,396
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,500,525	22,857,615
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,910,861	25,426,114
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	942,853,731	998,778,787
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,383,935	3,151,729
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	339,357,986	355,329,629
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	434,852,450	475,123,339
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	777,594,371	833,604,697
19	Revenue less expenses Subtract line 18 from line 12	165,259,360	165,174,090

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	2,007,706,955	2,142,531,880
21	Total liabilities (Part X, line 26)	364,871,670	335,796,958
22	Net assets or fund balances Subtract line 21 from line 20	1,642,835,285	1,806,734,922

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2016-05-13 Date

▶ ERIC E SCHICK TREASURER/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KATHLEEN MOSELEY	KATHLEEN MOSELEY			P00116760

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 425 HOUSTON ST SUITE 600
FORT WORTH, TX 76102

Phone no (817) 335-1900

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO EXTEND THE PRESENCE AND HEALING MINISTRY OF CHRIST IN ALL WE DO

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 614,466,346 including grants of $ 3,151,729) (Revenue $ 948,088,526)

STATEMENT OF ACCOMPLISHMENTS SAINT FRANCIS HOSPITAL, INC (SFH) IS A MEMBER OF SAINT FRANCIS HEALTH SYSTEM, INC (SYSTEM) THE SYSTEM IS A CATHOLIC, NOT-FOR-PROFIT HEALTH SYSTEM WHOSE MISSION IS TO EXTEND THE PRESENCE AND HEALING MINISTRY OF CHRIST IN ALL WE DO THE SYSTEM IS ANCHORED BY SFH, A 1,112-BED TERTIARY CENTER, WHICH INCLUDES THE REGION'S ONLY CHILDREN'S HOSPITAL AND LEVEL IV NEONATAL INTENSIVE CARE UNIT, A 168-BED HEART HOSPITAL AND TULSA'S LEADING TRAUMA AND EMERGENCY CENTER ADDITIONALLY, THE SYSTEM EMPLOYS 306 PROVIDERS WITH 289 OF THOSE SERVING THROUGH WARREN CLINIC INC (WCI), WHICH SERVES THE REGION WITH OVER 73 LOCATIONS THROUGHOUT EASTERN OKLAHOMA IN TOTAL, THE SYSTEM HAS MORE THAN 8,400 EMPLOYEES, 1,000 PHYSICIANS ON MEDICAL STAFF AND 700 VOLUNTEERS, MAKING IT THE LARGEST TULSA COUNTY PRIVATE EMPLOYER, WITH HOSPITALS, PHYSICIAN CLINICS, MENTAL HEALTH FACILITIES, TRAUMA EMERGENCY CENTERS, REHABILITATION FACILITIES, A FITNESS CENTER, A NEONATAL INTENSIVE CARE UNIT, AND HOME HEALTH SERVICES AS A MEMBER OF THE SYSTEM AND A NOT FOR PROFIT ORGANIZATION, EACH YEAR SFH PROVIDES MILLIONS OF DOLLARS OF CHARITY CARE TO PATIENTS THROUGHOUT THE STATE OF OKLAHOMA, SOUTHERN KANSAS, SOUTHWESTERN MISSOURI AND WESTERN ARKANSAS WHILE THIS CARE REPRESENTS A LARGE PERCENTAGE OF SFH'S GIFT BACK TO THE COMMUNITY, IT IS STILL ONLY PART OF WHAT SFH CONSIDERS AS HEALING MINISTRY OF CHRIST THE SYSTEM'S MISSION OF EXTENDING THE PRESENCE AND HEALING MINISTRY OF CHRIST IS EPITOMIZED IN SFH'S GIVING BACK TO ITS COMMUNITY IT TAKES THE FORM OF HUNDREDS OF PROGRAMS AND ACTS OF CHARITY PROVIDED DAILY ACROSS THE STATE OF OKLAHOMA - FREE HEALTH SCREENINGS, SUPPORT GROUPS, MEDICAL SERVICES, EDUCATIONAL PROGRAMS, HEALTH FAIRS AND MORE SFH PROVIDES SIGNIFICANT AMOUNTS OF UNCOMPENSATED SERVICES UNCOMPENSATED SERVICES ARE THE COSTS OF PROVIDING FREE AND REDUCED COST CARE, WHICH INCLUDES CHARITY CARE AND UNPAID COSTS OF MEDICAID PROGRAMS AS A NOT FOR PROFIT HOSPITAL, SFH PROVIDES SERVICES TO EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE COVERAGE THUS, IT PROVIDES A MUCH NEEDED SAFETY NET FOR MEMBERS OF THE SFH COMMUNITY WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE SFH, IN THE FALL OF 2004, SET INTO PLACE PROVISIONS THAT INCREASE THE HOSPITAL'S ABILITY TO OFFER CHARITY CARE TO THOSE LESS FORTUNATE AND PROVIDE THOSE LACKING HEALTH CARE COVERAGE WITH FREE CARE TO LESSEN THE BURDEN AND ANXIETY OFTEN CAUSED BY HEALTH CARE EXPENSES THE CHARITY CARE POLICY PROVIDES ACCESS TO FULL CHARITY CARE ASSISTANCE TO THOSE INDIVIDUALS WHOSE GROSS ANNUAL INCOME IS EQUAL TO OR LESS THAN 225 PERCENT OF THE FEDERAL POVERTY LEVEL QUALIFIES FOR FULL CHARITY CARE ASSISTANCE FURTHER, PATIENTS LACKING HEALTH CARE INSURANCE, REGARDLESS OF THEIR PERSONAL INCOME LEVEL RECEIVE A DISCOUNT FROM BILLED CHARGES BOTH INITIATIVES EXEMPLIFY SAINT FRANCIS'S MISSION TO EXTEND THE PRESENCE AND HEALING MINISTRY OF CHRIST, WITH A PARTICULAR EMPHASIS ON THOSE MOST NEEDY OF HEALTH SERVICES IN NORTHEASTERN OKLAHOMA ALL, TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES SERVED IN A SPIRIT OF COMPASSION AND HONESTY SAINT FRANCIS HISTORY ON OCTOBER 1, 1960, LOCATED IN TULSA IN EASTERN OKLAHOMA, SFH OPENED WITH 275 BEDS IT WAS A DREAM OF THE FOUNDERS WILLIAM K WARREN SR AND HIS WIFE NATALIE OVERALL WARREN TO GIVE A GIFT TO THE CITY OF TULSA THAT WOULD SERVE ITS CITIZENS FOR YEARS TO COME IN ORDER TO MEET PATIENT CARE REQUIREMENTS, AS WELL AS THE DEMANDS OF A RAPIDLY GROWING POPULATION IN SOUTHEAST TULSA, SFH WAS EXPANDED IN 1969 TO 735 ADULT AND PEDIATRIC BEDS AND BASSINETS A MAJOR MILESTONE OCCURRED ON DECEMBER 3, 1975 - THE 15TH ANNIVERSARY OF THE HOSPITAL - WHEN THE NATALIE WARREN BRYANT CANCER CENTER OPENED ITS DOORS IT WAS ONE OF THE FIRST CENTERS WHERE RADIATION THERAPY, CHEMOTHERAPY SERVICES, LABORATORY AND SUPPORT SERVICES WERE GROUPED IN A SINGLE LOCATION FOR THE PATIENT'S CONVENIENCE THE NATALIE WARREN BRYANT CANCER CENTER IS NOW KNOWN AS THE SAINT FRANCIS CANCER CENTER AND PROVIDES STATE-OF-THE-ART MEDICAL ONCOLOGY AND RADIOTHERAPY TECHNOLOGY TO RESIDENTS IN EASTERN OKLAHOMA AND SURROUNDING STATES THE FIRST AREA WCI FACILITY WAS ESTABLISHED IN STILLWATER, OKLAHOMA, IN JANUARY 1987 WCI HAS GROWN SIGNIFICANTLY FROM THE THREE INTERNAL MEDICINE SPECIALISTS IN STILLWATER TO 289 PROVIDERS IN PRACTICE THROUGHOUT EASTERN OKLAHOMA SAINT FRANCIS HOSPITAL AT BROKEN ARROW OFFICIALLY BECAME PART OF SAINT FRANCIS IN JANUARY 1988 THE UNION INITIALLY OCCURRED WHEN SAINT FRANCIS HOSPITAL AT BROKEN ARROW AFFILIATED WITH SFH ON JANUARY 1, 1986 AS THE BROKEN ARROW COMMUNITY GREW, THE BROKEN ARROW FACILITY WAS UNABLE TO MEET THE DEMANDS IN JUNE OF 2007, THE HOSPITAL RELOCATED TO A NEW FACILITY AND IS NOW KNOWN AS SAINT FRANCIS HOSPITAL SOUTH, BUT STILL SERVES THE BROKEN ARROW COMMUNITY A FITNESS PARK WAS BUILT IN THE OLD LOCATION FOR COMMUNITY MEMBERS TO ENJOY SAINT FRANCIS HOSPITAL SOUTH OPENED IN 2007 WITH 96 BEDS SERVICING THE NEEDS OF SOUTHERN TULSA AND WAGONER COUNTIES IN OKLAHOMA BUILT WITH A NEIGHBORHOOD FEEL, THE HOSPITAL OFFERS GENERAL SERVICES AS WELL AS MANY SUB-SPECIALTIES GENERALLY RESERVED FOR LARGER CITY HOSPITALS INCLUDING A LEVEL II NICU, EMERGENCY SERVICES, CARDIOLOGY, UROLOGY AND 24-HOUR ON SITE ANESTHESIA IN 1989, THE WILLIAM K WARREN FOUNDATION ESTABLISHED THE LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL (LPCH), AS WELL AS THE LAUREATE PSYCHIATRIC RESEARCH CENTER LPCH WAS OPENED TO PROVIDE A PLACE WHERE THOSE SUFFERING FROM MENTAL ILLNESS WOULD BE TREATED THE SAME AS PATIENTS HAVING ANY OTHER ILLNESS IN ADDITION TO PROGRAMS FOR ADOLESCENTS AND ADULTS, LPCH OFFERS SUCCESSFUL SPECIALTY PROGRAMS FOR CHEMICAL DEPENDENCY, MOOD DISORDERS AND EATING DISORDERS THE CHILDREN'S HOSPITAL AT SAINT FRANCIS, A "HOSPITAL WITHIN A HOSPITAL" WAS ESTABLISHED IN 1995 AND CREATED WITH YOUNGER PATIENTS IN MIND THE GOAL WAS TO IMPROVE ACCESS AND EFFICIENCY, AS WELL AS TO PROVIDE A LARGER AND MORE "KID FRIENDLY" ATMOSPHERE FOR CHILDREN AND THEIR FAMILIES THE CHILDREN'S HOSPITAL AT SAINT FRANCIS IS A REGIONAL REFERRAL CENTER SPECIALIZING IN PEDIATRIC INPATIENT CARE, AS WELL AS NEONATAL AND PEDIATRIC INTENSIVE CARE AND OFFERS SERVICE IN MORE THAN 25 DIFFERENT PEDIATRIC SPECIALTIES INCLUDING THE REGIONS ONLY LEVEL IV NEONATAL INTENSIVE CARE UNIT (NICU), PEDIATRIC HEMATOLOGY/ONCOLOGY CLINIC AND PEDIATRIC CARDIAC SURGERY PROGRAM AND PEDIATRIC NEUROSURGERY IN MARCH 2004, SYSTEM AND AREA CARDIOLOGISTS JOINED TOGETHER AS PARTNERS TO OPEN THE SAINT FRANCIS HEART HOSPITAL THE NEED FOR HEART SERVICES IS GREAT IN OKLAHOMA AS HEART DISEASE IS THE LEADING CAUSE OF DEATH IN OKLAHOMA ACCORDING TO A REPORT ISSUED BY THE OKLAHOMA STATE DEPARTMENT OF HEALTH IN 2014 SMOKING, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND LACK OF EXERCISE ARE FACTORS THAT CONTRIBUTE TO THE PROBLEM AND PLACE OKLAHOMA HIGH ON THE UNHEALTHY LIST SAINT FRANCIS TRAUMA EMERGENCY CENTER AND PATIENT TOWER, THE LARGEST EXPANSION OF SFH'S HISTORY, OPENED SEPTEMBER 2014 THE NEWEST FACILITY INCLUDES ACUTE AND CRITICAL CARE CAPACITY, A NEW EIGHT-STORY, 150-BED PATIENT CARE TOWER, A NEW CHAPEL AND CONVENT, CLINICAL EDUCATION ROOMS, AND ADMINISTRATIVE AND PHYSICIAN OFFICE SPACE WHAT BEGAN AS ONE YOUNG MAN'S DREAM, HAS GROWN THROUGH THE YEARS INTO A HEALTH CARE SYSTEM DEDICATED TO PROVIDING THE HIGHEST QUALITY OF STATE-OF-THE-ART MEDICAL CARE AND EXTENDING THE PRESENCE AND HEALING MINISTRY OF CHRIST TO ALL WE DO SUMMARY OF COMMUNITY BENEFIT REPORT SAINT FRANCIS PRODUCES AN ANNUAL COMMUNITY BENEFIT REPORT VALUING THE COST OF CHARITY SERVICES DURING THE FISCAL YEAR ENDED JUNE 30, 2015, SAINT FRANCIS SAW 50,654 INPATIENT ADMISSIONS, RESULTING IN 296,615 DAYS OF PATIENT CARE, 129,521 EMERGENCY ROOM VISITS, 5,433 TOTAL BIRTHS, AND 718,128 OUTPATIENT AND RECURRING VISITS THIS FISCAL YEAR A TOTAL OF $81,190,910 WAS RETURNED TO OUR COMMUNITY THROUGH CHARITY AND UNCOMPENSATED CARE, PROGRAMMATIC SUBSIDIZATION, DONATIONS TO NONPROFIT AGENCIES AND SUPPORT OF THE AREA'S EDUCATIONAL INSTITUTIONS SAINT FRANCIS REINVESTS ITS EARNINGS AFTER EXPENSES BACK INTO THE COMMUNITY WITH ITS MISSION IN MIND PROVIDING ACCESS TO QUALITY HEALTHCARE FOR THOSE IN GREATEST NEED IS FUNDAMENTAL TO THE MISSION OF SAINT FRANCIS AS TULSA'S ONLY LOCALLY OWNED AND OPERATED HEALTH SYSTEM, SAINT FRANCIS VIEWS GIVING BACK TO THE COMMUNITY AS BOTH A RESPONSIBILITY AND A PRIVILEGE SUPPORTED ORGANIZATIONS INCLUDE ALZHEIMER'S ASSOCIATION, AMERICAN CANCER SOCIETY , AMERICAN HEART ASSOCIATION, BISHOP KELLEY HIGH SCHOOL, FAMILY AND CHILDREN'S SERVICES , GATESWAY FOUNDATION, LAUREATE INSTITUTE FOR BRAIN RESEARCH, MENTAL HEALTH ASSOCIATION OKLAHOMA, ROMAN CATHOLIC DIOCESE OF TULSA, RONALD MCDONALD HOUSE, TULSA AREA UNITED WAY, TULSA YWCA, AND MORE IN ADDITION TO PROVIDING LOCAL EDUCATIONAL INSTITUTIONS WITH FINANCIAL SUPPORT, SAINT FRANCIS WORKS WITH THESE INSTITUTIONS TO PROVIDE SUPERVISED CLINICAL ROTATIONS FOR STUDENTS IN NURSING, PHARMACY, SURG

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** ▶ 614,466,346

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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.*	11a	Yes	
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*	11b	Yes	
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*	11c		No
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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	481		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6,579		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AZ , CA , GA , IL , MD , MO , NY , NC , OK

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

▶ ERIC E SCHICK
6161 S YALE AVE
TULSA, OK 741363319 (918) 494-8430

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) JAKE HENRY JR PRESIDENT/CEO/DIRECTOR	1 0 39 0	X		X				0	2,196,101	70,844
(2) BARRY L STEICHEN VICE PRESIDENT/COO/director	1 0 39 0	X		X				0	1,133,398	222,262
(3) Bishop Edward J Slattery Trustee	1 0 0 0	X						0	0	0
(4) Judy Kishner Trustee	1 0 0 0	X						0	0	0
(5) William R Lissau Director	1 0 0 0	X						0	0	0
(6) William K Warren Jr Trustee	1 0 0 0	X						0	0	0
(7) THOMAS G NEFF VP/COO (UNTIL 12/31/14)	0 0 40 0			X				462,633	0	90,997
(8) JEFFREY C SACRA SECRETARY	1 0 39 0			X				290,042	0	58,870
(9) ERIC E SCHICK TREASURER/CFO	1 0 39 0			X				467,864	0	154,863
(10) Renee BEVINS asst secretary (until 11/8/14)	1 0 39 0			X				0	77,868	6,683
(11) Janine Smith Assistant Secretary	1 0 39 0			X				0	57,031	23,593
(12) LYNN SUND administrator	1 0 39 0				X			587,342	0	98,056
(13) RYAN GURSKY MD PHYSICIAN	5 0 35 0					X		25,500	1,107,636	50,217
(14) CHRISTIAN LUESSENHOP MD PHYSICIAN	5 0 35 0					X		18,750	676,049	50,217

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) Bruce Markman MD Physician	5 0 35 0					X		20,250	756,678	52,919
(16) Preston Phillips MD physician	5 0 35 0					X		27,000	719,537	32,501
(17) KENNETH CHEKOFSKY MD physician	5 0 35 0					X		125,000	637,970	46,266
(18) ROBERT ELI SMITH FORMER ASSISTANT SECRETARY	0 0 40 0						X	0	258,089	42,102
(19) DAVID WAGNER FORMER senior VICE PRESIDENT	0 0 40 0						X	286,663	0	62,889
(20) WILLIAM SCHLOSS FORMER SENIOR VICE PRESIDENT	0 0 40 0						X	0	509,684	96,212

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	2,311,044	8,130,041	1,159,491

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶198

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MANHATTAN CONSTRUCTION CO, 5601 S 122ND E AVE OKLAHOMA CITY, OK 73105	CONSTRUCTION SVCS	25,370,309
OPTIMUM HEALTHCARE IT LLC, 1300 MARSH LANDING PARKWAY SUITE 1 JACKSONVILLE BEACH, FL 32250	CONSULTING SERVICES	14,741,319
EPIC SYSTEMS CORPORATION, 1979 MILKY WAY VERONA, WI 53593	SOFTWARE SERVICES	12,699,362
PHYSICIAN TECHNOLOGY, 3121 EVELYN DR STE 110 BEAVERCREEK, OH 45434	TECHNOLOGY SERVICES	6,266,682
GG ORGANIZATION LTD, 2600 NORTH LOOP WEST STE 150 HOUSTON, TX 77092	MEDICAL SERVICES	3,960,935

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶112

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☑

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	110,305			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,440,357			
	g	Noncash contributions included in lines 1a-1f $		123,733			
	h	**Total.** Add lines 1a-1f		7,550,662			
Program Service Revenue			Business Code				
	2a	PATIENT CARE REV	621990	923,350,690	923,350,690		
	b	OUTREACH LAB	621500	16,698,216	16,698,216		
	c	P'SHIP INCOME RELATED TO PROGRAM SERVICES	541900	2,081,155	2,051,295	29,860	
	d	OFFICE SPACE REIMBURSEMENT	531120	814,335	814,335		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		942,944,396			
	3	Investment income (including dividends, interest, and other similar amounts)		25,928,125			25,928,125
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	27,660				
	b	Less rental expenses	7,532				
	c	Rental income or (loss)	20,128	0			
	d	Net rental income or (loss)			20,128		20,128	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,862,681,860	1,091,634			
	b	Less cost or other basis and sales expenses	1,864,848,846	1,995,158			
	c	Gain or (loss)	-2,166,986	-903,524			
	d	Net gain or (loss)			-3,070,510			-3,070,510
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory			0			
		Miscellaneous Revenue		Business Code				
	11a	FOOD SERVICES		900004	5,806,530			5,806,530
	b	AFFIL TELECOM & COMPUTER SUPP REV		621500	3,448,017			3,448,017
	c	EMPLOYEE DAY CARE		624410	536,991			536,991
	d	All other revenue			15,614,448	5,144,130	193,699	10,276,619
	e	**Total.** Add lines 11a–11d			25,405,986			
	12	**Total revenue.** See Instructions			998,778,787	948,058,666	243,687	42,925,772

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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 domestic organizations and domestic governments See Part IV, line 21	2,733,979	2,733,979		
2 Grants and other assistance to domestic individuals See Part IV, line 22	417,750	417,750		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	1,646,137		1,646,137	
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	282,891,636	242,653,778	40,237,858	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,405,691	15,037,251	4,368,440	
9 Other employee benefits	31,835,734	19,583,393	12,252,341	
10 Payroll taxes	19,550,431	14,456,429	5,094,002	
11 Fees for services (non-employees)				
a Management	38,062,130	14,501,024	23,561,106	
b Legal	714,005	571	713,434	
c Accounting	675,666	51,957	623,709	
d Lobbying	79,627		79,627	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	2,108,852		2,108,852	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,443,119	16,304,955	138,164	
12 Advertising and promotion	5,217,371	276,936	4,940,435	
13 Office expenses	52,340,948	33,581,969	18,758,979	
14 Information technology	-3,927,265	1,267,278	-5,194,543	
15 Royalties	0			
16 Occupancy	14,141,982	4,063,334	10,078,648	
17 Travel	457,176	177,885	279,291	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	7,488,270		7,488,270	
21 Payments to affiliates	-5,768,940	-5,768,940		
22 Depreciation, depletion, and amortization	54,996,135	909,912	54,086,223	
23 Insurance	15,323,335	586,217	14,737,118	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BAD DEBT EXPENSE	75,436,178	75,436,178		0
b DUE AND LICENSES	303,417	215,500	87,917	0
c ADMINISTRATIVE EXPENSES	22,857,281	49,405	22,807,876	0
d MEDICAL SUPPLIES	178,174,052	177,929,585	244,467	0
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	833,604,697	614,466,346	219,138,351	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		375,683	1	404,611
	2	Savings and temporary cash investments		204,495,758	2	258,257,559
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		83,859,456	4	106,083,463
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		20,712,145	8	20,735,861
	9	Prepaid expenses and deferred charges		6,697,462	9	8,417,217
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 886,321,781			
	b	Less accumulated depreciation	10b 388,013,191	521,347,608	10c	498,308,590
	11	Investments—publicly traded securities		767,529,154	11	821,571,752
	12	Investments—other securities See Part IV, line 11		371,456,842	12	392,956,661
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		31,232,847	15	35,796,166
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,007,706,955	16	2,142,531,880
Liabilities	17	Accounts payable and accrued expenses		87,625,480	17	70,687,514
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		212,348,004	20	206,410,294
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		64,898,186	25	58,699,150
	26	**Total liabilities.** Add lines 17 through 25		364,871,670	26	335,796,958
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,642,835,285	27	1,806,734,922
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,642,835,285	33	1,806,734,922
	34	Total liabilities and net assets/fund balances		2,007,706,955	34	2,142,531,880

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	998,778,787
2	Total expenses (must equal Part IX, column (A), line 25)	2	833,604,697
3	Revenue less expenses Subtract line 2 from line 1	3	165,174,090
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,642,835,285
5	Net unrealized gains (losses) on investments	5	-3,271,852
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,997,399
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,806,734,922

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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

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

1 ☐ A church, convention of churches, or association of churches 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134077596

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.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		79,627
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			79,627
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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

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

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

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

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

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

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

		Held at the End of the 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 XIII, 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	275,001	8,843,971		9,118,972
b Buildings		469,717,088	138,626,558	331,090,530
c Leasehold improvements		15,310,912	13,777,398	1,533,514
d Equipment		380,944,985	235,609,235	145,335,750
e Other		11,229,824		11,229,824
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				498,308,590

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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	96,782,280	
(3) Other		
(A) PRIVATE INVEST-MARKETABLE	212,607,127	F
(B) PRIVATE INVEST-NONMARKETABLE	83,567,254	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	392,956,661	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
SEE SCHEDULE D, PART XIII STMT	58,699,150
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	58,699,150

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Schedule D, Part X, Line 1	Accrued Interest $ 412,825 ARO Liability $ 1,818,765 FAS 106 $ 1,170,022 FIN 45 Income Guarantees $ 2,051,004 Medicare Cost Report $15,254,184 Operating Lease Liability $ 340,470 Other Long Term Liabilities $ 3,444,432 Professional Liability $29,436,680 Scholarship Fund Liability $ 4,770,768 ---------- Total $58,699,150 Schedule D, Part X, Line 2, ASC 740-10 Accounting Standards Codification (ASC) 740 (Accounting for Uncertainty in Income Taxes) provides guidance regarding recognition, de-recognition, measurement, and disclosure of all tax positions In accordance with the retirements of ASC 740, the Hospital identifies and documents uncertain tax positions for all open tax years If uncertain tax positions are identified, they are analyzed to determine the proper unit of account Next, they are tested to determine whether a tax asset or a tax liability should be recognized The Hospital has determined that the position on uncertain tax positions is more likely than not to be fully sustained upon examination Therefore, no liability or asset for uncertain tax positions needs to be recorded

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		21,133,271
(2) East Asia and the Pacific			Investments		61,495
(3)					
(4)					
(5)					
3a Sub-total					21,194,766
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					21,194,766

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Supplemental Information	The activity listed in Part I relates to foreign investments the investments do not generate unrelated business income

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
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) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 225 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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, as a factor in determining 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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
a Financial Assistance at cost (from Worksheet 1)			28,192,285		28,192,285	3 720 %
b Medicaid (from Worksheet 3, column a)			129,498,264	131,728,014	-2,229,750	
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			157,690,549	131,728,014	25,962,535	3 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,531,581		1,531,581	0 200 %
f Health professions education (from Worksheet 5)			4,045,413		4,045,413	0 530 %
g Subsidized health services (from Worksheet 6)			179,168,445	133,080,300	46,088,145	6 080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			184,745,439	133,080,300	51,665,139	6 810 %
k **Total.** Add lines 7d and 7j			342,435,988	264,808,314	77,627,674	10 530 %

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			1,594,998		1,594,998	0 210 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			2,596,687		2,596,687	0 340 %
8	Workforce development						
9	Other			631,680		631,680	0 080 %
10	**Total**			4,823,365		4,823,365	0 630 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	75,436,178		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	16,060,211		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	190,807,988
6	Enter Medicare allowable costs of care relating to payments on line 5	6	185,814,017
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	4,993,971
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	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
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		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SAINT FRANCIS HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report 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 significant 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 the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

SAINT FRANCIS HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

SAINT FRANCIS HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

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

Form and Line Reference	Explanation
PART I, LINE 3C	INCOME BASED CRITERIA IS USED AS THE BASIS IN DETERMINING ELIGIBILITY FOR FREE HEALTH SERVICES

Form and Line Reference	Explanation
PART I, LINE 6A	SAINT FRANCIS HEALTH SYSTEM, INC (SYSTEM) 73-1501972, THE PARENT ORGANIZATION OF SAINT FRANCIS HOSPITAL, INC (SFH), PUBLISHES A CONSOLIDATED COMMUNITY BENEFIT REPORT THAT IS MADE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE AT WWW SAINTFRANCIS COM

Form and Line Reference	Explanation
PART I, LINE 7	COSTING METHODOLOGY A RATIO OF PATIENT CARE COST TO CHARGES, AS DETERMINED IN WORKSHEET 2, WAS USED TO REPORT THE AMOUNTS IN PART I, LINES 7A - 7C FOR AMOUNTS REPORTED ON LINES 7E - 7I, ACTUAL EXPENSES FOR EACH COMMUNITY BENEFIT ACTIVITY ARE TRACKED AND REPORTED USING THE ORGANIZATION'S ACCOUNTING GENERAL LEDGER AND ARE NOT BASED ON A COST TO CHARGE RATIO THE NUMBER REFLECTED ON LINE 7, COLUMN (F) EXCLUDES BAD DEBT EXPENSE THE SUPPLEMENTAL HOSPITAL OFFSET PAYMENT PROGRAM (SHOPP) WAS CREATED AND IMPLEMENTED IN CALENDAR YEAR 2011 FOR THE PURPOSE OF ASSURING ACCESS TO QUALITY CARE FOR OKLAHOMA MEDICAID MEMBERS THE PROGRAM IS DESIGNED TO ASSESS OKLAHOMA HOSPITALS, UNLESS EXEMPT, A SUPPLEMENTAL HOSPITAL OFFSET PAYMENT PROGRAM FEE THE COLLECTED FEES WILL BE PLACED IN POOLS AND THEN ALLOCATED TO HOSPITALS BASED ON MEDICAID REVENUES AS DIRECTED BY LEGISLATION THE OKLAHOMA HEALTH CARE AUTHORITY (OHCA) DOES NOT GUARANTEE THE ALLOCATION WILL EQUAL OR EXCEED THE AMOUNT OF THE SUPPLEMENTAL HOSPITAL OFFSET PAYMENT PROGRAM FEES PAID BY SFH THIS IS DUE TO THE FACT THAT MEDICAID PATIENT VOLUME FOR SFH WAS ONE OF THE HIGHEST IN THE PROGRAM THIS CREATED AN EXCESS IN MEDICAID REVENUE OVER EXPENSES NULLIFYING THE PERCENT OF COMMUNITY BENEFIT FROM MEDICAID SERVICES

Form and Line Reference	Explanation
PART II COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES IMPROVE THE COMMUNITY'S HEALTH AND SAFETY BY ADDRESSING THE ROOT CAUSE OF HEALTH PROBLEMS THESE ACTIVITIES STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE ORGANIZATION COSTS FOR THESE ACTIVITIES INCLUDE CASH DONATIONS AND EXPENSES FOR THE DEVELOPMENT OF A VARIETY OF COMMUNITY-BUILDING PROGRAMS AND PARTNERSHIPS SEE SCHEDULE O, GENERAL STATEMENT 4 FOR ADDITIONAL INFORMATION REGARDING SAINT FRANCIS AND SFH COMMUNITY BUILDING ACTIVITIES AIMED AT PROMOTING THE HEALTH OF THE COMMUNITY

Form and Line Reference	Explanation
PART III, SECTION A, LINE 2	SFH HAS AN ESTABLISHED PROCESS TO DETERMINE THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THAT RELIES ON A NUMBER OF ANALYTICAL TOOLS AND BENCHMARKS TO ARRIVE AT A REASONABLE ALLOWANCE NO SINGLE STATISTIC OR MEASUREMENT DETERMINES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS SOME OF THE ANALYTICAL TOOLS THAT SFH UTILIZES INCLUDE BUT ARE NOT LIMITED TO, HISTORICAL CASH COLLECTION EXPERIENCE, REVENUE TRENDS BY PAYER CLASSIFICATION, AND REVENUE DAYS IN ACCOUNTS RECEIVABLE ACCOUNTS RECEIVABLE which are determined to be bad debt ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH SFH'S POLICIES

Form and Line Reference	Explanation
PART III, SECTION A, LINE 3	The amount of bad debt attributable to patients under the financial assistance policy is the percentage of bad debt used to represent charity calculated from a sample review of all bad debt accounts and subsequent information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4	SFH'S AUDITED FINANCIAL STATEMENTS PROVIDE A SEPARATE FOOTNOTE ADDRESSING THE ORGANIZATION'S ACCOUNTS RECEIVABLE AND ALLOWANCE FOR DOUBTFUL ACCOUNTS ON PAGES 6, 7 AND 8 SFH REPORTS BAD DEBT IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) HEALTH CARE FINANCIAL MANAGEMENT ASSOCIATE STATEMENT 15 IS FOLLOWED TO THE EXTENT THAT BAD DEBT EXPENSE AT COST IS DETERMINED USING THE SAME COST TO CHARGE RATIO THAT IS USED TO CALCULATE CHARITY CARE AND MEDICAID SHORTFALLS DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE ACCOUNTS RECEIVABLE ARE VALUED AT NET REALIZABLE VALUE SFH ESTIMATES THE ALLOWANCES FOR UNCOLLECTABLE ACCOUNTS BASED ON HISTORIC WRITE-OFFS AND THE AGING OF THE ACCOUNTS

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST-TO-CHARGE RATIO AND THE MEDICARE FILED COST REPORT

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	SFH'S DEBT COLLECTION POLICY IS TO PURSUE COLLECTIONS OF PATIENT BALANCES FROM PATIENTS WHO HAVE THE ABILITY TO PAY FOR THE SERVICES SFH APPLIES ITS COLLECTIONS EFFORTS CONSISTENTLY AND FAIRLY TO ALL PATIENTS REGARDLESS OF INSURANCE SFH WORKS WITH THOSE INDIVIDUALS WHO DO NOT HAVE THE FINANCIAL RESOURCES TO PAY OUTSTANDING BALANCES TO QUALIFY FOR SFH'S CHARITY POLICY CHARGES TO PATIENTS QUALIFYING FOR CHARITY CARE UNDER THE SFH FINANCIAL ASSISTANCE POLICY ARE WRITTEN-OFF 100 PERCENT

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	ONE OF SFH'S FUNDAMENTAL OPERATIONAL GOALS IS TO IDENTIFY AND ADDRESS THE NEEDS OF THE DEFINED COMMUNITY IT SERVES TO DO THIS, THE SAINT FRANCIS HEALTH SYSTEM MUST 1 GATHER AND OBTAIN INFORMATION IDENTIFYING THOSE NEEDS, AND 2 DEVELOP PROGRAMS AND SERVICES THAT ADDRESS AND PROVIDE ACCESS TO THOSE IN GREATEST NEED OF HEALTH CARE SERVICES HISTORICALLY, SAINT FRANCIS'S FOCUS HAS BEEN CARING FOR THOSE WHO ARE SICK OR VULNERABLE IN ORDER TO MAKE INFORMED DECISIONS ON HOW TO CARE FOR THE SICK, AT-RISK AND MINORITY POPULATIONS, SAINT FRANCIS MUST FIRST IDENTIFY PRIORITY HEALTH NEEDS DURING THE FISCAL YEAR 2013, SAINT FRANCIS CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO ADDRESS THE HEALTH CARE NEEDS OF THE COMMUNITY FOR EACH OF ITS LICENSED HOSPITAL FACILITIES AND DEVELOPED AN IMPLEMENTATION STRATEGY TO ADDRESS THE NEEDS IDENTIFIED IN THE CHNA THE ASSESSMENT IS A COMPILATION OF NATIONAL SURVEY RESULTS, HEALTH INFORMATION DATABASES, GOVERNMENT DATA, AND ANALYTICAL FEEDBACK FROM STATE AND LOCAL PARTNERS THIS DATA IS USED TO IDENTIFY POTENTIAL COURSES OF ACTION BASED ON EXISTING HEALTH CARE FACILITIES, AVAILABLE RESOURCES WITHIN THE COMMUNITY, AND CAPABILITIES OF THE COMMUNITY IN TERMS OF BOTH SOCIOECONOMIC AND EDUCATION STATUS PROMOTING THE PREVENTION OF DISEASE, REDUCING OBESITY, CESSATION OF TOBACCO USE, PROMOTING HEALTHY EATING, PROMOTING THE HEALTH OF LOW-INCOME AND AT-RISK COMMUNITIES, AND PLANNING FOR THE CHANGING NEEDS OF SENIORS ARE AMONG THE PUBLIC HEALTH ISSUES THAT THE ASSESSMENT SEEKS TO PRIORITIZE THE CHNA AND IMPLEMENTATION STRATEGIES ARE AVAILABLE TO THE PUBLIC ON SAINT FRANCIS'S WEBSITE AT WWW SAINTFRANCIS COM/DOCUMENTS/COMMUNITY%20HEALTH%20NEEDS%20V8 PDF

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	SAINT FRANCIS IS COMMITTED TO PROMOTING HEALTH IN THE COMMUNITY INCLUDING PROVIDING OR FINDING FINANCIAL ASSISTANCE PROGRAMS TO ASSIST PATIENTS SAINT FRANCIS USES A MULTI-FACETED APPROACH TO EDUCATE OUR PATIENTS ON THE AVAILABILITY OF CHARITY AS WELL AS STATE AND FEDERAL FINANCIAL ASSISTANCE THIS INCLUDES SEVERAL WAYS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING - A BROCHURE TITLED "YOUR ACCOUNT WITH SAINT FRANCIS HEALTH SYSTEM PAYMENT FOR HEALTHCARE SERVICES" ON FINANCIAL RIGHTS AND RESPONSIBILITY IS PROVIDED TO EVERY PATIENT AT THE TIME OF THEIR REGISTRATION AND IS AVAILABLE ON THE SAINT FRANCIS WEBSITE THE BROCHURE PROVIDES FINANCIAL ASSISTANCE PROGRAM DETAILS - THE FINANCIAL ASSISTANCE APPLICATION IS POSTED ON THE SAINT FRANCIS WEBSITE - SAINT FRANCIS PRINTS A PHONE NUMBER WHERE PATIENTS CAN OBTAIN INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE BACK OF THE BILLING INVOICES - SELF-PAY PATIENTS ARE generally VISITED BY A FINANCIAL COUNSELOR UPON ADMISSION TO VERIFY THEIR SELF-PAY STATUS THE FINANCIAL COUNSELOR WORKS WITH THE SELF-PAY PATIENTS TO DETERMINE IF THE PATIENT MAY QUALIFY FOR ASSISTANCE UNDER A GOVERNMENT SPONSORED PLAN IF THE PATIENT DOES NOT QUALIFY FOR A GOVERNMENT SPONSORED PLAN THEN THE FINANCIAL COUNSELOR WORKS WITH THE PATIENT TO DETERMINE IF THEY QUALIFY FOR CHARITY BASED ON SAINT FRANCIS'S CHARITY POLICY - SAINT FRANCIS OFFERS THE CHARITY POLICY, AS WELL AS PAYMENT OPTIONS AS PART OF THE FOLLOW UP COLLECTION CALLS

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	THE PRIMARY SERVICE AREA (PSA) OF SAINT FRANCIS CONSISTS OF TULSA COUNTY, WHERE A SIGNIFICANT MAJORITY OF INPATIENT ADMISSIONS ORIGINATE THE TERTIARY SERVICE AREA IS ENCOMPASSED BY THE WHOLE OF EASTERN OKLAHOMA THE MOST RECENT NEEDS ASSESSMENT OF FISCAL YEAR 2013 IDENTIFIED APPROXIMATELY 611,000 PEOPLE IN THE PSA THE PSA IS COMPRISED OF THE FOLLOWING REPRESENTATION - JUST UNDER 70% CAUCASIAN - 11% AFRICAN-AMERICAN - 10% NATIVE-AMERICANS WITH 7 5% BEING MULTIRACIAL - 10% HISPANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME IS $46,465, ABOUT 8% BELOW THE U S AVERAGE THE REGION CONTAINS 13 COUNTIES WITH MEDIAN INCOMES MORE THAN 15% BELOW THE NATIONAL AVERAGE APPROXIMATELY 16% OF THE STATE'S POPULATION LIVES IN POVERTY THE UNINSURED RATE IN OKLAHOMA STANDS NEAR 16% DURING OKLAHOMA'S 2011 FISCAL YEAR, OVER 25% OF THE STATE'S POPULATION WAS ENROLLED IN THE MEDICAID PROGRAM AT SOME POINT IN TIME OF THOSE ON THE MEDICAID ROLLS, ANYWHERE FROM 60% TO 70% WERE CHILDREN

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	SFH IS PART OF AN INTEGRATED HEALTH CARE DELIVERY SYSTEM WITH THE MISSION OF EXTENDING THE PRESENCE AND HEALING MINISTRY OF CHRIST IN ALL WE DO SAINT FRANCIS, AS A CATHOLIC ORGANIZATION, SEEKS TO REFLECT THE PRESENCE OF CHRIST IN EVERY PERSONAL AND CORPORATE ENCOUNTER SFH IS DEDICATED TO GIVING BACK TO THE COMMUNITY IN WHICH ITS EMPLOYEES LIVE AND WORK THE SAINT FRANCIS GOVERNING BODY IS COMPRISED OF COMMUNITY REPRESENTATIVES ON THE BOARD OF DIRECTORS THAT PROVIDE LEADERSHIP AND GOVERNANCE FOR THE ORGANIZATION THE BOARD OF DIRECTORS HAS THE OVERALL RESPONSIBILITY FOR THE CHARITABLE, THE CLINICAL AND THE MISSION OF SFH AND THE OTHER ENTITIES THAT ARE PART OF SAINT FRANCIS'S INTEGRATED HEALTH SYSTEM THE MEMBERS OF THE BOARD OF DIRECTORS ARE SELECTED BASED ON THEIR AREAS OF EXPERTISE AND EXPERIENCE INCLUDING SUCH AREAS AS EDUCATION, RESEARCH, BUSINESS AND GOVERNMENT THE MEMBERS OF THE GOVERNING BODY CONTRIBUTE THEIR WISDOM, INSIGHTS, AND EXPERTISE TO ENSURE THE ORGANIZATION IS FULFILLING ITS MISSION AND CHARITABLE PURPOSE WHILE PROVIDING EFFICIENT ADMINISTRATIVE SUPPORT SERVICES AND DIRECTION FOR THE SYSTEM THE GOAL OF SAINT FRANCIS IS TO SUSTAIN AND GROW ITS TECHNOLOGY, TO ATTRACT TALENTED HEALTH CARE PROFESSIONALS FROM ACROSS THE COUNTRY AND TO PROVIDE HIGH QUALITY PATIENT CARE TO ALL THE RESIDENTS OF NORTHEASTERN OKLAHOMA AND THE NEIGHBORING STATES WE SERVE THIS CAN BE SEEN IN NUMEROUS CONSTRUCTION PROJECTS THAT HAVE BEEN UNDERTAKEN OVER THE PAST SEVERAL YEARS MOST NOTABLE IS THE DECISION BY OUR BOARD OF DIRECTORS TO CONSTRUCT A CHILDREN'S HOSPITAL WHEN THERE WAS ONLY ONE OTHER CHILDREN'S FACILITY IN THE STATE SFH ALSO UNDERTOOK THE FINANCIAL STRAIN THAT COMES FROM RUNNING A CHILDREN'S HOSPITAL IN A STATE WHERE 60 PLUS PERCENT OF ALL THE CHILDREN ARE INSURED UNDER THE STATE MEDICAID PROGRAM NOT ONLY IS THE CONSTRUCTION OF THE BUILDING NOTABLE, BUT THE INFRASTRUCTURE NEEDED TO MAKE THE HOSPITAL SUCCESSFUL, INCLUDING THE RECRUITMENT OF NUMEROUS SUB SPECIALISTS, TO ENSURE THE HIGHEST QUALITY OF CARE IS GIVEN TO THIS MOST VALUABLE PATIENT RESOURCE ANOTHER NOTABLE DECISION BY OUR BOARD OF DIRECTORS WAS TO CONSTRUCT A LEVEL II TRAUMA EMERGENCY CENTER WHICH WAS COMPLETED IN SEPTEMBER 2014 TO MEET THE HEALTHCARE NEEDS OF EASTERN OKLAHOMA AND PROVIDE EMERGENCY ROOM CARE FASTER THE TRAUMA CENTER IS PROVIDING COMPREHENSIVE CRITICAL CARE TO THOSE FACING COMPLEX, LIFE-THREATENING EMERGENCIES OUR TRAUMA CENTER SPECIALISTS ADHERE TO THE HIGHEST STANDARDS OF CRITICAL CARE MEDICINE AND THE SERVICES ARE GREATLY ENHANCED BY THE MANY SUB SPECIALTY SERVICES AVAILABLE AT THE HOSPITAL THE TRAUMA CENTER ACCOMMODATES MORE THAN 120,000 PATIENT VISITS ANNUALLY (AVERAGE OF OVER 300 PER DAY) ADJACENT TO THE TRAUMA CENTER IS EASTERN OKLAHOMA'S ONLY PEDIATRIC EMERGENCY CENTER, WHICH CAN ACCOMMODATE OVER 30,000 PEDIATRIC PATIENTS EACH YEAR THE TRAUMA CENTER ALSO HAS THE ABILITY TO ADAPT TO THE NEEDS OF A DISASTER IF NECESSARY SFH PROVIDES FINANCIAL ASSISTANCE IN THE FORM OF CHARITY CARE TO PATIENTS WHO ARE INDIGENT AND SATISFY CERTAIN REQUIREMENTS ADDITIONALLY, SFH IS COMMITTED TO TREATING PATIENTS WHO ARE ELIGIBLE FOR MEANS TESTED GOVERNMENT PROGRAMS SUCH AS MEDICAID AND OTHER GOVERNMENT SPONSORED PROGRAMS INCLUDING MEDICARE, WHICH IS PROVIDED REGARDLESS OF THE REIMBURSEMENT SHORTFALL, AND THEREBY RELIEVES THE STATE AND FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST OF CARE FOR THOSE PATIENTS OFTEN, PATIENTS ARE UNAWARE OF THE FEDERAL, STATE AND LOCAL PROGRAMS AVAILABLE TO THEM FOR FINANCIAL ASSISTANCE, OR THEY ARE UNABLE TO ACCESS THEM DUE TO THE CUMBERSOME ENROLLMENT PROCESS REQUIRED TO RECEIVE THESE BENEFITS SAINT FRANCIS OFFERS ASSISTANCE IN ENROLLMENT TO THESE GOVERNMENT PROGRAMS OR EXTENDS FINANCIAL ASSISTANCE IN THE FORM OF CHARITY CARE THROUGH THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY SFH REINVESTS ITS NET OPERATING INCOME BACK INTO THE FACILITY TO IMPROVE PATIENT CARE, TO BENEFIT SOCIETY AND TO ALLOW SFH TO CARRY OUT ITS VISION TO BE THE REGIONAL LEADER IN THE DELIVERY OF QUALITY CATHOLIC HEALTH CARE SERVICES

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	SFH IS PART OF SAINT FRANCIS SFH IS THE LARGEST ENTITY WITHIN THE INTEGRATED HEALTH SYSTEM ANNUALLY, SFH HAS ONE OF THE BUSIEST EMERGENCY ROOMS IN THE STATE OF OKLAHOMA OVER 101,000 PATIENTS ARE SEEN IN THE HOSPITAL'S EMERGENCY ROOM ADDITIONALLY, SFH ADMITS 50,500 PLUS PATIENTS AND PROVIDES ANCILLARY AND DIAGNOSTIC SERVICES ON AN OUTPATIENT BASIS TO AN ADDITIONAL 300,800 PATIENTS SEE SCHEDULE O, GENERAL STATEMENT 4 FOR ADDITIONAL INFORMATION REGARDING THE SAINT FRANCIS INTEGRATED HEALTH SYSTEM AND THEIR ROLES WITHIN THE SYSTEM

Form and Line Reference	Explanation
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	SAINT FRANCIS, WHICH INCLUDES SFH, publishes A COMMUNITY BENEFIT REPORT IN OKLAHOMA FOR THE PAST SEVEN YEARS, SAINT FRANCIS HAS SPENT MANY HOURS PREPARING A WRITTEN REPORT THAT IS DISTRIBUTED ACROSS THE STATE OF OKLAHOMA TO HELP EDUCATE THE COMMUNITY ON THE BENEFITS THAT SAINT FRANCIS PROVIDES TO THE COMMUNITIES WE SERVE to support our NOT-FOR-PROFIT STATUS

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1b, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	
PART V, SECTION B, LINE 6A	SAINT FRANCIS HOSPITAL INC (SFH) CONDUCTED THE CHNA WITH SAINT FRANCIS HOSPITAL SOUTH, LL C AND LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC Part V, Section B, Line 6B SFH'S CHNA was conducted by the Tulsa County Health Department PART V, SECTION B, LINE 7A WWW SAINT FRANCIS COM/PAGES/ABOUT-US/COMMUNITY-NEEDS-ASSESSMENT ASPX PART V, SECTION B, LINE 10A WWW SAINTFRANCIS COM/PAGES/ABOUT-US/COMMUNITY-NEEDS-ASSESSMENT ASPX
PART V, SECTION B, LINE 11	THE CHNA IDENTIFIED THE TOP NEEDS (IN ORDER OF HIGHEST PRIORITY) OF THE TULSA COMMUNITY AS POOR DIET/INACTIVITY, OBESITY, ALCOHOL AND DRUG USE, CHRONIC DISEASE, ACCESS TO HEALTH CA RE, AND TOBACCO USE SFH AND THE OTHER SAINT FRANCIS INTEGRATED HEALTH SYSTEM ENTITIES ARE ADDRESSING THE COMMUNITY NEEDS THROUGH VARIOUS PROGRAMS DESIGNED TO IMPROVE ACCESS TO HEA LTH CARE, ADVANCE KNOWLEDGE, IDENTIFY ROOT CAUSES, AND IMPROVE HEALTH STATUS AND QUALITY O F LIFE POOR DIET/INACTIVITY, OBESITY SFH COLLABORATES WITH COMMUNITY PARTNERS AND OTHER SAINT FRANCIS INTEGRATED HEALTH SYSTEM ENTITIES TO EDUCATE THE PUBLIC ON WEIGHT MANAGEMENT AND WELLNESS PROGRAMS DESIGNED TO ADDRESS POOR DIET/INACTIVITY AND OBESITY A FEW OF THE MANY WAYS SFH IS ADDRESSING THIS NEED ARE LISTED BELOW - KIDS ARE SPECIAL PEOPLE DAY WHER E APPROXIMATELY 600 THIRD GRADE STUDENTS FROM AREA SCHOOLS ARE BROUGHT TO CHILDREN'S HOSPI TAL AT SAINT FRANCIS TO PARTICIPATE IN LEARNING STATIONS EMPHASIZING GOOD HEALTH AND WELLN ESS CONCEPTS THROUGH THE USE OF PUPPETEERS, MAGICIANS AND HEALTH CARE PROFESSIONALS - SHA PEDOWN WHERE CHILDREN'S HOSPITAL AT SAINT FRANCIS PARTNERED WITH THE HEALTH ZONE AT SAINT FRANCIS IN DESIGNING A PROGRAM FOR OVERWEIGHT AND OBESE CHILDREN AND TEENS AGED 7 TO 15 T HE PROGRAM SPECIALIZES IN PROVIDING PHYSICAL ACTIVITY AND NUTRITION EDUCATION AIMED AT CHI LDREN AND TEENS - HEALTH ZONE'S FALL FAMILY FITNESS FESTIVAL DESIGNED TO GET FAMILIES MOV ING BY PROVIDING A MINI OBSTACLE COURSE TO FAMILY FITNESS CLASSES - NUTRITION COUNSELING PROVIDED BY SAINT FRANCIS'S LICENSED DIETICIANS ON BOTH AN INPATIENT AND OUTPATIENT BASIS - SAINT FRANCIS HEALTH PARK WHERE SAINT FRANCIS CONSTRUCTED A PARK THAT ENCOMPASSES ABOUT FIVE ACRES AND INCLUDES A WALKING/JOGGING TRAIL DOTTED BY EXERCISE STATIONS, BENCHES AND PICNIC TABLES ALCOHOL AND DRUG USE OKLAHOMA HAS THE FIFTH HIGHEST DRUG OVERDOSE MORTALIT Y RATE IN THE UNITED STATES, WITH 19 4 PER 100,000 PEOPLE SUFFERING DRUG OVERDOSE FATALITI ES, ACCORDING TO A NEW REPORT, PRESCRIPTION DRUG ABUSE STRATEGIES TO STOP THE EPIDEMIC, D ATED OCTOBER 7, 2013 LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, AN AFFILIATE OF THE SAINT FRANCIS INTEGRATED HEALTH SYSTEM, OFFERS SUBSTANCE ABUSE COUNSELING FOR CHILDREN, ADOLESCE NTS AND ADULTS ON BOTH AN INPATIENT AND OUTPATIENT BASIS TO ADDRESS ALCOHOL AND DRUG ABUSE OTHER ENTITIES IN THE COMMUNITY ADDRESSING THIS ISSUE INCLUDE PARKSIDE PSYCHIATRIC HOSPI TAL, BROOKHAVEN HOSPITAL, INDIAN HEALTHCARE RESOURCE CENTER OF TULSA, OXFORD HOUSE, ST JO HN HEALTH SYSTEM, HILLCREST HEALTH SYSTEM, ALCOHOLICS ANONYMOUS, SHADOW MOUNTAIN BEHAVIORA L HEALTH SYSTEM, TULSA CENTER FOR BEHAVIORAL HEALTH AND FAMILY AND CHILDREN'S SERVICES CH RONIC DISEASE CHRONIC DISEASES ARE AMONG THE MOST PREVALENT, COSTLY AND PREVENTABLE OF AL L HEALTH PROBLEMS PARTICULARLY OF CONCERN IS HEART DISEASE, OFTEN LINKED TO HIGH TOBACCO USE, DIABETES, WHICH IS CLOSELY ASSOCIATED WITH OBESITY, AND CANCER WHICH IS THE SECOND LE ADING KILLER AMONG ADULTS IN OKLAHOMA HEART DISEASE, CANCER AND DIABETES ARE CHRONIC HEAL TH ISSUES THAT CAN BE PREVENTABLE TO A CERTAIN EXTENT GIVEN THE SOCIOECONOMIC STATUS AND EDUCATION STATUS OF OKLAHOMA, THERE ARE THREE KEY AREAS OF FOCUS THAT OFFER REALISTIC PATH S TO THE REDUCTION OF CHRONIC DISEASE WITH THE COMMUNITY TOBACCO USE, NUTRITION AND PHYSI CAL ACTIVITY SAINT FRANCIS OFFERS A COMPLETE CONTINUUM OF HEALTH CARE SERVICES INCLUDING PRIMARY CARE MEDICINE AND ADVANCED MEDICAL SPECIALTIES SERVICE LINES THAT CATER TO THE NE EDS OF CHRONIC DISEASE PATIENTS INCLUDE CARDIOLOGY, ONCOLOGY, PRIMARY CARE, PULMONOLOGY, ENDOCRINOLOGY, MENTAL HEALTH, HOME HEALTH, NEPHROLOGY, NEUROLOGY AND RADIOLOGY SAINT FRAN CIS IS ALSO INCREASING THE NUMBER OF EMPLOYED PHYSICIANS TO MANAGE THE DEFINED POPULATION IN NORTHEAST OKLAHOMA SFH PARTNERS WITH THE AFFILIATES WITHIN THE SAINT FRANCIS INTEGRATE D SYSTEM TO ADDRESS THE COMMUNITY NEEDS THAT CONTRIBUTE TO THE CHRONIC DISEASES IDENTIFIED IN THE CHNA IN AN EFFORT TO EDUCATED AND IMPROVE THE COMMUNITY HEALTH ACCESS TO HEALTH C ARE NOT HAVING HEALTH CARE COVERAGE OBSTRUCTS THE ABILITY TO ACCESS MEDICAL CARE, REDUCES UTILIZATION OF PREVENTIVE SERVICES, AND CONTRIBUTES GREATLY TO THE COSTS OF HEALTHCARE I NDIVIDUALS WITHOUT HEALTH INSURANCE TEND TO DELAY TREATMENT, EXPERIENCE DIAGNOSES AT LATER STAGES OF DISEASE PROGRESSION, AND MAY RECEIVE LESS MEDICAL CARE THAN PATIENTS WITH HEALT H INSURANCE THE U S CENSUS BUREAU RELEASED MARCH 2014 REPORTED TULSA COUNTY'S NUMBER OF UNINSURED UNDER THE AGE OF 65 AT 21 4 PERCENT THE ELIGIBILITY FOR MEDICAID WAS EXPANDED I N EARLY 2014 IN SOME STATES FOR FAMILIES WITH INCOMES LESS THAN OR EQUAL TO 138 PERCENT OF THE POVERTY THRESHOLD, HOWEVER, OKLAHOMA IS AMONG THE STATES THAT REJECTED THE EXPANSION, CREATING A GAP THAT AFFECTS ABOUT 150,000 PEOPLE IN THE STATE PEOPLE IN THAT GROUP MAKE BELOW 100 PERCENT OF THE POVERTY LEVEL, ABOUT $11,490 PER YEAR FOR A ONE-PERSON HOUSEHOLD, AND ARE TOO POOR TO QUALIFY FOR SUBSIDIZED INSURANCE ON THE FEDERAL HEALTH-CARE EXCHANGE BUT ALSO WILL NOT QUALIFY FOR MEDICAID COVERAGE SAINT FRANCIS AND SFH, IN ITS MISSION TO EXTEND THE PRESENCE AND HEALING MINISTRY OF CHRIST IN ALL WE DO, ADDRESSES THESE COMMUNITY HEALTH NEEDS BY PROVIDING CHARITY CARE TO THOSE FAMILIES MEETING THE 225% FEDERAL POVERTY GUIDELINES CRITERIA ADDITIONALLY, SAINT FRANCIS PARTNERS WITH XAVIER MEDICAL CLINIC WHO OFFERS FREE SERVICES OF VOLUNTEER PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS TO THO SE IN THE COMMUNITY WHO ARE UNINSURED OR DO NOT HAVE ACCESS TO ADEQUATE HEALTHCARE XAVIER MEDICAL CLINIC SEEKS TO PROVIDE FREE, LIMITED OUTPATIENT PRIMARY HEALTH CARE SERVICES, FA CILITATE REFERRALS TO VOLUNTEER SPECIALISTS, EDUCATE IN GOOD HEALTH PRACTICES AND INCREASE ACCESS TO TRADITIONAL HEALTH CARE IN ADDITION, TO HELP LOCAL WOMEN IN NEED OF PRENATAL C ARE, THE XAVIER MEDICAL CLINIC ALSO PROVIDES A PREGNANCY CLINIC WITH REFERRALS FOR PATIENT S TO LOCAL PHYSICIANS FOR PRENATAL CARE SAINT FRANCIS IS RESPONSIBLE FOR ALL MEDICAL ASPE CTS OF THE XAVIER MEDICAL CLINIC SAINT FRANCIS ALSO HOLDS SEVERAL HEALTH FAIRS OVER THE C OURSE OF A YEAR TO DISSEMINATE HEALTH INFORMATION AND/OR TO PROVIDE HEALTH SCREENINGS TO T HE COMMUNITY AT LARGE THESE ARE A FEW OF THE MANY WAYS SFH IS ADDRESSING THE NEED FOR IMP ROVING ACCESS TO HEALTH CARE TOBACCO USE CIGARETTE SMOKING IS THE LEADING CAUSE OF PREVE NTABLE DEATH IN THE UNITED STATES, ACCOUNTING FOR OVER ONE OF EVERY FIVE DEATHS EACH YEAR SMOKING ALSO DISPROPORTIONATELY HARMS THOSE WITH LOW INCOMES AND LESSER EDUCATION ATTAINM ENT OVER 30 PERCENT OF ADULTS LIVING AT OR BELOW THE POVERTY LINE ARE ESTIMATED TO BE SMO KERS SMOKING RATES HAVE DECLINED IN OKLAHOMA, YET REMAIN CONSIDERABLY HIGHER THAN THE NAT IONAL AVERAGE OKLAHOMA IS RANKED FOURTH AT 25 2 PERCENT FOR THE HIGHEST STATES WITH THE M OST SMOKERS IN 2013 LUNG CANCER IS THE THIRD MOST COMMONLY DIAGNOSED CANCER IN OKLAHOMANS BEHIND PROSTATE CANCER AND FEMALE BREAST CANCER AND IS THE CANCER RESPONSIBLE FOR THE MOS T DEATHS SAINT FRANCIS IS COMMITTED TO THE PROMOTION OF QUALITY HEALTH CARE, WHICH INCLUD ES PREVENTION OF DISEASE TO ESTABLISH AND MAINTAIN THE SAFEST AND HEALTHIEST POSSIBLE ENV IRONMENT IN WHICH TO DELIVER HEALTH CARE, SAINT FRANCIS AND PROPERTIES ARE TOBACCO FREE T HE POLICY APPLIES TO EVERYONE ALL EMPLOYEES, PATIENTS, MEDICAL STAFF, STUDENTS, CONTRACTE D PERSONNEL, VOLUNTEERS, VISITORS AND VENDORS OF THE HEALTH SYSTEM AS WELL AS THE GENERAL PUBLIC THE POLICY ALSO COVERS ANY TYPE OF ELECTRONIC CIGARETTES SAINT FRANCIS, ALONG WIT H THE WILLIAM K WARREN FOUNDATION, HAS MAINTAINED A HIGH LEVEL OF INVOLVEMENT WITH THE OK LAHOMA TOBACCO SETTLEMENT ENDOWMENT TRUST THE OKLAHOMA TOBACCO SETTLEMENT ENDOWMENT TRUST WAS ESTABLISHED THROUGH A CONSTITUTIONAL AMENDMENT APPROVED BY OKLAHOMA VOTERS IN NOVEMBE R 2000 TO ASSURE THAT TOBACCO SETTLEMENT FUNDS FOR TOBACCO PREVENTION AND OTHER PROGRAMS T O IMPROVE HEALTH WILL BE AVAILABLE FOR THESE PURPOSES FOR GENERATIONS TO COME THE HEALTH ZONE, A SAINT FRANCIS INTEGRATED HEALTH SYSTEM ENTITY, OFFERS TOBACCO CESSATION PROGRAMS P ROVIDING ADULTS WITH QUITTING TECHNIQUES, GROUP SUPPORT, AN UNDERSTANDING OF NICOTINE ADDI CTION, STRESS MANAGEMENT, NUTRITION AND FOOD MANAGEMENT, EXERCISE AND HEALTH MANAGEMENT, M OTIVATIONAL TOOLS AND PROVIDES THE MANY BENEFITS OF QUITTING
PART V, SECTION B, LINE 13A	PATIENTS WHO HAVE BEEN IDENTIFIED TO BE FINANCIAL ASSISTANCE PLAN ELIGIBLE AND MEET THE CR ITERIA ESTABLISHED BY THE HOSPITAL ARE CONSIDERED CHARITY AND THEREFORE BY HOSPITAL POLICY ARE NOT BILLED FOR ANY SERVICES PART V, SECTION B, LINE 16A & B https //www saintfrancis com/saintfrancishospital/Pages/Patients-and- Visitors/For-Patients/After%20Your%20Visit/P atient-Billing aspx PART V, SECTION B, LINE 16I THE BILLING STATEMENT INCLUDES INFORMATION REGARDING FINANCIAL ASSISTANCE AVAILABILITY ADDITIONALLY, MYCHART, A SECURE ONLINE TOOL THAT ALLOWS PATIENTS TO CONNECT WITH THEIR PERSONAL HEALTH INFORMATION 24/7, PROVIDES A LI NK WHICH TAKES THE PATIENT TO THE FINANCIAL ASSISTANCE LETTER AND APPLICATION FORM PART V , SECTION B, LINE 20E PROACTIVE PHONE CALLS AND STATEMENTS ARE SENT BEFORE COLLECTION ACTI ONS ARE TAKEN
PART V, SECTION B, LINE 22D	A SELF-PAY DISCOUNT OF 20% IS PROVIDED ON ALL CHARGES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 22

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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) SCHOLARSHIPS	103	417,750			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE I, PART I, QUESTION 2 SAINT FRANCIS HEALTH SYSTEM OFFERS SCHOLARSHIP OPPORTUNITIES TO INDIVIDUALS IN THE NURSING AND ALLIED HEALTH ARENA THE APPLICATION PROCESS, APPROVAL PROCESS, MONITORING, AND IN THE EVENT OF DEFAULT, COLLECTION PROCESS TAKE PLACE IN THE HUMAN RESOURCE DEPARTMENT OF SAINT FRANCIS TO QUALIFY FOR A SCHOLARSHIP, EMPLOYEES SUBMIT APPLICATIONS WHICH ARE ACCUMULATED AND RANKED BASED ON APPROPRIATE CRITERIA DEPENDENT ON THE AVAILABILITY OF FUNDS, APPLICANTS ARE SELECTED TO RECEIVE SCHOLARSHIPS CHOSEN APPLICANTS MUST SIGN A WORK AGREEMENT FOR SIX MONTHS FOR EACH SEMESTER THEY RECEIVE FUNDING OFFICIAL TRANSCRIPTS MUST BE SUBMITTED TO DOCUMENT SUCCESSFUL COMPLETION FOR EACH SEMESTER IN THE EVENT AN APPLICANT DOES NOT FULFILL THEIR SCHOLARSHIP AGREEMENT THEY ARE CONTACTED VIA CERTIFIED MAIL THAT ALL FUNDS AWARDED ARE DUE WITHIN 30 DAYS IF THE BALANCE IS NOT PAID IN FULL WITHIN 30 DAYS, COLLECTION EFFORTS ENSUE WITH A THIRD PARTY COLLECTION AGENCY

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALZHEIMER'S association INC2448 E 81ST ST STE 3000 Tulsa,OK 74137	73-1183372	501(c)(3)	15,000				MEMORY GALA
AMERICAN CANCER SOCIETY4110 S 100TH E AVE 101 TULSA,OK 74146	74-1185665	501(c)(3)	25,000				program support
AMERICAN HEART ASSOCIATIONPO BOX 4002903 DES MOINES,IA 503402903	13-5613797	501(c)(3)	71,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE STE 300 ROCKVILLE,MD 20852	23-7124261	501(c)(3)	57,954				PROGRAM SUPPORT
OSTEOPATHIC FOUNDERS 8801 S YALE AVE STE 400 Tulsa,OK 74137	73-0583936	501(c)(3)	15,000				WINTERFEST 2015
ROTARY CLUB OF BROKEN ARROW INC107 WEST COMMERCIAL BROKEN ARROW,OK 74012	23-7225396	501(c)(3)	10,000				CHILDREN'S HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE FOUNDATION FOR TULSA SCHOOLS3027 S NEW HAVEN STE 600 TULSA,OK 741146131	73-1612027	501(c)(3)	10,000				program support
TULSA AREA UNITED WAY PO BOX 1859 TULSA,OK 74101	73-0580283	501(c)(3)	55,536				PROGRAM SUPPORT
TULSA COMMUNITY COLLEGE FOUNDATION 6111 E Skelly Dr Ste 608 TULSA,OK 741356198	23-7103807	501(c)(3)	10,000				VISION IN EDUCATION LEADERSHIP DINNER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TULSA COMMUNITY FOUNDATION INC7030 south yale ave 600 tulsa,OK 74136	73-1554474	501(c)(3)	25,000				program support
TULSA CITY-COUNTY HEALTH DEPARTMENT 129TH E AVE TULSA,OK 74134	73-6006419	501(c)(3)	37,500				CHNA
TULSA CHAMBER OF COMMERCE1 W 3RD ST STE 100 TULSA,OK 72103	73-0488250	501(c)(3)	422,097				Program support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TULSA'S FUTURE INC2 West 2nd Street 150 TULSA,OK 74103	23-7033283	501(c)(3)	209,583				program support
OSU FOUNDATION400 SOUTH MONROE STILLWATER,OK 74074	73-6097060	501(c)(3)	1,008,000				SCHOLARSHIP FUND
UNIVERSITY OF TULSA800 south tucker dr tulsa,OK 74104	73-0579298	501(c)(3)	50,000				SFHS ITA MEN'S TENNIS CHAMPIONSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OU FOUNDATION100 TIMBERDELL ROAD NORMAN,OK 74074	73-6091755	501(c)(3)	10,000				SCHOLARSHIP
Kontum Missionary and Friendship1229 W ITUNI ST W Covina,CA 91790	42-1757220	501(c)(3)	10,000				Program support
MENTAL HEALTH ASSOCATION1870 S BOULDER TULSA,OK 741195234	73-0657931	501(C)(3)	30,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITIZENS FOR BETTER EDUCATION1 WEST THIRD ST 100 TULSA,OK 74136	73-1574191	501(c)(3)	10,000				PROGRAM SUPPORT
PORTA CAELI HOUSE CORPPO BOX 580460 TULSA,OK 74158	48-6544538	C Corp	1,000,000				PROGRAM SUPPORT
SAINT GREGORY'S UNIVERSITY1900 W MCARTHUR ST SHAWNEE,OK 748049983	73-0685198	501(c)(3)	50,000				NURSING PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST PHILIP NERI NEWMAN CENTER440 S FLORENCE AVE TULSA,OK 74104	73-0942657	501(c)(3)	6,000				2015 ST PHILIP NERI SOCIETY DINNER
TAHLEQUAH HOSPITALPO BOX 1008 TAHLEQUAH,OK 74465	73-1618193	501(c)(3)	6,000				PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
Supplemental Nonqualified retirement plan	Schedule J, Part I, Line 1 CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II PARTICIPATED IN KEY BUSINESS ACTIVITIES ACCOMPANIED BY THEIR SPOUSE ADDITIONALLY THESE SAME INDIVIDUALS MAY HAVE INCURRED PERSONAL EXPENSE RELATED TO THESE KEY BUSINESS ACTIVITIES WITH PROPER DOCUMENTATION AND APPROVAL, SAINT FRANCIS HEALTH SYSTEM INCLUDES THESE REIMBURSEMENTS AS W-2 WAGES FOR THE EMPLOYEE THESE WAGES ARE GROSSED UP TO PROVIDE TAX INDEMNIFICATION TO THE EMPLOYEE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN SCHEDULE J, PART I, LINE 4B A SELECT GROUP OF HIGHLY COMPENSATED EMPLOYEES OF SAINT FRANCIS HEALTH SYSTEM, INC , AND ITS RELATED ENTITIES SAINT FRANCIS HOSPITAL, INC LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL, INC , WARREN CLINIC, INC , SAINT FRANCIS HOSPITAL SOUTH, LLC, SAINT FRANCIS HOME HEALTH,INC , THE CHILDREN'S HOSPITAL FOUNDATION AT SAINT FRANCIS, AND WARREN CANCER RESEARCH FOUNDATION ARE ELIGIBLE TO PARTICIPATE IN A NONQUALIFIED DEFERRED COMPENSATION PLAN UNDER SECTION 457(B) AND 457(F) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED UNDER THE ECONOMIC GROWTH AND TAX RELIEF RECONCILIATION ACT OF 2001 NONE OF THE INDIVIDUALS LISTED ON SCHEDULE J ARE COMPENSATED AS BOARD MEMBERS OF THE REPORTING ENTITY THE REPORTED COMPENSATION IS FOR SERVICES AS EMPLOYEES OF THE REPORTING ENTITY OR THE RELATED ORGANIZATION

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
JAKE HENRY JR, PRESIDENT/CEO/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	943,562	1,127,639	124,900	59,751	11,093	2,266,945	0
THOMAS G NEFF, VP/COO (UNTIL 12/31/14)	(i)	299,961	146,235	16,437	77,469	13,528	553,630	0
	(ii)	0	0	0	0	0	0	0
JEFFREY C SACRA, SECRETARY	(i)	208,380	77,923	3,739	52,072	6,798	348,912	0
	(ii)	0	0	0	0	0	0	0
BARRY L STEICHEN, VICE PRESIDENT/COO/director	(i)	0	0	0	0	0	0	0
	(ii)	612,505	287,114	233,779	208,510	13,752	1,355,660	0
ROBERT ELI SMITH, FORMER ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	187,459	54,077	16,553	40,788	1,314	300,191	0
ERIC E SCHICK, TREASURER/CFO	(i)	305,813	133,750	28,301	141,643	13,220	622,727	0
	(ii)	0	0	0	0	0	0	0
LYNN SUND, administrator	(i)	371,001	172,039	44,302	84,509	13,547	685,398	0
	(ii)	0	0	0	0	0	0	0
WILLIAM SCHLOSS, FORMER SENIOR VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	336,028	166,632	7,024	82,663	13,549	605,896	0
DAVID WAGNER, FORMER senior VICE PRESIDENT	(i)	227,796	51,825	7,042	49,874	13,015	349,552	0
	(ii)	0	0	0	0	0	0	0
RYAN GURSKY MD, PHYSICIAN	(i)	25,500	0	0	0	0	25,500	0
	(ii)	1,105,410	2,226	0	32,501	17,716	1,157,853	0
CHRISTIAN LUESSENHOP MD, PHYSICIAN	(i)	18,750	0	0	0	0	18,750	0
	(ii)	656,323	2,226	17,500	32,501	17,716	726,266	0
Bruce Markman MD, Physician	(i)	20,250	0	0	0	0	20,250	0
	(ii)	754,452	2,226	0	32,501	20,418	809,597	0
Preston Phillips MD, physician	(i)	27,000	0	0	0	0	27,000	0
	(ii)	697,145	2,226	20,166	32,501	0	752,038	0
KENNETH CHEKOFSKY MD, physician	(i)	125,000	0	0	0	0	125,000	0
	(ii)	618,244	2,226	17,500	32,501	13,765	684,236	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Tulsa County Industrial Authority	52-1526494	899520AZ3	11-14-2006	229,140,663	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	229,140,663			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	25,310,000			
7	Issuance costs from proceeds	1,590,323			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	202,240,340			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2009			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						
6	Total of lines 4 and 5		0 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE K, PART I, LINE A, COLUMN (F) THE SERIES 2006 BONDS WERE ISSUED BY THE ISSUER'S FOR THE PURPOSE OF LOANING THE PROCEEDS THEREOF TO SAINT FRANCIS HEALTH SYSTEM FOR ACQUIRING, FURNISHING, IMPROVING AND EQUIPPING CERTAIN ADDITIONS, EXTENSIONS, AND IMPROVEMENTS TO SAINT FRANCIS HOSPITAL INCLUDING BUT NOT LIMITED TO (I) FURNISHING, IMPROVING, CONSTRUCTING AND EQUIPPING CERTAIN ADDITIONS, EXTENSIONS, AND IMPROVEMENTS TO THE TULSA HEART HOSPITAL OF SAINT FRANCIS, SUPPORT FACILITIES THERETO, (II) ACQUIRING, FURNISHING, IMPROVING, AND EQUIPPING CERTAIN ADDITIONS, EXTENSIONS, AND IMPROVEMENTS TO SAINT FRANCIS HOSPITAL WITHOUT LIMITATION, THE CONSTRUCTION OF A NEW CHILDREN'S HOSPITAL AND PARKING GARAGE, AN EMPLOYEE PARKING GARAGE AND A NEW CARDIOLOGY DEPARTMENT, (III) REFUNDING AND REFINANCING THE ISSUER'S OUTSTANDING HEALTH CARE REVENUE BONDS, REFUNDING SERIES 2003 (SAINT FRANCIS HEALTH SYSTEM, INC) INITIALLY ISSUED TO REFUND OF THE AUTHORITY USED TO ACQUIRE, FURNISH, IMPROVE AND EQUIP CERTAIN ADDITIONS EXTENSIONS AND IMPROVEMENTS TO THE SAINT FRANCIS HEALTH SYSTEM "PROJECT"), AND (IV) PAYING THE COST OF ISSUANCE OF THE SERIES 2006 BONDS PART III LINE 3C A BOND COUNSEL DOES EXIST, BUT FOR THE CURRENT FISCAL YEAR, THERE WAS NOTHING TO REVIEW PART III LINE 4/5 THERE IS NO PRIVATE BUSINESS USE

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	13,428	fair market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (IN-KIND)	X	1	110,305	FAIR MARKET VALUE
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	FORM 990, PART VI, SECTION A, LINE 1A THE ORGANIZATION DELEGATES ITS GOVERNANCE TO THE SAINT FRANCIS HEALTH SYSTEM, INC (SYSTEM OR SAINT FRANCIS) BOARD OF DIRECTORS THE SYSTEM'S BOARD OF DIRECTORS IS COMPRISED OF 10 DIRECTORS, 8 OF WHICH ARE INDEPENDENT

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	GOVERNING BODY AND MANAGEMENT RELATIONSHIPS - MANY OF THE PERSONS LISTED ON PART VII HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SERVING ON RELATED SYSTEM ENTITY BOARDS AND OTHER CORPORATION BOARDS THERE ARE ALSO "FAMILY RELATIONSHIPS" REQUIRING DISCLOSURES THE ORGANIZATION HAS DETERMINED THESE ASSOCIATIONS DO NOT PRESENT A CONFLICT OF INTEREST JAKE HENRY JR , AN OFFICER AND DIRECTOR, SERVES ON OTHER BOARDS OUTSIDE OF THE SYSTEM WITH WILLIAM K WARREN JR , A TRUSTEE, W R LISSAU, A DIRECTOR, AND JOHN-KELLY WARREN, A DIRECTOR

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE DIRECTOR FUNCTIONS ARE DELEGATED TO THE SYSTEM BOARD OF DIRECTORS REFERENCED IN FORM 990, PART VI, LINE 1A OF THIS NARRATIVE. THE BOARD OF DIRECTORS AND A MAJORITY OF THE MEMBERS APPROVE THE SALE OF CORPORATE ASSETS VALUED AT $10,000,000 OR MORE. THE MEMBERS HAVE SOLE AUTHORITY TO - AMEND THE CERTIFICATE OF INCORPORATION - APPROVE MERGERS OR CONSOLIDATIONS - APPROVE THE SALE, LEASE OR TRANSFER OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS OF THE CORPORATION - AMENDMENT OF BYLAWS - APPOINTMENT OF BOARD MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS THREE MEMBERS/TRUSTEES WHO ELECT THE GOVERNING BODY FORM 990, PART VI, SECTION A, LINE 7A THE ORGANIZATION HAS THREE MEMBERS/TRUSTEES WHO ELECT THE GOVERNING BODY FORM 990, PART VI, SECTION A, LINE 7B THE BOARD OF DIRECTORS AND A MAJORITY OF THE MEMBERS APPROVE THE SALE OF CORPORATE ASSETS VALUED AT $10,000,000 OR MORE THE MEMBERS HAVE SOLE AUTHORITY TO - AMEND THE CERTIFICATE OF INCORPORATION - APPROVE MERGERS OR CONSOLIDATIONS - APPROVE THE SALE, LEASE OR TRANSFER OF ALL, OR SUBSTANTIALLY ALL, OF THE ASSETS OF THE CORPORATION - AMENDMENT OF BYLAWS - APPOINTMENT OF BOARD MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE, A SUB-COMMITTEE OF THE SYSTEM BOARD OF DIRECTORS, HAS ACCESS TO REVIEW THE PASSWORD PROTECTED FORM 990 ON-LINE PRIOR TO THE FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	A REQUEST FOR INFORMATION ON POTENTIAL CONFLICTS IS SOLICITED ANNUALLY FROM DIRECTORS, TRUSTEES AND ALL EMPLOYEES WITH A MANAGER LEVEL AND ABOVE TO MONITOR FOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DEALING WITH POTENTIAL OR ACTUAL CONFLICTS THERE ARE FOUR DIRECTORS AND ONE OFFICER/DIRECTOR ON THE SYSTEM BOARD OF DIRECTORS WITH POTENTIAL CONFLICTS THAT WERE ADDRESSED BY THE GOVERNING BODY THE DIRECTORS AND OFFICER/DIRECTOR WITH POTENTIAL CONFLICTS RECUSE THEMSELVES FROM EVENTS THAT WOULD RESULT IN A CONFLICT CONFLICTS ARE REGULARLY DISCLOSED AND ADDRESSED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A AND 15B	COMPENSATION OF OFFICIALS AND KEY EMPLOYEES IS REVIEWED ANNUALLY AND APPROVED BY A COMMITTEE OF DIRECTORS WITH GUIDANCE FROM INDEPENDENT CONSULTANTS AND THE USE OF COMPARATIVE DATA

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	SAINT FRANCIS HOSPITAL, INC 'S FORM 990 IS AVAILABLE TO THE PUBLIC ON WWW GUIDESTAR ORG GUIDESTAR INDEPENDENTLY POSTS TAX-EXEMPT ORGANIZATION FORM 990'S ON THEIR WEBSITE, OBTAINED FROM THE INTERNAL REVENUE SERVICE ADDITIONALLY, A COPY OF THE FORM 990 IS PROVIDED UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19 THESE REQUESTS ARE DETERMINED ON A CASE-BY-CASE BASIS

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

Return Reference	Explanation
FORM 990, PART VIII, LINE 11D	SAINT FRANCIS HOSPITAL, INC PROVIDES HEALTH AND MEDICAL EDUCATION TO PATIENTS, EMPLOYEES, AND OTHER COMMUNITY MEMBERS SAINT FRANCIS HOSPITAL, INC IS ABLE TO BETTER SERVE THE COMMUNITY BY PROVIDING ADDITIONAL SERVICES SUCH AS HOME HEALTH CARE AND HOSPICE SERVICES

Return Reference	Explanation
FORM 990, PART XI, LINE 9	THE OTHER CHANGES IN NET ASSETS OR FUND BALANCES OF $1,997,399 IS MADE UP OF THE ACTIVITY IN THE POST RETIREMENT BENEFIT OBLIGATION ACTIVITY FOR THE YEAR $155,940, BENEFICIAL INTEREST IN CHILDREN'S HOSPITAL FOUNDATION ACTIVITY FOR THE YEAR $1,129,208, EQUITY TRANSFERS FROM/TO RELATED PARTIES -$170,698, EQUITY, BAD DEBT ADJUSTMENTS OF -$732,730, AND EQUITY EARNINGS AND INVESTMENTS $1,615,679

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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

(a) Name, address, and EIN (if applicable) 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) SAINT FRANCIS OUTREACH SERVICES LLC 6600 S YALE AVE STE 400 Tulsa, OK 74136 14-1841340	Health SVCS	OK	18,277,158	2,140,430	SFH
(2) CARE COMMUNICATIONS LLC 6600 S YALE AVE STE 400 Tulsa, OK 74136 26-0015989	Comm SVCS	OK	3,521,112	5,411,046	SFH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) SAINT FRANCIS HEALTH SYSTEM INC 6600 S YALE AVE STE 400 Tulsa, OK 74136 73-1501972	health svcs	OK	501(C)(3)	11b TYPE II	NA		No
(2) SAINT FRANCIS HOSPITAL SOUTH LLC 6600 S YALE AVE STE 400 tulsa, OK 74136 01-0603214	health svcs	OK	501(C)(3)	3	SFHS	Yes	
(3) LAUREATE PSYCHIATRIC CLINIC & HOSP INC 6600 S YALE AVE STE 400 tulsa, OK 74136 73-1308273	health svcs	OK	501(C)(3)	3	SFHS	Yes	
(4) WARREN CLINIC INC 6600 S YALE AVE STE 400 tulsa, OK 74136 73-1310891	health svcs	OK	501(C)(3)	3	SFHS	Yes	
(5) SAINT FRANCIS HOME HEALTH INC 6600 S YALE AVE STE 400 tulsa, OK 74136 73-1234331	health svcs	OK	501(C)(3)	11a TYPE I	SFH	Yes	
(6) WARREN CANCER RESEARCH FOUNDATION INC 6600 S YALE AVE STE 400 tulsa, OK 74136 73-1426265	medical rsrch	OK	501(C)(3)	4	SFH	Yes	
(7) The Children's Hosp Fdn at Saint Francis 6600 S YALE AVE STE 400 tulsa, OK 74136 20-2843418	health svcs	OK	501(C)(3)	11a TYPE I	SFHS	Yes	

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) SPRINGER CLINIC INC 6600 S YALE AVE STE 400 tulsa, OK 741363319 73-1414359	health svcs	OK	SFH	s corp	-297,186	10,135,559	100 000 %	Yes	
(2) RELATED HEALTH SERVICES INC 6600 S YALE AVE STE 400 tulsa, OK 741363319 73-1288715	health svcs	OK	SFH	s corp	-1,152,064	75,708,905	100 000 %	Yes	
(3) XAVIER INSURANCE COMPANY INC 76 ST PAUL ST STE 500 burlington, VT 054014477 03-0333599	captive insur	VT	SFHS	c corp	0	0		Yes	
(4) SAINT FRANCIS PAYROLL SERVICES LLC 6600 S YALE AVE STE 400 Tulsa, OK 741363319 45-0470422	common pay ag	OK	SFHS	c corp	0	0		Yes	
(5) SAINT FRANCIS HEALTH SYSTEM GENERAL PO BOX 3038 MILWAUKEE, WI 532013038 75-6583874	Self Insuranc	WI	SFHS	TRUST	0	0		Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) SAINT FRANCIS HEALTH SYSTEM INC 6600 S YALE AVE STE 400 Tulsa, OK 74136 73-1501972	health svcs	OK	501(C)(3)	11b TYPE II	NA		No
(1) SAINT FRANCIS HOSPITAL SOUTH LLC 6600 S YALE AVE STE 400 tulsa, OK 74136 01-0603214	health svcs	OK	501(C)(3)	3	SFHS	Yes	
(2) LAUREATE PSYCHIATRIC CLINIC & HOSP INC 6600 S YALE AVE STE 400 tulsa, OK 74136 73-1308273	health svcs	OK	501(C)(3)	3	SFHS	Yes	
(3) WARREN CLINIC INC 6600 S YALE AVE STE 400 tulsa, OK 74136 73-1310891	health svcs	OK	501(C)(3)	3	SFHS	Yes	
(4) SAINT FRANCIS HOME HEALTH INC 6600 S YALE AVE STE 400 tulsa, OK 74136 73-1234331	health svcs	OK	501(C)(3)	11a TYPE I	SFH	Yes	
(5) WARREN CANCER RESEARCH FOUNDATION INC 6600 S YALE AVE STE 400 tulsa, OK 74136 73-1426265	medical rsrch	OK	501(C)(3)	4	SFH	Yes	
(6) The Children's Hosp Fdn at Saint Francis 6600 S YALE AVE STE 400 tulsa, OK 74136 20-2843418	health svcs	OK	501(C)(3)	11a TYPE I	SFHS	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SAINT FRANCIS HEALTH SYSTEM INC	m	760,982	TRAN REVIEW
SAINT FRANCIS HEALTH SYSTEM INC	p	7,241,912	TRAN REVIEW
SAINT FRANCIS HEALTH SYSTEM INC	s	10,000,000	TRAN REVIEW
SAINT FRANCIS HEALTH SYSTEM INC	q	7,119,146	TRAN REVIEW
SAINT FRANCIS HEALTH SYSTEM INC	b	6,850,577	TRAN REVIEW
SAINT FRANCIS HEALTH SYSTEM INC	c	10,842,154	TRAN REVIEW
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	m	235,632	TRAN REVIEW
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	l	2,613,920	TRAN REVIEW
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	q	65,572,615	TRAN REVIEW
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	p	33,699,079	TRAN REVIEW
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	s	24,945,771	TRAN REVIEW
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	r	10,236,251	TRAN REVIEW
LAUREATE PSYCHIATRIC CLINIC AND HOSPITAL INC	ı	58,515	TRAN REVIEW
WARREN CLINIC INC	J	101,065	TRAN REVIEW
WARREN CLINIC INC	K	191,628	TRAN REVIEW
WARREN CLINIC INC	M	6,314,494	TRAN REVIEW
WARREN CLINIC INC	L	8,619,022	TRAN REVIEW
WARREN CLINIC INC	Q	371,140,329	TRAN REVIEW
WARREN CLINIC INC	P	233,143,054	TRAN REVIEW
WARREN CLINIC INC	S	103,906,134	TRAN REVIEW
WARREN CLINIC INC	R	2,910,446	TRAN REVIEW
RELATED HEALTH SERVICES INC	P	8,986,122	TRAN REVIEW
RELATED HEALTH SERVICES INC	L	327,996	TRAN REVIEW
RELATED HEALTH SERVICES INC	Q	11,259,370	TRAN REVIEW
RELATED HEALTH SERVICES INC	B	53,094	TRAN REVIEW

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SAINT FRANCIS HOSPITAL SOUTH LLC	ı	750,995	TRAN REVIEW
SAINT FRANCIS HOSPITAL SOUTH LLC	k	324,824	TRAN REVIEW
SAINT FRANCIS HOSPITAL SOUTH LLC	l	4,903,640	TRAN REVIEW
SAINT FRANCIS HOSPITAL SOUTH LLC	p	79,026,169	TRAN REVIEW
SAINT FRANCIS HOSPITAL SOUTH LLC	S	52,572,345	TRAN REVIEW
SAINT FRANCIS HOSPITAL SOUTH LLC	r	14,832,185	TRAN REVIEW
SAINT FRANCIS HOSPITAL SOUTH LLC	Q	112,594,013	TRAN REVIEW
SAINT FRANCIS HOME HEALTH INC	c	1,799,436	TRAN REVIEW
SAINT FRANCIS HOME HEALTH INC	P	56,542	TRAN REVIEW
SAINT FRANCIS HOME HEALTH INC	S	11,186,759	TRAN REVIEW
SAINT FRANCIS HOME HEALTH INC	R	4,173,111	TRAN REVIEW
SAINT FRANCIS HOME HEALTH INC	L	714,800	TRAN REVIEW
SAINT FRANCIS HOME HEALTH INC	Q	12,667,784	TRAN REVIEW
WARREN CANCER RESEARCH FOUNDATION	B	162,596	TRAN REVIEW
WARREN CANCER RESEARCH FOUNDATION	Q	287,136	TRAN REVIEW
WARREN CANCER RESEARCH FOUNDATION	P	74,161	TRAN REVIEW
CHILDREN'S HOSPITAL FOUNDATION AT SAINT FRANC	c	342,694	TRAN REVIEW
CHILDREN'S HOSPITAL FOUNDATION AT SAINT FRANC	q	501,998	TRAN REVIEW
SPRINGER CLINIC INC	K	231,031	TRAN REVIEW
SPRINGER CLINIC INC	Q	606,715	TRAN REVIEW
SPRINGER CLINIC INC	C	197,647	TRAN REVIEW